

Universal Care Agency Ltd

# Universal Care Agency Ltd

## Inspection report

18 Arran Close  
Portsmouth  
Hampshire  
PO6 3UD

Tel: 02392006489

Website: [www.universalcareagency.co.uk](http://www.universalcareagency.co.uk)

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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

### About the service

Universal Care Agency Ltd is a domiciliary care agency that provides care and support to people living in their own homes. The service provides support to older people, those living with dementia, people with a learning disability or autistic spectrum disorder and those with a sensory impairment and/or physical disability. The service was supporting seven people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People and their relatives told us they were safely supported by the service. However, the management of people's medicines did not always follow current best practice guidance or the provider's policy and procedures. People's risks were assessed, and staff knew how to manage risks to people safely, although some records about risks required further detail to ensure guidance for staff who may not be familiar with the person. The manager and staff understood their responsibilities to safeguard people from abuse and the actions they should take if concerns arose. The service regularly checked with people and their relatives to make sure any concerns were known about and responded to. Incidents were acted on and the service was improving their analysis of incidents to inform learning.

People's needs were assessed and regularly reviewed. Policies and procedures were available to staff and those we viewed were based on current best practice. Staff completed training identified by the provider as mandatory and this was up to date. Staff were observed in their role through regular spot checks in people's homes and met with the manager for supervision. Staff told us they were well supported by supervisory staff and the manager. People were effectively supported with eating and drinking and to access healthcare support when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Since our previous inspection a change in the management of the service had improved the culture and quality of the service. There was regular contact between managers, staff and people. Management oversight of the day to day running of the service and quality assurance processes had improved. Some improvements were still required in the assessment and monitoring of regulatory requirements. We have made a recommendation about updating practice in line with current guidance on the assessment and monitoring of registered services. People were regularly asked for their feedback and satisfaction with the service.

People and their relatives told us staff were kind, caring and helpful. Staff understood how to promote

people's dignity and to provide respectful care. People's care plans evidenced they were developed with people to describe their decisions about how they preferred to receive care. We have made a recommendation about the assessment of people's needs in line with the Equality Act (2010) to ensure people's diverse needs are known and met where appropriate.

People told us their care needs were met. Care plans contained person-centred information, and these were regularly reviewed. People's communication needs were known and although no one was receiving end of life care, guidance was available to staff should this be required. There had been no complaints received by the service since our previous inspection. Regular contact with people enabled the service to act promptly on any issues, requests or concerns people raised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection (and update) The last rating for this service was requires improvement (published 04 June 2019) and there were two breaches of regulation. We imposed conditions on the provider's registration and required them to send us an action plan after the last inspection to show us what they would do and by when to improve. We also required them to send us a monthly update on their progress with the action plan. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations found on the previous inspection. However, there was one breach of regulation found during this inspection. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Universal Care Agency Ltd. on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach of regulation in relation to the safe management of people's medicines.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Universal Care Agency Ltd

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by one inspector and one inspection manager.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service did not have a manager registered with the Care Quality Commission at the time of the inspection. At this inspection the nominated individual had taken over the overall running of the service and was legally responsible for how the service was run and for the quality and safety of the care provided. They had commenced the registration process to become the registered manager with the Care Quality Commission (CQC). In this report we have referred to the nominated individual as 'the manager'.

### Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the manager would be in the office to support the inspection. Inspection activity started on 4 December 2019 and ended on 09 January 2020. We visited the office location on 12 December 2019.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with the manager who is also the nominated individual; the nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a coordinator for the service. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with two members of care staff by phone and one staff member provided feedback in writing.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At the previous inspection in March 2019 we identified concerns relating to the management of safeguarding procedures. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- All staff had completed training in safeguarding and staff we spoke with knew how to identify and report concerns.
- The manager and coordinator were aware of their responsibilities and the procedures to follow in the event of a safeguarding concern being raised.
- The service had improved their contact with staff and the people they supported to check for any concerns, so these could be dealt with promptly and appropriately. The manager told us the culture had improved and said, "Staff come to us more."
- The management of the service had changed since the previous inspection and the manager told us the new structure meant they were confident any concerns raised with them, externally or internally could be promptly dealt with.
- Staff told us they were confident any concerns they raised with the coordinators or manager would be dealt with.

Using medicines safely

- People's medicines were not always managed safely. Some people were prescribed topical medicines (applied to the skin) and over the counter skin products care staff administered. When over the counter products are administered by care staff these should be recorded on the Medicines Administration Record (MAR). In addition, for creams there should be information about; the frequency of use, the thickness of the application and where on the body the cream should be applied. This information was not available for all creams in use.
- Further information was required to support the safe use of patches applied to the skin, such as those used for pain relief. One person's care plan stated staff should 'check patch' but there was no information about what staff should check.
- There was no risk assessment to determine if people were using creams that presented a fire risk.
- Some people were prescribed medicines to be taken when required (PRN) and short-term medicines such as an antibiotic. Guidance was not always in place so that it was clear to staff when to give a medicine, the maximum dose to be given and the gap between doses.
- Staff completed training in medicines, however an annual review of staff knowledge, skills and

competencies was not carried out as described in the provider's policy and recommended by NICE (National Institute for Health and Care Excellence).

- The provider had a medication policy and procedures in place and these were based on current guidance. However, it was evident the policy and procedures were not always followed as the policy included guidance on the above practices which had not been adhered to.

We found no evidence that people had been harmed; however, systems were not robust enough to demonstrate people's medicines were safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager confirmed systems were put in place to record prescribed and non-prescribed creams and a body map to show where creams and patches are applied.
- Information was included in people's care plans about the level of support they required with their medicines, what people could do for themselves.

Assessing risk, safety monitoring and management

- People's risks were assessed, and plans were in place to guide staff as to how to minimise risks to people. Staff told us the plans contained enough information to support them to provide safe care.
- People and their relatives told us staff managed risks to them safely and confirmed they were mostly supported by familiar staff, who knew them well. A relative said "They know what they're doing and care for [person] safely.
- Staff we spoke with gave us examples of how they supported people with known risks.
- We found some records relating to risks required further detail, to ensure important information was available. For example, one person who was at risk of falls and skin injuries did not have enough detail about how these risks were managed. Whilst this person was supported by consistent care staff, this information should be available for all staff should unfamiliar staff be required to support the person. We brought this to the attention of the coordinator who told us they would update people's records.

Staffing and recruitment

At our last inspection we recommended the provider implemented a system to ensure late and missed calls were monitored and acted on to prevent a reoccurrence. The provider had made improvements.

- The coordinator told us there had been no missed calls since our previous inspection. People confirmed they received their calls as planned.
- People and their relatives told us they were usually informed if staff were running late. The coordinator told us improvements in communication between care staff and office staff meant they were able to ensure people were kept informed about changes to call times. The service aimed to deliver calls at people's preferred times within 15 minutes either way.
- The provider had introduced an electronic system which enabled the coordinator to monitor calls and ensure these had happened.
- The coordinator told us there were "More than enough staff" to meet people's needs. Staff were able to provide cover for unplanned and planned absence.
- There were no new staff employed since the previous inspection. Safe recruitment practice was in place to protect people from the employment of unsuitable staff.

Preventing and controlling infection

- Staff completed training in infection control and were provided with protective equipment such as gloves and aprons supplied to each person's home. Supervisory staff checked all staff practised good infection control during spot checks.

Learning lessons when things go wrong



- A system was in place which enabled care staff to send concerns and incidents directly through to the coordinators and the manager in real time. Records showed that reported incidents were acted on promptly.
- An audit was introduced during our inspection to enable the manager to have oversight of all incidents and to check follow up actions were taken and monitored for completion. This system enabled the manager to identify any trends and learning.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had not taken on any new care packages since the previous inspection. People currently supported by the service had comprehensive needs assessments in place including their physical, mental and social needs.
- The provider had policies and procedures available to staff and those we viewed were based on current and evidence-based guidance.

Staff support: induction, training, skills and experience

- Records showed staff training was up to date in all the subjects identified as mandatory by the provider and this was monitored by the coordinator.
- The manager had an electronic staff training matrix which enabled them to have oversight of staff training completed and identify any actions required to ensure all staff achieved the minimum pass mark set by the provider of 75%. We found one example of a staff member who had not achieved the pass mark in two courses, but this had not been addressed because the system was not up to date. The manager told us they would update the matrix and address any shortfalls. This was important to ensure all staff had the required level of knowledge to support people effectively. The manager confirmed the staff member completed these courses following the inspection.
- Staff we spoke with told us they found the training useful, a staff member said, "Training is helpful it raised good things to talk about." Another staff member told us they were regularly reminded about training required. Staff confirmed their practice was observed during spot checks when supervisory staff observed them in people's homes.
- People and their relatives told us staff had the skills and knowledge to support them effectively and a relative said "Yes they [staff] are trained because of the way they handle [person] and speak to her."
- Staff had three monthly supervision with the manager and those we spoke with told us this was helpful. Staff told us the coordinators and the manager were approachable and supportive and a staff member said, "I know there will always be someone [managers] on the end of the phone."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional, eating and drinking needs were assessed and information on their abilities and choices were included in their care plans.
- People and relatives, we spoke with told us they were satisfied with the support they received with eating and drinking.
- Staff were aware of risks to people from food and fluids. One staff member told us how they supported a

person by removing out of date food which could be a risk to them and another staff member told us how they supported a person to drink safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A person's relative told us how staff had contacted the GP on behalf of their relative. They confirmed staff had informed them of their concerns and acted to support the person.
- Staff said they supported people where needed to access healthcare or contacted the office to follow up any concerns. Records confirmed healthcare and other professionals were contacted as needed.
- Information about people's healthcare was shared with staff so concerns and guidance could be followed to support people appropriately.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- No one supported by the service lacked the capacity to consent to their care and treatment.
- People's care plans included their consent to the care and support planned.
- Staff we spoke with understood how to support people to make decisions. For example, a staff member told us about a person living with dementia who could make decisions about their care but found this easier if they were offered limited choice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people and relatives we spoke with told us staff were kind and caring. Their comments included; "[Person] had a recent birthday and they [staff] got a card and flowers and things like that; they do care, they bring [person] things in like a bunch of daffodils", "I am so pleased with them [carers] they are so kind and nice" and "They [staff] are pleasant and helpful."
- Staff told us they had enough time to support people and did not feel rushed or under pressure. A staff member said, "I take my time and I talk to them [people], even if I am five minutes late if they ask me to do something else I will do it even if it makes me later." Another staff member said "I would be happy to have a loved one cared for by them [service]. I always look at it that way"
- We noted that information about people's age, ethnicity, religion and disabilities were asked about and there was some evidence people's diverse needs were met. For example, the service had changed the time of a care call for a person to enable them to attend their church.
- However, needs relating to all the protected characteristics under the Equality Act were not included in the assessment. The Equality Act 2010 outlines people's rights in relation to their protected characteristics including; age, disability, gender reassignment, sex, marital status, pregnancy, race, religion or belief and sexual orientation. This is important to ensure care and support is delivered in line with legislation, people's choices and preferences and helps prevent discriminatory practice. We did not find any negative impact on people and staff we spoke with knew people well and showed a commitment to providing person centred care.

We recommend the provider consider current guidance on the Equality Act (2010) and updates their practice accordingly.

- People were asked about their preference for gender of care staff and this was respected.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans included information about their preferences and decisions about their care. People told us their care was delivered in the way they preferred.
- Regular reviews were carried out with people to check whether there were any changes to their planned care and whether they remained satisfied with their care.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with knew how to provide care that was respectful, and this was checked during spot checks

and reviews by supervisory staff.

- People and their relatives confirmed staff delivered respectful care.
- A person's relative told us how a staff member supported their relative to maintain their independence as much as possible. They said, "[Staff member] is really good, she encourages [person] to do things sometimes because [person] is capable, she will say 'You can do this [person's name]. Otherwise she [person] would just sit there."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us their care needs were met by the service. Their comments included; "They [staff] do a brilliant job, they all know what they are doing, and they are always asking if they can do more or anything else" and "The overall quality of care is first class." One relative told us how the skin care provided by staff had prevented skin injuries from developing and said "They [staff] are ever so good like that."
- People's care plans were person centred and included their daily routine for each of their care calls. Care plans detailed what support was needed and how it should be given while at the same time promoting independence and choice.
- Care plans contained enough detail to enable staff who may be unfamiliar with the person to deliver their care. For example, a staff member said, "I was covering for someone on holiday with [person] and it was down to me to wash their hair. As it wasn't usual I looked through the care plans to find out and it was all in there."
- People and relatives told us the service provide a good continuity of staff and people were mostly supported by the same or familiar staff. A relative said, "[Person] loves them both [usual staff], they all know what they are doing with [person], they are used to [person]."
- The service was responsive to people's changed needs. For example, a person was discharged from hospital with changed needs and the coordinator told us how they provided extra support to the person and their main carer until they were familiar with their changed needs.
- People's care plans were regularly reviewed, and records of daily visits were audited on a regular basis to check care was delivered as planned. Records showed these included checks for any missed/late or cancelled visits, whether the visit had been delivered within the allocated time and whether all tasks on the care plan were completed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and care plans included guidance on how these were met. For example; reminding staff to speak loudly for a person who was hard of hearing.
- The manager stated no one currently supported had needs for information in alternative formats but this would be provided if required.

#### Improving care quality in response to complaints or concerns

- The manager told us there had been no complaints made since the previous inspection.
- People and their relatives we spoke with confirmed they had not made any complaints to the service.
- People and relatives told us they were satisfied with the response they received when they contacted the office with a query or concern and a relative said, "Yes the office is fine if I have any concerns they have been okay and [person] calls sometimes and they have patience with [person]."
- Since our previous inspection the coordinators had increased their contact with people and staff. This meant any concerns raised could be promptly dealt with.

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of the inspection.
- Staff completed training in death, dying and bereavement. A policy was available to provide guidance to staff on how to support people at the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was at times inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the previous inspection in March 2019 we identified concerns relating to the governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A quality assurance system was in place and used to monitor and improve the quality and safety of the service. People's daily records were reviewed and audited monthly and monthly reviews were held with people, either by phone or during a home visit. People's care plans were updated as needs changed and staff training, and supervision was monitored for completion.
- A new electronic call monitoring system had been introduced which enabled the coordinators and manager to monitor calls in real time. This meant any late or missed calls would be immediately alerted to managers and could be addressed. This system also enabled care staff to show each task completed so care delivered could be monitored. A coordinator was responsible for checking the information and planned to produce a monitoring system to identify any trends.
- Following the previous inspection, the provider was required to send us monthly updates on their action plan to improve the service and these had been submitted.
- The manager told us "We are always double checking to make sure things have been done, we have learnt a lot this year." The manager had oversight of all care plans, audits and reviews.
- Whilst it was evident improvements had been made since the last inspection the manager needed to further improve their knowledge of the regulatory requirements to ensure regulations were understood and met. For example, we found one breach of regulation at this inspection related to medicines management. Furthermore, the manager did not have the guidance on meeting the regulations to enable them to effectively assess the service against these.

We recommend the provider consider current best practice guidance from a reputable source on the assessment and monitoring of the quality and safety of registered services and update their practice accordingly.

- A condition of the registration of Universal Care Agency Ltd is to have a registered manager in post. A registered manager had not been in post since July 2016. Although attempts had been made to recruit a



registered manager these had been unsuccessful. At the time of our inspection the manager had started their application to register with CQC. We will monitor the progress of this application to check this condition of registration is met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our previous inspection we found there was little contact between the nominated individual and the management team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. At this inspection the nominated individual had changed role and was also the manager for the service. The coordinators who were responsible for the day to day running of the service had regular update and handover meetings with the manager and communicated about any concerns. In addition, the manager was on-call for the service out of office hours. One coordinator told us "I meet with [manager] two or three times a week and I give daily updates, we communicate by phone and email."
- The manager and coordinators had worked together to improve communication between themselves, staff and people using the service. As a result, the manager said, "We have changed the culture, now staff come to us more." They added the previous culture had a lack of communication between people and the office and was "Client to carer."
- This change had been achieved through two weekly staff spot checks, regular staff supervision and monthly telephone or face to face reviews with people, their family members or regular carers. A staff member said, "It's much better now, the organisation and everything since last year. I think it's better for customers and clients, I like working where I am. I have no complaints and no complaints from the clients either." Another staff member said, "Since the last inspection the on-call is very good now, definitely improved."
- People and their relatives told us they thought the service was well-led. Their comments included "It's a well-managed agency" and "I speak to [manager] and [coordinators], they are charming and helpful, I have met them all. It's first rate."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Since our previous inspection there was increased communication between supervisory staff and people using the service through monthly reviews. These meetings or telephone calls were used to ask people's views on the service they received. In the records of the reviews we saw people had given positive feedback about the service and confirmed that staff arrived on time, stayed for the duration of their visit, followed safe infection control practice and met people's needs.
- Where people had raised information about changed needs or requests these were acted on and monitored for completion. Examples included; support to find a chiropodist, additional visits, assessment of changed mobility needs and addressing loneliness.
- People and relatives told us they were kept informed by the service and had regular contact from office staff who were responsive to their requests.
- Staff we spoke with told us the manager and coordinators acted to support them in their role. A staff member told us about a recent incident and described the coordinator as "Helpful and supportive."
- Staff confirmed that when they had raised incidents these were responded to and managed appropriately. Staff felt they were kept informed of changes and told us their suggestions were listened to.
- This was a small service with four care staff currently employed. Due to a change in the provider's location staff did not meet as a team for training and team meetings and communication with staff was mainly by phone and email. Staff met with the manager for supervision and weekly with the coordinator to discuss their timesheet. The coordinator told us this was used as an opportunity to check in with staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The manager understood their responsibility to be transparent when things go wrong. They had not had to act on this duty.

Working in partnership with others

- The service worked with a range of health and other professionals to support good outcomes for people. This include; doctors, social services, hospital discharge teams and occupational therapists.

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  How the regulation was not being met: People's medicines were not always managed safely.  Regulation 12 (2) (g).