Esteem Homecare Services CIC

Esteem Homecare Services

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 inspected Esteem Homecare Services on 19 April 2017. This inspection was announced. We informed the registered provider 48 hours before we would be visiting, because we wanted them to be present on the day to provide us with the information we needed. This was the first inspection of the service, which became registered in September 2015.

The service is registered to provide personal care to people living in their own homes. At the time of inspection, ten people were provided a service.

The service did not have a registered manager; however, the registered provider had applied to become registered with us. 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 provider took over the day to day management of the service after the previous manager left the organisation. At this time, the registered provider was asked to develop an improvement plan with the local authority to develop the systems in place to ensure people were cared for safely. The registered provider had worked hard to improve areas such as care plans as well as staff training and support in this period. The registered provider was committed to the on-going development of the service. We found improvements were needed to ensure the service could deliver safe support to more people in the future.

We found the systems to ensure the quality and safety of the service required development. The registered provider did not ensure they understood and implemented good practice robustly as they made changes. We made a recommendation in the area of medicines management that good practice guidance is implemented to ensure the system is robust and people receive their medicines as prescribed safely.

We saw that records in relation to the management of the service were not always kept or were not complete enough to evidence safe process. This related to records around recruitment, rotas, incidents, accidents, safeguarding and communications the staff had with health professionals, people and their relatives. The registered provider purchased a system and developed suitable forms following the inspection to enable this to happen in the future.

New assessments had been undertaken and care plans completed, which contained details around how a person liked to be supported and their preferences. We saw the registered provider had assessed the risks involved in supporting people. The risk assessment process was still being developed and the registered provider told us they would start to use recognised tools to aid the process in the future.

There were enough staff employed to provide support and ensure people's needs were met. There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different

types of abuse and what would constitute poor practice. The registered provider evidenced during and after the inspection that they had safely recruited their staff.

Staff told us the registered provider was supportive. Records confirmed staff had received recent supervision and the registered provider was developing a system of group supervision and appraisal to further support staff to fulfil their role. Staff told us the service had an open, inclusive and positive culture.

Staff told us they had received training, which had provided them with the knowledge and skills to provide care. Records confirmed that staff had received the training the registered provider felt was necessary. A plan to provide more training in topics not yet delivered was in place.

The registered provider had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. Staff were able to demonstrate how they empowered people to make their own decisions which meant they were working within the principles of the MCA.

People and relatives told us staff treated people with dignity and respect. People told us they felt staff were kind and caring.

People were provided with their choice of food and drinks, which helped to ensure their nutritional needs were met. Staff worked with other healthcare professionals to support people.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would listen and take action to support them.

A breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the governance of the service was found during this inspection. You can see what action we told 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?

Requires Improvement

The service was not consistently safe.

We made a recommendation that good practice guidance in relation to medicines was implemented to improve safety.

Care plans included the assessment of risk. The registered provider agreed to use recognised tools where available/ required to make risk assessments more robust.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the registered provider.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place. Better records of rotas and recruitment were required.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff had received the training the registered provider felt was most important and a programme to further develop knowledge in other areas was in place. Staff had started to receive supervision; the appraisal process was due to be implemented.

The registered provider had an understanding of the Mental Capacity Act 2005. Staff required training but were able to describe the principles of the MCA.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People told us they were treated with respect and their independence, privacy and dignity were promoted.

People were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed and care plans were in place. The registered provider did not record all communications in relation to the management of peoples care. A new system was purchased following inspection to be implemented.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was not registered manager but the registered provider had made an application to fulfil this role.

The systems in place to monitor and assess the quality and safety of the service were not robust. Records relating to the management of the service were not always kept or were not complete.

Staff were supported by their registered provider and felt able to have open and transparent discussions with them. Staff meetings had re-commenced but were not recorded.

Esteem Homecare Services

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 checked 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 inspected Esteem Homecare Services on 19 April 2017. This was an announced inspection. We gave the registered provider short notice (48 hours) that we would be visiting to ensure they were available to provide the information we required.

The inspection team consisted of one adult social care inspector and one 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. The expert by experience made telephone calls to people who used the service and relatives to find out their views on the care and service they received.

Before the inspection, we reviewed all the information we held about the service. We contacted the local authority to find out their view of the service. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

At the time of our inspection visit, there were ten people who used the service. We spoke with five people or their relatives / representatives. We also spoke with the registered provider and two care staff.

We looked at two people's care records, including care planning documentation and medication records. We looked at two staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Requires Improvement

Is the service safe?

Our findings

The registered provider explained they worked with families, GPs and people to assess what support was needed with medicines. We saw this support was described in people's care plans. We looked at two people's medication administration records (MARs) which helped us to understand if people received medicine as prescribed. Staff had signed each time they administered a medicine.

Where a medicine (creams and tablets) was prescribed 'as and when required', staff recorded they had administered these for the full dose each day and had not recorded why they had done this or why the medicine was needed. These types of medicine should only be administered when a person exhibits particular symptoms such as pain or a specific rash. The registered provider did not have protocols recorded to explain to staff when to administer such medicines. The registered provider completed an audit on a sample of the MARs each month to ensure they were completed accurately. The audit had not highlighted the issues described above. We found no evidence anyone had been harmed, because staff had not exceeded the maximum dose allowed in any 24 hour period. We recommend the good practice guidance for supporting medicine administration in care at home services is implemented.

The registered provider had ensured all staff had received medicines refresher training in the past 12 months. The registered provider had sourced a person to complete competency checks for each staff member and this was booked for May 2017. One member of staff told us, "I have done online training and I was observed by the previous manager. I feel confident and if things are not correct I will call [Name of registered provider] and they check things."

As part of the inspection process we spoke with people who used the service who needed help from staff to administer their medicines. One relative explained the service had taken over their family member's medicine management and to start with there had been confusion, but this had improved. Everyone else reported no issues and told us staff were reliable.

We asked people who used the service if they felt safe and nobody reported any issues in this area. One person told us, "There are no issues regarding care for me."

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. One member of staff told us, "I reported a mark I saw on a person during personal care. I reported this immediately to [Name of registered provider] and they looked into it as they always do." Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults and records we saw confirmed this.

The registered provider was aware of local safeguarding protocols. Recent safeguarding concerns looked into by the local authority were recorded by means of the minutes taken in meetings. The registered provider did not have an internal system to record such events or evidence reporting, investigations, outcomes or any lessons learnt. We discussed this with the registered provider and they developed such a system which they have communicated since the inspection.

The registered provider told us support was delivered to people from around 7am to 10pm. The registered provider employed driver/carers who supported the members of staff to cover calls across a rural area of North Yorkshire. The registered provider also often carried out this role.

The team was small and the registered provider was communicating the rota to staff each evening for the following day. The rota was not formally recorded so we could not see which staff had attended to which person each day. This meant no complete record to confirm all calls were covered with the appropriate number of staff were kept and there was a risk the system would not highlight a call was not covered. If more people were supported in the future this system would increase the risk that calls were not covered. We discussed this with the registered provider and they informed us that a new system had been purchased which would record this information appropriately.

We discussed with people and their relatives whether they had consistency of care from regular care workers, whether staff were on time and if there were ever occasions where their calls were missed. People said, "They [staff] are always on time and they never make me feel as though I am just a name on a sheet" and "Yes they come when they say they will, I don't know how they do that every day." Another person said, "The staff do arrive on time and we have to understand it may be traffic or another client that has caused any delay. They always make me feel like I am the only one they are caring for."

With regards to consistency of staff, one person said, "I have permanent care so I need to like and trust people coming into my home, and I do, otherwise they would not still be with me."

The registered provider told us they provided on call support to the team each day. Staff told us the registered provider was always available and that they would alert them if they were delayed so people who used the service could be informed. This showed us the registered provider took steps to ensure the safety of people who used the service and staff.

The registered provider had recently developed a new risk assessment format which highlighted the risks to each person who used the service and how to manage them. We saw these covered areas such as moving and handling and skin integrity. We saw that information about how staff should support a person to prevent harm occurring was clearly recorded. We discussed with the registered provider how the use of recognised tools such as falls risk assessments, malnutrition universal screening tool (MUST) or waterlow pressure care assessment could help staff understand the control measures to put in place and when to refer issues to healthcare professionals. The registered provider agreed to implement such tools to more robustly assess and manage risks.

We found that the care workers were, at times, dealing with people's monies to do shopping for them. Although this was acknowledged in the person's care plan, there was not policy in place around how to manage people's money safely and to safeguard them from abuse. This meant records of transactions and receipts were not kept to evidence money was handled correctly and errors were not made. There was also no system to audit money was handled appropriately by staff. The registered provider implemented a procedure following the inspection visit and provided us with a copy which outlined a safe procedure for staff to follow.

The registered provider had started to develop an environmental risk assessment and not all people had this included in their care plan. It took into account the hazards in a person home and to direct staff what do in an emergency. This included how to support a person in the event of a fire and information about where the amenities cut off points were should the electric, gas or water need to be turned off. We asked the registered provider to include the safety of equipment staff used, such as hoists, within this risk assessment

and they agreed to do this. Where people did not have this risk assessment staff did not have full information to support a person safely in an emergency or with their equipment. The registered provider told us each person would have this risk assessment in place within the four weeks following our visit.

During the inspection, we looked at the records of two newly recruited staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service checks (DBS) had been carried out before they started work to confirm the staff member's suitability to work with vulnerable adults. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable people.

References had been obtained and, where possible, one of which was from the last employer. The registered provider had not clearly documented the reasons for any gaps in staff's employment history. It was also difficult to gather all information about recruitment from the records kept, for example we could not source the start dates of the staff members. Some information had to be provided following the inspection. We discussed with the registered provider that they need to ensure full and accurate records were kept accessible in respect of recruitment. The agreed to ensure this happened in future. Overall we concluded the recruitment process was safe.

We found staff were up to date with their first aid training. We asked the registered provider what staff would do in the event of a medical emergency when providing support for people who used the service. They told us an ambulance would be called and staff would follow the emergency operator's instructions until an ambulance arrived.

There had been no recent accidents or incidents. We looked at the process which would be followed should an accident or incident occur. We saw the registered provider had an accident and incident form to record such events. The form was not robust enough to ensure full details of the event and subsequent actions were recorded. There was no area to record any outcomes or lessons learnt. Without all of this detail recorded the registered provider would not be able to evidence a full account of accidents and incidents. The registered provider developed a more robust form following the inspection and they have provided us with a copy.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us they felt the care was appropriate, well delivered and that the staff had the necessary skills to provide effective care. One person told us, "I am very pleased with my care. They [staff] seem to know what I need before I do" and "They have been trained for this work and the confidence in their delivery means I am getting good care."

The registered provider gave us a copy of the staff training matrix where they recorded which training staff had received and any outstanding training. We saw all of the training the registered provider had assessed as the most important, such as, first aid, health and safety and moving and handling was up to date. The registered provider told us they had worked hard recently to start refreshing staff knowledge and also to source training for topics they felt staff still required in areas such as Mental Capacity Act 2005 and pressure care.

The training system was organised and we could see improvements were planned in the future such as additional training for staff in topics such as Mental Capacity Act. The registered provider had not assessed how often staff needed to complete refresher training to maintain their knowledge and skills. They told us this was something they would determine following the inspection.

We spoke with staff about training they had undertaken and they told us they felt confident to complete their role. One member of staff told us, "I have done first aid, moving and handling and I have been supported to complete my NVQ level 2 which I will be finishing soon."

Staff told us that they were supported to shadow fellow care workers during their induction to help them feel confident and to get to know the people they would be supporting. A person they supported told us, "If they [staff] are new, they have a mentor which shows a duty of care and a responsible attitude."

The registered provider told us about plans to develop staff skills and support them to be 'train the trainer's' in key topics so they could share their knowledge and train new staff employed in the future. The registered provider told us, "I hope this will develop a team approach to delivering the best care to people."

Staff explained they felt well supported and they had received supervision recently from the registered provider. We looked at records of staff supervision since the registered provider had taken over day to day management of the service. This showed staff had received an opportunity to discuss their role and the registered provider had provided them with feedback on their performance. One member of staff told us, "It was ok, we talked about the clients and the registered provider supported me when I needed it in a situation" another staff said, "I have had supervision quite a few times and I have been praised for my work as well. [Name of registered provider] will go through things and they are always reassuring us." This meant staff were supported to enable them to fulfil their role.

Alongside individual meetings the registered provider had implemented group supervision as a method of supporting staff. This process was yet to be trialled. Staff had not received an annual appraisal so they could

plan their personal development with the registered provider. The registered provider explained they would introduce a system of appraisal of staff performance in 2017.

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 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

The registered provider told us none of the people they supported were deprived of their liberty and that all of the people they supported had the capacity to make their own decisions. We therefore could not see how the registered provider would use the MCA in their care plan process. We did see that people had signed to consent to the care planned and they told us they were always consulted in all areas of their care delivery and they appreciated that involvement.

Staff had not received training around the MCA and we saw this was planned. However, they were able to describe how they ensured people had choice and were empowered to make their own decisions. One staff said, "If a person refuses support, I try to explain why I want to do something and if they still say no, I respect this" and "I try to break down what I am going to do and offer advice and options. I would respect if a person refused and I know people cannot be forced." People confirmed this approach, one person said, "They listen to what I ask for" and "I can always say no." This showed us the service was working to the principles of the MCA.

The service provided support to people at meal times. Those people who were able, were encouraged to be independent in meal preparation. Staff told us they encouraged and supported people to have meals of their choice. One person said, "My carer is great and spoils me, she makes me snacks." Staff described what they would do if a person was not eating well or they felt they were losing weight. One staff told us, "If a person does not eat properly for maybe two days, we would call [Name of registered provider] and the family. We work with the district nurses for three people and share information through their notes."

The registered provider and staff we spoke with during the inspection told us they worked with other healthcare professionals to support people. The registered provider told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and on-going care. Records were not made of such communications and this meant full management records were not in place about people's care. This meant the registered provider did not have complete records regarding advice provided or people's requests to adapt their support. Such records are needed to ensure required changes had been made to people's care plans.

The care plan records contained a 'hospital passport' document, which care workers could use to ensure professionals in hospital understood the care needs of a person if they required in-patient care. This meant people were supported to maintain good health and had access to healthcare services.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the care and service received. People said, "Oh my goodness the care is just great." and "They [staff] are very kind and good."

The registered provider told us there was a person-centred approach to the support people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. We asked staff what 'caring' looked like for them and one member of staff said, "All of the staff I work with are definitely caring. They are very polite, they ask people if they are ok and offer more assistance or reassurance when needed and this I feel means they genuinely care."

Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One person told us, "If I want to change my mind that is fine or want to have a lie down. I am not made to do what I don't want to do." This showed us people were supported to make the own choices and decisions.

The registered provider told us staff induction and training, along with person-centred care plans supported staff to understand the values of dignity and respect. We saw people were asked during assessment if they preferred male of female support and this was recorded. We saw in one person's care plan it specifically instructed staff to cover the person during personal care to maintain their dignity.

It was clear from our discussions with staff that these values underpinned the work they carried out with people. One staff member said, "We always lock the door and fully explain what we will be doing." People we spoke with confirmed they were treated with dignity and respect. One person told us, "I couldn't ask for better care, they are so kind and lovely. They close the curtains and knock before coming in the shower room to help."

People told us staff supported them to maintain their independence and staff explained how they supported one person to mobilise to keep their independence.

People explained they were involved in planning and making decisions about their care and that their wishes were met wherever possible. They explained new staff were always introduced so they would know them. This helped when care workers were on leave because they knew the other care workers on the team who would cover. This also helped staff to develop relationships with people and, therefore, provide more personalised care.

Requires Improvement

Is the service responsive?

Our findings

The care plans were all new and therefore reviews had not taken place at the time we visited. The registered provider was in regular contact with people who used the service and any changes to people's care had been reflected in their care plans.

Where the registered provider had discussed changes required, consulted professionals or received feedback from people and/or their relatives, they had not recorded the discussions or outcome. This meant a full record was not kept in relation to the management of each person's care. We found no evidence that people had not received the correct support because the detail was not recorded. However, there was a risk this could happen, particularly as the service increases the number of people they support in the future. The registered provider had recognised this and was sourcing a new electronic records system where such information could be recorded. Following the inspection, the registered provider informed us this had been purchased and was due to be implemented.

We asked staff if they found the new care plan format useful. One member of staff said, "The care plans are much better than before and the team is more organised with fewer carers, this makes it better. [Name of registered provider] puts changes in the files and lets us know. For example a person recently changed the way we supported with medication. Everything is recorded better and it makes us feel safer." Another staff member said, "Care plans seem better actually. It tells you in proper detail what to do in different circumstances. I take time to read them and [name of registered provider] tells us about any changes."

We looked at the care records of two people who used the service. Each person had an assessment which was also the care plan; this highlighted their needs and the care they required. Person-centred detail about how a person preferred their care to be delivered was included. For example, one person's care plan referred to their preference for finger foods, another person's care plan explained that they needed staff to use excellent listening skills so they could hear their soft voice. Where a person had specific routines, these were recorded so staff supported them in the way they chose.

People and relatives we spoke with during the inspection told us staff knew them well and were responsive to their needs. People and their relatives told us they were involved in planning their care as much as they wanted to be. One relative said, "I am consulted about my relatives care plan and get asked to all the relevant meetings about them." One person said, "I don't want that worry [being involved in care planning], I just want to continue with my excellent care. My relative deals with it."

The registered provider told us the service had not received any formal complaints in the last 12 months, therefore we had no records to review. We did however look at the registered provider's complaints policy which gave full details to people on how to complain and the action the registered provider would take and the timescales within which to expect a response. There was a mechanism within this policy to log complaints, this did not follow a format which would evidence the process and outcome.

The registered provider developed a record sheet, following our inspection, where complaints could be

clearly logged, the investigation and outcome could also be recorded. This was designed to enable them to monitor and track the progress of any complaints received.

All of the people and their relatives we spoke with said they knew how to complain. One person said, "Of course I know how to complain." People told us the registered provider often visited them for feedback and to see if everything was working well. They told us they appreciated this.

Requires Improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help registered providers assess the safety and quality of their service. At the time of our inspection, the registered provider had started to implement checks of people's daily records, medicines records and staff performance by spot checking their practice through observations. We saw records to confirm these checks had occurred, however, the checks did not always pick up issues that required improvement, such as those highlighted in the safe section of this report concerning medicines.

The quality assurance and governance systems still required development to include checks on care plans, and robust monitoring of patterns and trends for example with regards to safeguarding. The registered provider explained they planned to develop a committee which would include members of staff and themselves to carry out this role.

Robust records were not in place to evidence all of the interactions the registered provider and staff had with professionals, people and their relatives. The registered provider did not record robustly the staff rotas which meant there was a risk that people would not receive the support they required. The registered provider confirmed, following the inspection, they had purchased a new computer programme to enable such records to be developed. Robust records were not kept in relation to staff recruitment. Documents to record complaints, accidents and incidents and safeguarding were not fit for purpose to clearly evidence the issue, investigation and outcome. All of the above meant effective management of the service was not always evidenced.

The registered provider did not always use good practice guidance or understand robustly the relevant topic to develop and implement systems. For example medicines management was not in line with good practice guidance.

All of the above meant the systems in place and the assessment of the quality and safety of the service was not robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the time of our inspection, there was not registered manager in post; however the registered provider had applied to become the registered manager. People and their relatives gave us feedback about the registered provider. They told us they thought the service had improved recently. One person said, "On balance it is a very good service and I have no complaints. I am just happy they do what they do." Relative's told us, "This is a good company and is generally excellent and I would recommend them to anyone" and "The management are available if I need to speak to them and the staff all feel supported and enjoy their job."

Staff told us they felt supported and that the registered provider had improved their experience of working at Esteem Homecare Services since they took over day to day management of them. One member of staff said, "I enjoy working for Esteem. I feel confident. We are pushed to work in the right way and we have more

training. This gives you confidence with the clients."

Over the six months prior to our inspection the service had been working with the local authority after the previous manager left the organisation. At this point, the registered provider took day to day control of the service. A structured action plan was put in place and the registered provider had worked hard to implement safe systems and improve the service in areas such as care planning, staff training and audit. The registered provider continues to develop the service and is aware of the areas for improvement outlined in this report. They have employed the services of consultants to help with human resource issues and policy development, alongside staff support. At the time we visited, no new people could be supported until the local authority felt systems were robust enough to support the growth of the service.

The registered provider confirmed to us that they understood their responsibilities in regards to statutory notifications and they understood when they must notify us of events as required by law.

We found there was a culture of openness and support for all members of staff. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the care provided. A staff member we spoke with said, "[Name of registered provider] is brilliant, what a difference, mainly with communication. They are really good to get on with; it is a pleasure to come to work."

Staff told us they were kept up to date with matters affecting them. This was mainly through communication with the registered provider. Staff meetings had been held recently, but records had not been kept of these.

We asked the registered provider about the arrangements for obtaining feedback from people who used the service. The registered provider had been visiting people in their own homes to ask for feedback and we saw records of some of these meetings. People confirmed they saw the registered provider frequently and that they listened to their feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place to enable registered person's to assess, monitor and mitigate risks relating to the health, safety and welfare of people. The registered provider had not maintained accurate, complete and contemporaneous records in respect of each service user. Regulation 17 (1) (2) (b) (c)