Aquaflo Care Ltd

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Inspection report

Wellesley House
102 Cranbrook Road
Ilford
Essex
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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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Aquaflo Care Ltd is a domiciliary care service providing personal care and support to people living in their own homes in Ilford and Newham. The service provides care and support to people with health and social care needs. At the time of our inspection 65 people were using the service. This inspection took place on 11 October 2017.

We had previously inspected this service on 17 January 2017 and identified a number of areas where improvements were needed, to ensure that people were receiving care that was safe, effective, caring, responsive and well-led.

We found the service to be in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this inspection to check if the service had made the required improvements from our inspection in January 2017. We found that although the provider had made some progress, not all the required improvements had been made.

There was a registered manager at the service who told us that they were also registered to manage another location for the same provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff supported people at home with their care needs and the service had assessed some risks. However, not all risks associated with people's health care tasks had been assessed to ensure people were safe at all times when staff carried out personal care.

Staff were not always deployed in a way for people to receive care from consistent, punctual staff. People told us that they got along with staff that knew them well.

Staff received up to date training, supervision and yearly appraisals of their work and performance. Staff had a basic understanding of the application of the Mental Capacity Act 2005.

We found recruitment checks were in place to ensure new staff were suitable to work at the service. Staff had positive views about the leadership and culture of the service.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. The provider carried out checks to ensure that staff employed were of good character. Medicines were administered safely by trained and competent staff.

Detailed support plans were in place and records were updated following reviews or changes in people's needs. People were supported by staff if needed, to access support from healthcare professionals where

required.

People who used the service and their relatives told us the staff they knew were caring. Staff respected people's privacy and dignity and encouraged them to maintain their independence.

People and their relatives knew how to make a complaint. These were not always satisfactorily handled by the management team. We have made a recommendation about this.

Staff felt supported by management and staff team meetings were used for staff to speak openly and make suggestions that could lead to improvements.

The service had systems in place to monitor the quality of the service provided through seeking people's feedback and carrying out spot checks. However, improvements were needed to identify the issues with an overview of where improvements were required in order to make progress.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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 always safe.

Risks assessments for people using the service did not provide sufficient guidance to staff about how to manage health risks.

Staff were recruited appropriately. People, their relatives and staff felt there were enough staff available to meet their needs.

People and their relatives told us they felt safe. Staff were aware of the safeguarding and whistleblowing procedures and knew how to report any concerns.

Staff demonstrated a good understanding of their roles in safeguarding people.

Is the service effective?

Good

The service was effective.

Staff received sufficient training, appraisals and supervision to support them in their role.

Staff were aware of the principals of the Mental Capacity Act (2005) and understood how it applied. They asked for people's consent before providing care and support.

Staff supported people to access health care professionals when needed.

Is the service caring?

Requires Improvement

The service was caring.

People told us the regular staff who supported them were caring and treated them with respect and dignity. However, improvements were needed in the way office staff responded to people.

People told us that staff gave them choices and they were involved in the care they received.

Is the service responsive?

Good

The service was responsive.

Support plans were personalised and included details about how people wanted their care to be delivered.

Complaints were listened to. Improvements are needed to the way they are managed by the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

Various quality monitoring and quality assurance systems were in place but were not always effective.

Staff feedback about management was positive.

Aquaflo Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone available to assist with the inspection.

The inspection team consisted of one inspector who attended the office on the day of the inspection. After the inspection, an expert by experience made telephone calls to people who used the service and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding, the previous inspection report and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we looked at a range of records about people's care and how the service was managed. We looked at the care records of four people who used the service, six staff files, staff training and recruitment records, complaints logs and quality assurance monitoring records as well as records relating to the management of the service. We spoke with 10 people using the service, the relatives of four people, seven members of staff and the registered manager. We also spoke with contracts officers from the London Borough of Newham and Redbridge.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 17 January 2017, there had been a breach of Regulation 12 of the Health and Social Care Act 2008 *(Regulated Activities) Regulations 2014 for Safe care and treatment. This was because risk assessments to keep people safe were not sufficiently detailed to support staff to deliver safe care.

At this inspection we found that , the provider had updated people's care records onto an online system called the "Pass" system.

At our last inspection, we found that risks to people were not always assessed to ensure their safety was being maintained during care delivery. At this inspection, we found, in some of the records we looked at, that although improvements had been made in the way risks were assessed they were not comprehensively completed for all the risks identified.

Risk assessments covered areas relating to people's personal risks, such as risk of falls, medicine management, skin integrity, personal hygiene and the person's home environment. For example, a person had been assessed as having a risk of pressure sores. There was a risk assessment in place which directed staff to monitor the person. The revised assessment included important information such as the need to apply cream to manage skin areas that were at risk. There was also an updated support plan which stated that staff needed to reposition the person to maintain their skin integrity. For example, their risk assessment stated, "Ensure [the person's] mobilising areas are clutter free." It also stated "Check pressure areas and put a cushion on my side to avoid pressure sores."

However, we found that specific risk assessments related to risk factors were not in place to ensure that people's safety was being maintained during delivery of care. For example, what action staff should take for a person who had diabetes with associated health issues and another person, who had a Percutaneous Endoscopic Gastrostomy (PEG, which is a tube inserted into the stomach to enable people to receive nutritional support). As part of the care planning process, it is essential to identify all risks associated with a person's care and support needs. This helps staff to identify and mitigate the risks to ensure the safety of the person and the staff. However, the service did not have this in place.

We received mixed responses from people and their relatives about late or missed visits. People and relatives told us that staff could be early or late for calls. Comments included "They don't always come together." "The timekeeping is not good." And "The two carers don't always arrive at the same time."

The registered manager told us that staff were responsible for informing the office if they were running late. They acknowledged there had been a number of late and missed visits. For example, in September 2017, for packages carried out in the London Borough of Redbridge there were seven missed visits and ten in the London Borough of Newham. A number of these related to the second staff member not arriving for a call which required two staff members. The manager had addressed this by speaking with the staff to find the reason for a late or missed visit. They told us they made other suitable arrangements, such as reviewing the timing of the care call or allocating visits in the same geographical areas to avoid this. The manager also told

us that they planned to use assistive technology going forward, to help monitor rotas and visits with a view to reducing the level of late and missed visits. We will check the progress of this at our next inspection.

People did not always receive care at the agreed and assessed times in a safe manner. The service did not safely meet people's health and welfare needs because comprehensive risk assessments were not always carried out . All of the above concerns meant that this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection, we found that medicines were not always administered safely by trained and competent staff. There were no medicines risk assessments in the care records we reviewed. Medicine competency checks to ensure staff were able to safely administer medicines, were not always complete.

At this inspection we found that medicines were managed safely. A medicine policy and procedure was in place. Staff had completed medicine administration training and were aware of the procedure to follow. They were checked by senior staff, for their competency to safely administer medicines. We found that medicine risk assessments were completed and were on the files we checked.

The Medicines Administration Records (MAR) we checked had been completed by staff and outlined that medicines had been provided by staff as prescribed. A member of staff told us "Yes we have done medicine training and know the procedure to follow. We complete MAR sheets when we give medicines to people." People were happy with the support they received with their medicines.

People told us "We do feel safe" and "It's all definitely OK. She's (her carer) is fine and understanding." Staff demonstrated an understanding of how to safeguard people against abuse and had attended relevant training. The provider had taken appropriate steps to ensure staff had the information and knowledge needed to protect people from the risk of abuse. The provider's safeguarding procedures gave guidance to staff about how to recognise whether a person may be at risk of abuse and the action they must take to protect them. Staff were able to explain their responsibilities for safeguarding the people they cared for. They knew how and when to report their concerns and to whom.

A whistleblowing policy was in place. Staff were aware of the policy and knew the steps to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about their employer and if they felt they were not being listened to by the managerial team. They were aware that they could report their concerns to external organisations, such as the local authority or the Care Quality Commission (CQC) if they felt they were not listened to.

There were robust recruitment procedures in place to ensure that only staff that had undergone the necessary checks were employed. Staff files evidenced that proof of identification, health assessments and two references were obtained before staff could start work. A disclosure and barring check (DBS) was also completed and refreshed regularly in order to ensure staff were suitable to work within a health and social care environment.

Staff told us they were aware of how to check to ensure people's safety. For example, they checked that equipment (hoist) was working properly and there were no obstacles in the way that could cause an accident. This awareness helped to keep people safe.

People were protected from the risk of cross infection. Staff had attended training and were aware of infection control principles and guidelines. They told us they always ensured equipment was clean before

use. Staff had access to personal protective clothing and told us that they would always collect this at the office. One member of staff said, "Yes we have gloves and aprons. They are left in people's home and we can also collect from the office if needed." They understood their responsibilities in terms of preventing the spread of infection by means of hand washing and use of protective clothing. However, one person told us, "Yes for the ones that come regularly but they don't seem to change their gloves between toileting, washing and doing other tasks." We recommend the registered manager provides refresher training to staff in this area.

Good

Is the service effective?

Our findings

At our last inspection in January 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing. This was due to shortfalls in the staff supervision and appraisal system, training, skills and competence of the staff.

We received mixed responses from people and their relatives about staff competence. Comments included "They know what they're doing so they must be trained and "Yes, [my carer] is able to meet my changing needs (from one day to the next) – they are flexible." Other comments included, "We don't think they are skilled and not experienced with moving and handling." And "Some are really good and some are not. They are trained by the district nurses to do the PEG feed."

At this inspection, we found that improvements had been made. Staff told us "We do get sufficient training." And "We get good training, it helps us to do our job well." Staff told us that they had received relevant training in order for them to fulfil their duties and meet people's individual needs. The manager informed us that a training officer had been appointed to deliver relevant and mandatory, as well as other specific training to staff.

All new staff completed an induction in line with the new Skills for Care certificate. The Care Certificate replaced the National Minimum Training Standards and the Common Induction Standards for Health and Social Care workers. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and brought into force in April 2015. It is a set of minimum standards that social care and health workers work towards in their daily working life and sets the new minimum standards that should be covered as part of induction training of new staff. All new staff undertook a day of shadowing with an experienced member of staff to support their introduction into the role. In addition to the Care Certificate, the staff induction process involved an induction about the company and their personalised policies and procedures.

We saw an electronic training matrix which confirmed that training was delivered via a mix of e-learning and class room based sessions. This included training in medicine administration, safeguarding people, infection control, Mental Capacity Act 2005, moving and handling, fire safety, health and safety and food hygiene and preparation.The majority of training was delivered by an accredited in-house trainer. Senior managers monitored training to ensure staff were up to date with their training needs and attended refresher training to update their skills and knowledge. Staff who supported people with complex needs, had received appropriate training in areas such as diabetes awareness and caring for people who were PEG fed, from the relevant professionals.This meant that staff had sufficient skills and knowledge to competently support people with these needs. Staff felt supported by the management team and were encouraged to contact them if they had any queries or concerns. Comments from staff included "They are supportive (management). If we had problems we can call at any time."

Staff received supervision and an annual appraisal to support them in their roles and identify any future professional development needs. Supervision gave staff the chance to discuss any areas of concern within

their role, areas for development and was an opportunity for the staff member to receive feedback within their role. There was a programme on the provider's computer system to identify when staff supervisions and appraisals were required. Staff met with their line manager for their supervisions and topics discussed included areas of development, wellbeing and issues arising from care provided to people using the service. We saw records confirming that staff received supervision, which included spot checks and group supervision and where appropriate, an annual appraisal of their work performance.

The registered manager informed us that care coordinators undertook unannounced spot checks on staff to review their practice. We saw from records that staff had received spot checks. A spot check is an observation of staff performance carried out by senior staff at any time. Their findings were fed back to staff to help them improve their work performance.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People and their relatives told us they were involved in decisions about their care and it was only provided where they accepted this. People told us "She's very polite and asks me what I want to do first." "They do everything and ask – it's fine, honestly." The staff and registered manager had completed training about the MCA. They recognised the importance of involving people as far as possible in decisions about their care. Staff told us that if people declined care, they offered this again later; if people persistently refused, they reported this back to the office, who would liaise with the relevant care professionals to carry out a mental capacity assessment. The staff recognised the importance of enabling people to make choices and ensuring that the care they provided was in the person's best interests. Where there were concerns about people's mental capacity to consent to aspects of their care, mental capacity assessments and best interests decisions were made through the care management process. However, we found that although staff told us they had done MCA training, they had limited understanding of this. We recommend to the manager to look at the MCA Code of Practice and share relevant information with the staff.

People's care was planned and delivered to maintain their health and well-being. People's care records included the contact details of their GP and relatives so that staff could contact them if they had concerns about a person's health. Staff told us if they had any concerns about a person's health they would contact emergency services, inform the person's family and notify the manager to support their health care needs.

People were supported to access the food and drink of their choice. One person told us "They're so good. For breakfast I can have toast or whatever I want." Relatives told us "The carers do encourage her to eat in the mornings and at lunch time. They leave her a fresh bottle of water." Another said "The family does her food and drink." We spoke with staff who said they made sure people had access to drinks and snacks in-between their visits. Where people required assistance with food, much of it required staff to re-heat food and ensure that it was accessible to people. Staff had received training in food safety and were aware of safe food handling practices. Staff were aware of people's special diets and supported them with this.

Requires Improvement

Is the service caring?

Our findings

People told us that the staff who supported them regularly were caring. One person told us, "Yes, I think so. I feel comfortable with her and I trust her." Another said, "I can't grumble they're all friendly."

We received mixed responses from relatives about whether they felt the staff had a caring attitude. One relative told us, "Monday to Saturday with [care worker] is excellent but the Sunday evening care has been absolutely terrible." Another relative said, "I find the out of hours staff on the telephone rather abrupt in their manner." A third told us, "Yes the 'ground floor' carers are better than the office staff." From the feedback received it is clear that people and their relatives felt that the staff who supported people on a regular basis were caring towards them. However, they told us that there was a lack of staff consistency and inadequate response from the office staff which meant that people's experience was not positive.

Staff had developed caring relationships with people and demonstrated they knew people`s routines and preferences well. People told us "I get the same carers and they're lovely" And "Yes, they're like part of the family." They told us that they were offered choices and these were respected by the staff. We asked the staff how they promoted people's independence when they supported them.They gave examples of encouraging people to assist with their personal care or to mobilise themselves with their assistance. A staff member told us "We give them a chance to do things for themselves, so that they can be independent." This meant staff supported people to remain independent by encouraging them to do the tasks they could manage in order to retain their independence. The support plans showed that people were supported by staff from the same gender where this was requested.

People and relatives told us that they were involved in their care and had been asked how they wanted support provided. This was in the support plans we looked at which included information about what was important to people such as their family and friends, their likes, dislikes and how they wanted their care to be delivered. For example one care plan stated "Please ensure I wear my lifeline before leaving."

The registered manager explained that before they assigned care workers to people, they took into consideration people's care preferences, ethnic, cultural and religious needs, as well as any health needs that would require specialist training. They explained that people were matched with staff who came from the same culture, where possible, so that they could better understand their needs. However, a relative complained, "Even after six weeks we have not got Gujarati speaking carers. We want the people who can talk to her in her language." We discussed this with the manager who told us that they currently did not have staff who spoke this person's language but were attempting to recruit Gujarati speaking staff in order to meet the person's needs.

People were supported in a way which protected their dignity and staff were respectful of people's home environment. People told us that the staff who supported them regularly understood their changing needs and were flexible in helping them to meet these needs. One staff member said, "Yes we treat people with dignity. We have done privacy and dignity training. We start with the top half, then cover them up before assisting with other areas."

The service provided people with a 'service user guide' when they started receiving support from the agency. The service user guide included the person's care plan and important information about their support, as well as information about the service. These included contact details, a service structure chart, how to make a complaint, what they could expect from staff and any fees payable.

Good

Is the service responsive?

Our findings

At our last inspection in January 2017, there had been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for personal care. This was because we found that people did not have person centred support plans.

At this inspection we found that improvements had been made to the support plans. People told us that the support they received met their needs and that the staff team who supported them regularly knew them well. One person told us, "They do everything – it's fine, honestly." Another person said, "Every morning I get a shower or a bath. I get the same carers and they're lovely." Relatives told us that the service delivery varied depending on the skills and experience of the staff and if they attended regularly. They commented "Monday to Saturday with [the carer] is excellent but I hope the Sunday care improves significantly and a carer is sent who knows what she is doing."

The files we looked at showed that people and their relatives were consulted about the care and support they required at the initial assessment stage by the Clinical Commissioning Group (CCG) and the local authority who then made a referral to the service. They provided the service with a list of people's support needs.

We were informed by the registered manager that they carried out a home visit within 48 hours of receiving a referral, to carry out their own assessment of people's needs and develop a support plan. We looked at people's personal records. In each, there was a local authority assessment and a basic support plan provided by them or the CCG. The records we looked at showed that a home visit was carried out by a care coordinator with in the stated time.

People and their relatives told us they were involved in developing their support plans. One person told us, "Oh, most definitely." A relative told us, "Mum was involved and they do review the care plan, we can't remember if it's once or twice a year." We looked at people's support plans as part of our inspection and noted that they were on the electronic system, in a new format. We found that these were person centred and provided staff with specific guidance about how to meet people's needs according to their preference. They included details about people's social history, preferences, their likes and dislikes as well as specific details about the level of support people wanted with various aspects of their daily life such as personal care, continence, nutritional needs and mobility. For example, "I would like my care worker to support me with dressing and oral hygiene. I would like my care worker not to apply cream, I prefer powder." Another support plan stated "I need encouragement to eat and drink. Please support me to eat slowly as I am in danger of choking."

During the inspection, we saw that the service had invested in an electronic record keeping system to support the development of all records within the service. This was at developmental stage and was going to be used for all recording of documents, such as assessment and support planning. We saw that the service was in the process of reviewing and updating support plans on to the electronic system. Staff confirmed that each person had a copy of their support plan in their home. They were also available to be

viewed electronically on the provider's system and for staff to refer to on their phones so that they had up to date information about people's current needs and the level of support required.

People and their relatives were aware of the complaints procedure at the service. We received mixed responses from people and their relatives about the way complaints were dealt with by the service. Comments included, "I'd speak to the manager but no complaints yet" and "Not yet." However, we noted that when asked in the service evaluation forms sent by the provider. People responded that they were "partially satisfied" or "not satisfied" with the way their complaints were dealt with by the service. After a complaint was received, a complaint report form was completed with follow up actions to help resolve the complaint. People and relatives were contacted informing them of the outcomes of investigations and a note about whether they were satisfied with the outcome was recorded.

We discussed the comments received with the manager who showed us the improvements they had made since receiving feed back in September 2017. They showed us how they logged complaints on their electronic system and how these were monitored. On the day of the inspection we saw that the service had recently received two complaints which had been appropriately responded to and the manager had contacted the complainants to discuss the issues to try and resolve them. We recommend that all complaints and responses related to the service are logged appropriately and responded to and dealt with according to the service's complaints handling procedure, satisfactorily.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2017, the service was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for Good governance. This was because the provider did not have effective systems in place to monitor and improve the service.

At this inspection we found that the service was managed by a new registered manager who had been in post since April 2017. They were in the process of implementing changes required for them to improve the service.

At this inspection, we found that some improvements had been made. Systems had been introduced to help the provider assess the quality of care being provided. For example, the provider sought feedback about the service via quality assurance surveys in September 2017, which had been sent out to people and their family members. We saw a sample of the returned questionnaires, which included mixed responses from people and relatives about whether they felt the service was well-led. One person told us, "Yes I think we had a survey." Another said, "The manager has visited a couple of times and they do phone regularly to check up on the service." The manager was in the process of evaluating the responses. The questionnaires looked at various aspects of service delivery, for example, the quality of care provided, professionalism of carers, communication and handling complaints. The registered manager told us that once all the responses had been received, an action plan will be developed to address any concerns highlighted.

People and their relatives gave positive responses about the quality of carers and said they were "excellent." They felt respected by the care staff. However, when asked how they rated responses to their requests and areas where the service needed improvement, people rated these as "poor" and felt that office administration and management needed to improve. This was in terms of the attitude of office staff, not returning phone calls and not notifying people in advance of any changes of staff, not ensuring carers arrived together when people required support from two carers and time keeping.

There was a system to monitor if staff followed their individual rota at the scheduled times. Staff were required to log in when they commenced care and support in people's homes using their smartphone, which was issued by the provider. This helped the team in the office to see that staff had arrived to carry out personal care for people according to the wishes of the person and that people were not left unattended or waiting for a long time. The manager told us that this was still at developmental stage and they hoped to use this as a way of becoming more efficient.

We saw that spot checks on staff and visits to people to obtain feedback from them had been carried out. We looked at records of observations of staff practice and competency when carrying out personal care and saw that they were completed by the care coordinators and the registered manager. They addressed any concerns people had about times, lateness and the care provided by initially issuing a verbal warning, interviewing staff, offering further training, and carrying out additional spot checks to ensure staff carried out their roles competently.

However, we found that the governance systems at the service were not always effective and did not identify the concerns that we found at this inspection. Specifically further improvements were required in areas such as risk management, timeliness of visits, missed visits, support plan audits, sharing information with people in a timely manner, office staff management and keeping people informed. It was evident during our conversation with people and their relatives that most people and their relatives were safe and well cared for. However, the governance of the service which underpinned all of the fundamental standards was not effective enough to ensure that people received high quality, safe care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Staff felt they had good communication with the registered manager and care coordinators through supervision meetings, phone calls and visiting the office. One member of staff told us, "The agency is great and the support is great, I would like to have more hours." Another staff member said, "The [staff team] are very caring and reliable. I feel very comfortable working with them." Regular staff meetings were held. Staff told us that they could raise issues or make suggestions to the management team and felt listened to. The manager told us that minutes of staff meetings were e-mailed to staff.

People's records were filed in secure cabinets which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. Providers of health and social care inform the CQC of important events which took place in their service. The registered manager notified us of incidents or changes to the service that they were legally obliged to inform us about.

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 The provider had not ensured that appropriate measures were followed to ensure that risks were consistently assessed and action taken to mitigate such risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that sufficient quality assurance and governance systems were in place to recognise and make any required improvements in the service. The provider did not always act on feedback received.