

Kaamil Education Ltd

# Daryel Care Waltham Forest

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

Daryel Care Waltham Forest is a domiciliary care agency providing personal care and support to people living in their own homes in the London Borough of Waltham Forest. 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. At the time of the inspection there were 36 people receiving a service that is regulated by CQC.

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

**Right Support:** We found that people were not protected from the risk of harm as risks were not always identified and, care plans and records contained inconsistent information. The risks related to people's environmental needs were not thoroughly assessed. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests.

**Right Care:** People told us they received care that met their support needs and preferences. And that they were treated with kindness and respect. People's communication needs were assessed. However, we noted care plans did not always contain enough information that matched people's needs assessments and risks.

We looked at the provider's call monitoring system and identified that this was not always effective in this area. And that their initial assessment process for people's mental capacity were not in place.

**Right Culture:** The service was not always well managed. The provider did not always identify areas of improvement in their audits that was carried out and issues with safety concerns were not picked up. Most people told us that they were receiving care and support on time. There were systems in place to receive feedback, however we were informed that not everyone was asked to give feedback.

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

This service was registered with us on the 8 December 2022, and this is their first inspection.

### Why we inspected

The inspection was prompted in part due to concerns we received about risk management and the overall

management of the service. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

We have identified breaches in relation to managing risks, staff training and good governance. We also made recommendations in relation to the providers call monitoring system and the provider's mental capacity assessments.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Daryel Care Waltham Forest

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Daryel Care Waltham Forest is a domiciliary care agency which provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The provider was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the service to support the inspection.

#### What we did before the inspection

We reviewed information we received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all

of this information to plan our inspection.

#### During the inspection

We visited the office on the 25 July 2023 and spoke with the registered manager. We reviewed a range of records. This included 8 people's care plans and risk assessments, 2 people's medicine administration records (MAR charts), 6 recruitment records and 2 quality audits. We also checked the providers had key policies and procedures in place to help guide staff. We spoke with 8 people who used the service and 2 family members about their experience of the care provided. This was done on the 2 August 2023, 7 August 2023 and the 14 August 2023. We also received feedback about the service from 8 members of staff including the registered manager and care staff.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Assessing risk, safety monitoring and management

- Systems were not always effective in assessing and managing risks to people while they receive a service.
- The registered manager told us they reviewed the incidents and accidents matrix each month and as needed, to help identify any concerns, and lessons learnt. At the time of our inspection, we identified that not all people were protected from the risk of harm. Care plans and risk assessments were not updated from incidents that had occurred. For example, there was a recorded incident relating to a person that had a mental health crisis, actions were taken by the service, however care plans and risk assessment were not updated. Another person's environmental risk assessment did not identify the risk and how that impacted the person.
- We found that completed risk assessments did not have adequate information of the risk and how the risk was to be managed. For example, 1 person's care assessment stated that the person needed support to attend appointments for health and benefits, but their risk assessments did not cover the risks and actions staff need to take. Another risk assessment did not cover a person's risks relating to incontinence.
- The provider risk assessments identified a person was at risk from smoking but had not assessed the risks and impact of this concern to the person. The risk assessment also stated the person did not have a smoke alarm in their property, which is a high risk of the person becoming harmed from a fire. We raised this with the provider and asked them to review their risk assessment and care plan. We also shared our concerns with the London Fire Brigade.
- People told us that they were given a copy of their risk assessments and care plans. Comments included, "I was given a copy of my care plan and risk assessments." "The agency gave me a copy after they completed my assessment."

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Although the service had systems and processes to investigate when concerns were identified, we were not assured the provider's processes were consistent in line with their action taken from the learning lessons from accidents and incidents. This was because information of people's risk were not recorded and updated in their care plans and risk assessment.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risks to people were identified, assessed and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe when staff visited them. Comments included, "The staff are good they look after me well." And "Yes, I feel safe with the staff, I have no concerns."

- The provider had policies and procedures, which gave staff guidance of what actions were required if any abuse was identified. Staff received training in safeguarding people from abuse, which gave them confidence and knowledge and to help protect people who used the service.
- Staff were clear who to report concerns to and how to work with other agencies such as the safeguarding team and police. Comments included, "I would report any concern to the office and complete a report. "I would ensure the person is safe, and report to my manager and to the police if the [person] was in danger." "I would give reassurance to the [person] and explained what action that I am taking to make them safe, also report to my manager and follow their advice."

### Staffing and recruitment

- The provider carried out checks on all staff before they were able to work with people. This process helped to ensure staff were recruited safely, and staff had the right skills and experience to meet people's needs. The checks comprised of a pre-employment check, employment references, proof of identification and right to work in the UK.
- The service also completed background checks with the Disclosure and Barring Service (DBS). A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- The majority of people and relatives told us they were happy with the staff, and they arrived on time. Comments included, "Yes the staff are good for being on time, if they are running late the staff will call me but this has only happened once." "I have never had an issue of lateness; my care staff is good for keeping time." A relative told us, "We have had issues of staff turning up late, and staff leaving before our allocated time. I reported it to the office, and the agency addressed the concern."
- The provider has recently implemented an electronic call monitoring system to monitor staff timekeeping. Staff have to log in and out each time they visit a person's home. One relative told us, "We have had staff that has not logged in and out and they have not recorded in the notes of the support that have given to my [relative] and leaving before their allocated time ended." The provider confirmed that the appropriate actions were taken to address these concerns with the staff.

We recommend the provider consider current guidance on staff time keeping and logging in and out of people's homes and take action to update their practice accordingly.

### Using medicines safely

- People received their prescribed medicines by staff that were trained and assessed before administering medicines to people.
- People confirmed that staff supported them to take their medicines on time. Comments included, "Staff support me to have my [medicines] when I need them." and "Staff are very good at reminding me to take my [medicines]."
- We reviewed people's medicine administration records (MAR) which were completed correctly by the staff.
- The service medicines policy was in place.

### Preventing and controlling infection

- The provider had systems to help prevent and control of infection.
- People told us staff followed good hygiene practices. Comments included, "The staff wear their gloves, aprons, when supporting me with my [personal care]." And "Staff are very good at washing their hands and putting their gloves on when supporting me."
- Staff were trained in infection prevention and control, including the correct use of PPE. One staff said, "We receive regular training in infection control." This helps to ensure we are following the current guidance."



- The registered manager told us senior staff carried out regular audit checks to ensure that the service had the right amount of PPE in stock.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We identified the provider's processes for assessing people's needs were not always robust enough. The service completed initial assessments of people's needs before care and support were given. However, we found people assessments did not match people's care plans in areas where people needed support. And care plans were not always updated when people's needs changed.
- For example, a person's needs assessment did not identify they had autism. The registered manager informed us they did not support people with autism, and this could be an error, however the care plans held information that they were supporting people with autism.
- Staff told us, "I support people with autism and mental health. Another staff said, "one [person] I support has a learning disability and autism." This meant that the registered manager was not always fully aware of the needs of people they supported.

Staff support: induction, training, skills and experience

- People who used the service were supported by a staff team that knew them well. However, we identified that the provider did not always ensure staff received the necessary training to meet people's care and support needs. For example, staff did not receive training in supporting people with a learning disability, autism or mental health and dementia.
- The provider did not have systems in place to assess staffs skills and knowledge around people's learning disabilities, autism training and people's mental health needs.  
The provider failed to ensure staff were trained and skilled to support people with autism or mental health and dementia. This was a breach of Regulation 18 (staff receiving appropriate support) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Most people and relatives told us they felt staff were skilled and experience to support people appropriately.
- Staff told us they received regular supervisions and yearly appraisal from the management team. A staff said, "I receive supervision with my manager every 3 months and have yearly appraisal. I can call the office at any time to get advice if needed."
- Staff told us they had received an induction and shadowing when they first started with the organisation which records confirmed this. Staff also confirmed that they received regular supervisions and yearly appraisal.

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

- The provider ensured staff were trained in nutrition and hydration, which supported them to understand action needed to prevent people from malnutrition and dehydration.
- People told us staff supported them to prepare meals. Comments included, "Staff only help me with my meals when I ask them to, as I can do this myself most of the time." and "Staff support me to make my food. They know how I like to be helped."

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

- People told us they were supported in managing their health conditions and were alerted to concerns, as necessary.
- The registered manager told us they worked closely in partnership with health and social care professionals when required. For example, the registered manager said, "When we identify that a [person] is finding it difficult with their mobility or if they have had falls, we contact the occupational therapist team to request for an assessment."
- Staff were clear of their responsibilities to support people to access their healthcare practitioners if required. For example, a staffmember told us, " If I was concerned about a [person's] health declining I would report to the office and follow the advice given. If I identified that a [person] was unwell I would also call for medical support and then inform the office of the action I have taken."

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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager told us that the service was not supporting anyone at present that has been assessed not to have capacity to make their own decisions. However, we identified that the provider's initial assessment did not cover people's mental capacity, which meant that the provider was not always working in line with the MCA.

We recommend the provider follows best practice guidance in assessing people's mental capacity.

- Staff encouraged people to make decisions about their care and support and operated within the legal framework of MCA.
- We saw people had written consent forms in place. People told us staff always asked for their consent before care was given to them. Comments included, "Staff will never carryout a task without asking me if I want to be supported." "When staff visit me they always ask for my consent being personal care is given to me." and "Staff are very good at checking if I want their help and not just doing the task without checking first."
- Staff had a clear understanding of people's capacity to make decisions for themselves and were able to describe the actions that they would take if somebody were unable to make decisions.

- The provider ensured that staff received MCA and DoLS training, which assisted staff to develop their skill and understanding about the principles of MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff had a good understanding of the care needs for people they supported. They were able to tell us how people liked to be supported.
- The provider ensured staff were trained and had a clear understanding in supporting people in equality and diversity and people's spiritual and cultural needs were respected. A staff said, "In my view the training that I have received around supporting people with equality and diversity has taught me a lot, on how to understand people's background and spiritual beliefs that I had not thought about before."
- Most People and relatives told us staff were kind and compassionate. Comments included, "I like my care staff they are nice." And "I find that staff are understanding of my needs and if I'm having a bad day, they cheer me up." One relative told us, "Not all staff are caring. Some staff are task focused, they come in do the task and go and not very welcoming."
- The registered manager told us that once the needs assessment had been completed, they then matched the person with the right care workers.

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

- People felt they were supported to make decisions and choices for themselves. For example, people's records captured how people were involved in making decisions on how their care to be delivered.
- People felt listened to and valued by staff. A person told us, "Staff always makes time to talk to me and ask how I'm doing."
- Staff told us how they supported people to express their views. A staff told us, "Everyone's communicate style if different. For example, when I visit 1 [person] I observe their body language as this will tell me if they are positive about their day, or if they are not having a good day. Another [person] I support I need to speak slowly and clearly so they can understand what I'm saying."

Respecting and promoting people's privacy, dignity and independence

- The provider ensured staff received training in promoting people's privacy and dignity. This helped ensure that people were being supported in the right way.
- People told us their privacy and dignity were respected and that staff supports them to keep their independences as much as possible. Comments included, "The staff always give me privacy when I'm using the bathroom and only comes in when I asked them too." And, "I find the staff are very respectful to me." "The staff only help me in the areas I require as I am very independent and want to keep my skills."
- Staff told us how they understood when people needed their space and privacy. A staff said, "I try to get to know [people] well when I first work with a [person] as this helps me to get to know their personal preferences and when someone needs their space and when they are becoming upset."

- The registered manager and staff told us the importance of confidentiality and that people's personal information was kept secure in the office. One staff said, "we have received training in data protection and not sharing information with others without the person's permission"

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People had care plans that outlined the support needs and how they wanted those to be met. However, we found that most people's needs assessment and risk assessments lacked information and did not always match their care plans and that review dates were not recorded on care documents.
- Most people told us they were satisfied with how the care that was being delivered, however we identified that some people's assessments did not account for specific issues around certain groups of people may face during the care planning process.
- We identified that there was a lack of information and guidance for staff to follow in relation to supporting people with autism or people with mental health around people's anxious.
- Even though the majority people told us they received care and support from regular staff that knew them well, people's care information lacked detailed information, which meant there was a risk people would not receive the care that met their needs and preferences.
- People told us care staff supported them with their care in the way they chose and that they were involved with their care planning. Comments included, "I tell the staff each time they visit me what support I want from them." "Staff know me well and how I like to be helped in the mornings." and "Staff are very good; they only support me with things I find hard to do myself." "Im aware of what is written in my care plan as the manager asked me what areas I needed support in.

End of life care and support

- The provider was not supporting any person with end of life care at the time of inspection.
- The provider initial assessment form did not have information recorded on people's end of life wishes, therefore we were not assured that the service discussed with people their end of life wishes and preferences.

We found no evidence that people had been harmed. However, the care and treatment of people using the service did not always match their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us they assess people's communication needs as part of their initial assessment, which helped to ensure people have access to information in the format as identified.
- At the time of the inspection the service had not produced information for people in accessible formats, as we were informed that at present people did not need this format.
- People felt staff knew how to support people effectively with their communication needs.
- Staff were aware of the individual needs of people and felt they had enough information to support the person effectively.
- The service knew how to make referrals to other organisations if needed to. For example, the registered manager told us, "I would complete a referral form to the speech and language team if we had identified that someone needs support with their communication."
- At the time of the inspection the registered manager informed us that they were not support people who needed their information in an adjustable format. The registered manager said, "If a person was to need their information in accessible formats we would put this in place."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us they supported people to go out in the local community to help people keep in touch and to be part of the local and wider community. A staff said, "I sometime support [people] to go shopping. This helps the [person] to access the community."
- People were supported to avoid social isolation and encouraged to maintain links with family and friends. A person said, "My family visit me all the time. I know I could ask the staff to help me call my family if I needed any help."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy for staff to follow if people or their relatives wished to make a complaint. At the time of our inspection the registered manager told us that they had not received any complaints. However, a relative informed us that they had raised concerns regarding how support was being delivered on time. A person also told us that they found it difficult to contact the office during out of hours and that they had report this to the were not happy of the setup of the provider.
- People told us they were given information by the provider on how to make complaints if they wished to. For example, a person told us, "I have a phone number to call if I need to, which the staff gave me."
- The registered manager told us how their plans to make improvements to the service, "We are working on developing [people's] care plans and looking at electronic systems for care plans to be recorded on."



# 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.

This is the first inspection for this newly registered service. This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During the inspection we were not assured that the registered manager understood all people support needs and risk to people. For example, we identified the provider care planning records stated that they were supporting a person with autism. And that staff also confirmed that they were supporting people with autism and learning disability. The provider was not always aware of people's care needs.
- The provider quality assurance systems did not always operate effectively. For example, the provider did not pick up that risk assessments needed updating following from an incident. And that risk assessments were missing information relating to the impact and the level of risk.
- At the time of our inspection we were not assured that the provider's complaints and concern's processes were effective. As we were informed by the provider during our inspection that they had not received any complaints and concerns. However, we identified that concerns had been raised about staff not logging in and out from their care visits. When the provider was asked about this, they confirmed that actions had been taken to address these concerns.
- The provider's care planning and assessment process was not always effective. As we identified that people's environmental concerns around fire safety was not dealt with effectively. For example, the provider risk assessment had identified that a person was a smoker and that there were no smoke detector in their property, no actions were taken to manage this risk. There was no information recorded in the person's care plan regarding what support was being given to the person to manage this.
- when we reviewed their records and audits we saw that they were not effective because they had not identified the shortfalls and problems we found. For an example, their systems did not identify that staff was not receiving specialist training to support people's with autism and dementia care.

The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us the management team visited them in their homes and observed the care being delivered by staff. This helped the provider to review people support needs and to ensure that staff were supporting people in the right way.

- Most people felt that the provider communication was effective and ensured staff and people were kept up to date. Comments included, "I find the office staff very helpful." And "It is hard to get through to staff during out of hours."
- We also received feedback from relatives. A relative told us, "I find the office and the management to be very un-organised. They ask the same questions, which have been asked a number of times as they have not recorded what was discussed. Their communication needs improving."
- The majority of people told us they were happy with staff punctuality. However, we were informed that not all staff were logged in and out of people's homes and they were leaving early. The manager told us that they had recently implemented a new call monitoring system to help identify concerns with staff visiting time.

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; Working in partnership with others; Continuous learning and improving care

- Staff understood their roles, and responsibilities in relation to duty of candour. A staff told us, "This was covered in my induction and my manager went over my responsibility in regard to duty of candour. I was also given the duty of candour policy to read."
- The provider did not have effective systems in place to ensure that learning from incidents and accidents were being recorded in people care plans and risk assessment. This put people at risk as staff did not have the information in people's care plans.

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

- Staff told us they felt respected, supported and valued by management. A staff said, "I find the management team to be very supportive and I know I can call them any time for advice or support."
- There was mixed feedback from people and relatives about the management and staff team. For example, A person told us, "I have no concerns about the service. Staff include me with task and not just do them for me unless I ask them to. Another person said, "The agency helps me to keep independent which means I can stay living in my home." A relative said, "We have a regular staff member that know my [relative] well. However, at weekend it is not so positive as we have had different staff that do not know my [relative] well and it is not so personal as the regular staff we have."
- People and staff felt the provider set a culture that valued reflection, learning and improvement to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they felt they worked well in partnership with other agencies such as, health and social care organisations and they were aware how to access the advocacy service if people were to need this support.
- We received mixed feedback from people and their relatives about their how the provider engaged with them. Comments included, "I have received a form to complete about the service. Another person said, " No I have not been asked to complete a form yet." A relative told us "I have only just been asked for feedback by phone. We then found out that CQC was carrying out an inspection, which made sense to why we received the call."
- Staff told us they encouraged people to be involved in making decisions about their service. This was done by asking people if they wanted their care and support to be delivered at different times or given in a different way.

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 9 HSCA RA Regulations 2014 Person-centred care  the care and treatment of people using the service did not always match their needs.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate risks to people were identified, assessed and effectively managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers governance systems was not effective to ensure oversight was robust, and did not picked up concerns.