

Angel Heart Home Care Ltd

Angel Heart Home Care Limited

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

The inspection took place on 11 and 23 March 2016. The inspection was announced.

Angel Heart Home Care Limited is a domiciliary care agency providing care to people living in their own homes. Since the last inspection of the service in September 2015 the local authority stopped commissioning services with Angel Heart Homecare Limited. This meant that the number of people receiving care has reduced significantly. At the time of this inspection the service provided care to eight people, seven of whom lived with relatives or carers.

At our inspection on 2 April 2015, breaches of legal requirements were found and we took enforcement action against the provider. We issued warning notices in relation to person centred care and good governance. Requirement actions were served in relation to staffing and safe care and treatment. The provider wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment, person centred care, good governance and staffing.

We undertook a further inspection on 29 September 2015 and 2 October 2015 to check that they had followed their plan and to confirm that they were meeting legal requirements. We found the provider had made some of improvements however sufficient improvements had not been made to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014. Some of these breaches were repeated because the provider had failed to take proper action. As a result of this we put Angel Heart Home Care Ltd in Special Measures.

This comprehensive inspection was conducted to check that the actions taken by the provider meant they were now meeting their legal requirements. We found that the provider had made improvements in some areas which had made a positive difference to people they support. The improvements made meant the overall rating is now Requires Improvement and we have taken Angel Heart Home Care Ltd out of Special Measures.

However, we found the provider continued to breach a number of requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider was also the registered manager for the service. 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 provider did not always operate safe recruitment practices. Risk assessments for staff with past convictions were not always completed and reference checks were not satisfactory.

Risks to people's safety and well-being were not always adequately assessed and guidance for staff was not

always provided. The service did not support anyone who required assistance with oral medication. Where topical creams were prescribed there was insufficient guidance for staff to follow in how and where to apply the creams.

Information relating to people's care was not always recorded in an accessible manner. Although actions were taken to address changing needs these were recorded in a number of different places which meant that care staff did not always have the most up to date information.

The service had electronic monitoring systems in place to reduce the risk of people's care calls being missed and feedback from people was they had not experienced any missed calls since our last inspection. People's rights were protected and they were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Improvements had been made in the monitoring of staff training. However, one staff member had not completed all of the appropriate training to support them in their role. Staff received regular supervision and spot checks were completed to monitor the quality of their work. Where issues with staff performance were identified these were not consistently monitored.

The majority of people receiving care from the service lived with family members or carers and did not require support with food preparation. Where people required support with food preparation people told us they received this.

People had signed to show they consented to the care and treatment being provided to them. People liked the care staff and felt they knew their needs well. People and their relatives were involved in the development and review of care plans and these were updated when changes occurred.

People were provided with schedules detailing the times of their care calls each week. People and relatives told us that staff arrived on time and would contact them if they were running late. They felt the service was responsive and flexible to people's changing needs. Records showed that care plans were person centred and people's likes, dislikes and personal histories were recorded.

Complaints were recorded, investigated and responded to in a timely manner. Systems were in place to monitor complaints to minimise the risk of concerns reoccurring.

The provider had implemented a quality assurance monitoring system to monitor the standard of care provided. People and their relatives were regularly asked for feedback on the service which was monitored as part of the quality assurance process.

Accidents and incidents were recorded and monitored to minimise the risk of reoccurrence.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made some recommendations to the provider. 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 safe.

Staff were not always recruited safely.

Risks to people's safety had not always been identified and management plans implemented.

Staff were not provided with appropriate guidance where people had been prescribed topical creams.

Staff understood their responsibilities in relation to safeguarding people from abuse.

The service had a continuity plan in place to ensure people received care during an emergency.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff had not all completed appropriate training. Supervisions were completed although where performance concerns were identified these were not always monitored.

People received support with meal preparation where required.

Staff understood their responsibilities in regard to the Mental Capacity Act 2005 and gained consent from people before providing care.

Health care concerns were identified and people were supported to access appropriate healthcare professionals.

Is the service caring?

Good 

The service was caring.

People's privacy and dignity was respected and they were supported by staff who knew them well.

Staff encouraged people to maintain their independence.

Staff showed respect when working in people's homes.

Is the service responsive?

The service was responsive.

Staff arrived to care calls on time and stayed for the allocated length of the call.

Care plans were written in a person centred manner which reflected individual preferences.

There was a complaints policy in place and complaints were investigated and responded to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Care records were not organised to enable staff to have the most up to date information.

The provider had quality assurance systems in place and regularly asked for feedback from people and relatives.

Accidents and incidents were monitored and actions arising were addressed appropriately.

Requires Improvement ●

Angel Heart Home 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 and 23 March 2016 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

The inspection team consisted of three inspectors. We spoke to one person and four relatives to gain their views of the service on the 10 March 2016. During the inspection we spoke to the provider, two office staff and one staff member.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR 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. This was because we were conducting the inspection in response to enforcement action being taken.

During the inspection we looked at a range of records about people's care and how the service was managed. For example, we looked at six care files, risk assessments, three staff files, training records, complaints logs and quality assurance monitoring records.

Is the service safe?

Our findings

At our last inspections in April 2015 and September 2015, the provider was in breach of Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because risks to people's health and well-being were not routinely assessed and managed and people's medicines were not managed safely. At our inspection in April 2015 the provider was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because recruitment practices were not safe.

At this inspection we found the provider had made improvements in some areas and people we spoke to said they felt safe with the staff who supported them. One person told us, "They're very professional; they always make sure the key safe is secure before leaving." Another person said, "I'm confident my family member is safe with them. They always bring anything they notice to my attention."

Despite these comments we found that people continued to be at risk as the service did not always follow safe recruitment practices. The service had a recruitment policy in place. The policy stated that staff with previous criminal convictions would have a risk assessment in place prior to commencing work to ensure that risks to people were minimised. This did not happen in one instance. The staff member's file contained a Disclosure and Barring System (DBS) check from a different provider and was dated eight months after the person's employment started working for Angel Heart Homecare. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. There was no evidence available to show that this had been discussed with the person prior to the start of their employment and no evidence that a risk assessment had been completed to monitor potential risks to people. The registered manager told us they had discussed this with the staff member at interview and accepted their explanation of events. There was no evidence of this discussion within the interview notes on file.

References from previous employers were not completed in sufficient detail. For example, one staff member's file contained two telephone references and were not from the most recent employers. The information was brief and did not confirm in what capacity the referee knew the staff member. One staff member currently undergoing recruitment checks had a family member listed as a referee. Two staff members recently employed by the service had access to people's personal files prior to recruitment checks being completed to ensure they were suitable and safe to be employed by the service. The provider told us they had informed the staff they should not look in people's files.

Insufficient recruitment checks to ensure staff employed were suitable to work at the home was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in September 2015 it was found that risks to people's safety were not being appropriately managed which had a significant impact on their well-being. During this inspection we found that although there had been improvements made risks were not always identified correctly and guidance for staff was not always available to them. As the needs of the people using the service had changed the impact on people was not as great.

Risk assessments were in people's care records covering areas such as moving and handling, skin integrity, including pressure sores, and mobility. However, the information provided was not always comprehensive. For example, one person's care file identified there were risks to the person getting in and out of the shower and risks associated with manual handling. There was no guidance available for staff as to how these risks should be managed. Under the heading 'Other things' it was stated, 'body charts and behavioural charts, fill out when necessary'. There was no guidance as to what the risks to the person or staff supporting them were. The risk assessment was dated June 2015 and stated this should have been reviewed in September 2015. There was no evidence that the review had been completed.

Another person's care file made reference to the person's behaviours and high anxiety levels which could result in the person being reluctant to get out of bed and refuse personal care. The risks to the person had not been assessed and there was no guidance in place for staff to follow. One person had a history of seizures there was no risk assessment or guidance provided to staff on how to support the person. Although staff working at the service had a good knowledge of people's needs the guidance provided would not enable new staff to provide safe care.

The lack of planning of safe care was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some care files we viewed evidenced that risks had been identified appropriately and people received support to remain safe. For example, one person assessed as being at high risk of developing pressure areas was supported with regular exercises to help relieve pressure. When staff had concerns referrals were made to the district nursing team. The person's relative told us, "They're very observant and always let me know if they think something is developing." Another person whose family member required support with moving and handling told us, "There are always two carers and they all know what they're doing and how to use the equipment. They're very good."

Systems were in place to ensure all scheduled care calls were completed. An electronic monitoring system was used which alerted the office if staff had not arrived. Relatives told us they had not experienced any care calls being missed. Electronic records confirmed that care calls were completed. Staff were also required to complete call log sheets which were signed by people or their relatives following each call to confirm the visit had taken place.

During previous inspections in April 2015 and September 2015 staffing levels had been stretched and office staff were covering care calls. The provider told us that staffing levels remained a concern as a number of staff members had recently left the organisation. This meant that the provider was covering the majority of care calls with support from one staff member. The provider told us they recognised this was not sustainable and had taken steps to recruit additional staff. Evidence was available that interviews for staff had taken place and recruitment checks had been started. Despite these difficulties no care calls had been missed. The provider told us they preferred to deliver care calls themselves rather than use agency staff who did not know people.

People were safeguarded because staff were knowledgeable about what action to take should they suspect abuse was taking place. They were able to tell us about the different types of abuse, how to identify abuse and how to report it. They understood the role of the local authority safeguarding team and had contact details available. Staff told us they receive regular safeguarding training and records confirmed this. There was evidence that where concerns had been noted the service had made a referral to the local authority safeguarding team. Changes had been made to the person's care plan in accordance with the advice provided.

There was an emergency continuity plan in place that considered actions that would need to be taken in the event of emergencies including how the service would operate should the provider not be available. The plan contained detailed cover arrangements with contact details for relevant people. Following staff leaving the service at short notice the plan had been implemented. This meant that people had continued to receive their care and no care calls had been missed.

At the time of the inspection the service did not support anyone who required assistance with oral medicines.

Is the service effective?

Our findings

Feedback from relatives during our last inspection in September 2015 identified mixed views about the competency of care workers. During this inspection people and their relatives told us they felt staff had the skills required to carry out their role. One person said, "They're really good, they understand my needs and complexities." One relative told us, "They seem well trained, they know what they're doing and they do it with confidence."

During our inspection in April 2015 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff were not receiving training and supervision to support them in their role. When we returned in September 2015 we found the provider had made improvements and were meeting the legal requirements. During this inspection we found that the provider had not sustained the improvements made in supporting staff.

Not all staff had completed mandatory training. The provider told us that new staff were now required to complete mandatory training prior to starting working with people. Evidence was available to show that this was the case. However, not all training had been completed by one staff member who had been employed prior to the service implementing this system. Gaps in the persons training included first aid, food hygiene and skin care. The provider told us that the staff member had completed first aid training with another organisation although there was no evidence available to verify this was the case.

During the previous inspection of the service in April 2015 the provider told us that care staff were being supported to undertake the Care Certificate (induction into health and social care) but told us they could not demonstrate a completed certificate as care workers were still working through their induction. During this inspection the provider told us they were planning to introduce the certificate but had not yet done so. The provider was unable to demonstrate their knowledge of how the care certificate was assessed and completed which indicated that staff had not undertaken the training as previously indicated.

Records showed that all staff had completed training in moving and handling, mental capacity, health and safety, dementia care and medicines. During the second day of our inspection staff were undertaking training in continence care. Staff confirmed they had access to training.

We recommend the provider ensures staff receive appropriate training to provide them with the skills they require to carry out their role.

The service monitored staff skills through completing observation 'spot checks' of their work. These were completed regularly and staff were provided with written feedback as to how they could improve and develop their skills.

During our inspection in September 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because people's nutritional needs were not adequately met.

We found at this inspection that the service was not currently supporting anyone assessed as being at risk of malnutrition or requiring a special diet. One person told us they required help with shopping and occasional help with meal preparation. They told us, "They always make sure I have groceries in, they know how important this is to me. I cook myself but if I need any help they'll always do it." We viewed one person's care plan which gave detailed guidance as to how they liked their porridge to be prepared in the morning.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Relatives told us that they were informed promptly of any health concerns and action was taken. For example, one family member told us their relative was prone to infections. They told us, "They always tell me when they think they (family member) needs to see a doctor. If anything they're over-cautious. They always follow what the doctor or nurse recommends."

Staff followed the requirements of the Mental Capacity Act (2005) as people were asked to give their consent for care and we saw consent forms in people's care records. These included consent for the agency to provide care. We read where people did not have the capacity to consent to their care this has been given by people who had the legal authority to do so. People and relatives told us they had been involved in developing care plans and signatures confirmed this was the case.

Is the service caring?

Our findings

At our previous inspections in April 2015 and September 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities 2014. This was because there was a failure to respect and involve people. Care reviews were not taking place and not all care tasks identified in people's care plans were being undertaken. An action plan had been submitted detailing how the provider proposed to address these concerns. During this inspection we found the provider had made the necessary changes and were now meeting the legal requirements.

Care plans were regularly reviewed by the service and care tasks identified were completed by staff. One relative told us, "They check every week that we're happy with everything and nothing needs changing." One person told us, "They know me really well and we can always change anything I need to. I'm in control of what happens."

People and relatives were given the opportunity to comment on their care plans each week when completing audit questionnaires. This meant that care plans could be adapted quickly to meet people's needs. All audit questionnaires were reviewed weekly and changes made where required. In addition, formal care reviews were completed at regular intervals depending on people's needs. Where people had requested changes in support this had been actioned. For example, one relative had asked for the times of care calls to be changed. Rotas evidenced that the person now received their calls at their preferred time and were sent a copy of their schedule each week. Another person had requested support to complete exercises to aid their mobility. This had been added to their support plan with detailed guidance provided from a physiotherapist for staff to follow.

People and relatives told us that staff were caring and professional. One person said, "They always go that extra mile. Little things like putting my Christmas tree away because they knew it would bother me having to wait for someone else to do it. I don't have to ask, they just know." One relative said, "I find it hard sometimes and get upset, they're very good, they always listen." Another relative told us, "They're lovely."

Relatives told us that staff were respectful of being in their home. One relative said, "It takes a lot of getting used to, people coming into your home. They're always good though, I leave them to it now and they always leave everything clean and tidy." Another relative told us, "They're very respectful, they get on and do what they need to do and are always pleasant. I never hear them talk about other customers."

People were encouraged to maintain and develop their independence. Care plans we viewed showed that staff were given guidance on how to encourage and support people. For example, one person's care plan stated that someone became anxious when walking. Guidance was provided on how to reassure the person by talking them through each step and giving encouragement. One person told us, "I'm very independent and they've always respected that. I can do more some days than others but they always check with me first."

People were supported by regular staff who knew their needs. Rotas showed that regular staff members

supported individuals. One relative told us, "It's good that we have regular people, we don't like changing faces." Another relative told us, "We can say if we don't get on with someone and they won't send them again. We know they are getting some new staff but if we don't get on with them they won't send them again."

Is the service responsive?

Our findings

At our previous inspections in April 2015 and September 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities 2014. This was because the delivery of care was not responsive in ensuring people received their care as requested and planned. There was no quality oversight of complaints and complaints were not monitored in order to improve the service. During this inspection we found that the provider had made improvements and were now meeting their legal requirements.

All the relatives and people we spoke to told us that staff arrived on time and stayed for the allocated amount of time, unless they asked them to leave earlier than scheduled. One relative told us, "They arrive on time and if they're going to be a few minutes late they ring to let us know." Another relative said, "They arrive on time and let us know if there's a problem. It's never anything significant though, only a few minutes." They added, "They always stay the right time, sometimes longer." People told us they received a schedule each week so they knew who would be supporting them. The provider showed us evidence to demonstrate that schedules were provided to people and that calls were planned for the times people had requested.

Relatives and people told us the service was responsive and flexible. One person told us, "I have days when I cancel support because I'm not feeling up to it. If I cancel for more than a couple of days they'll come and check I'm okay. They know me and my complexities." The staff member who regularly supports this person confirmed they always visited if support was being cancelled regularly. One relative told us, "It can be difficult because it can vary how long things take depending on how (family member) is each day. We don't need them to hang around if it's a good day and doesn't take long. They leave when they've finished and only charge us for the time they've been here." Another relative told us that when they needed to attend appointments the service would provide support to their family member, sometimes at short notice.

A complaints policy was in place and was available within people's file in their home. Details of the nature of the complaint, investigation summary and action taken to rectify the concerns were logged. The complaints log was reviewed monthly as part of the quality assurance process to enable the provider to monitor concerns and ensure they were not repeated. The complaints log showed that three complaints had been received since the last inspection of the service in September 2015. All had been investigated, responded to and an apology given where required. We spoke to one relative who had raised a complaint; they confirmed they were reassured by the response from the service. People and relatives said they were aware how to make a complaint should they need to and said they were confident any concerns would be addressed.

During the inspection in September 2015 concerns were raised that care plans were not personalised and did not contain information about people's individual likes, dislikes and preferences. During this inspection we found that improvements had been made. Care plans were personalised and reflected each person's likes, dislikes and life histories. Relatives confirmed that staff knew their family members well. A staff member was able to describe how someone preferred their support and demonstrated an understanding of when prompting was required to support them. They described that one person could become low in their mood and not want to eat which made them feel worse. We spoke with the person who confirmed that the staff member would prompt them to have breakfast as they knew it would make them feel better. They said,

"I don't always like it when they tell me but they are always right and I appreciate that."

One person's care plan explained that they could become anxious when being supported in the shower as they were embarrassed getting undressed in-front of people. Guidance was provided to staff on how to reassure the person by speaking clearly, smiling and singing to distract the person. Another person's care plan contained detailed information about how they liked to dress and which shoes they preferred to wear.

Is the service well-led?

Our findings

At our previous inspections in April 2015 and September 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities 2014. This was because there was a lack of managerial oversight of the service and there was no quality assurance framework in place. During this inspection we found the provider had implemented quality assurance systems to monitor and improve the quality of the service provided and the service was meeting its legal requirements.

People and relatives told us they felt the service was well-led. One person said, "They're an integral and important part of my life. I wouldn't want to go to another agency." A relative told us, "I can't say anything bad about them. I'd give them a big tick."

Improvements had been made in the recording of people's needs and actions taken to support them. However, the information was recorded in a number of different places which made it difficult to access. This meant that staff may not always have the most up to date information regarding a person's care. During the first day of our inspection the care files we viewed contained contradictory information and where records were cross-referenced the corresponding evidence was not always available. The provider told us that the files in the office contained less information than the files kept in people's own homes and the information we required could be found there.

When we returned to the service the provider had copied the information contained in people's home files. A review of these files showed that information was not consistently updated. One person's care file contained contradictory dates of referrals to health care professionals and there was no update for staff in the person's file. Electronic records were available to provide updates but this had not been recorded on the person's care plan. We noted where topical creams were prescribed there was insufficient guidance for staff to follow in how and where to apply the creams. The recording and communication of information has been identified as an area that needs improvement.

We recommend the provider ensures that complete, accurate and contemporaneous care records are kept for people.

People or their relatives were regularly asked for feedback regarding the quality of the service. At the end of each week a quality questionnaire was completed to gain feedback on the quality of care people have received. In addition office staff made calls to everyone to check they were happy with the quality of care they received the previous week. The questionnaires were reviewed and any concerns raised were addressed. People's feedback was reviewed during the inspection and was found to be positive and complimentary regarding the support provided.

On a monthly basis additional questionnaires were sent to people and their relatives which covered the five areas of safe, effective, caring, responsive and well-led. Again, responses regarding the care people received and contact with the service were positive. The information was used as part of a monthly quality assurance monitoring which also included a review of complaints, supervisions, spot checks, recruitment and

accidents and incidents. An action plan was developed where areas of improvement or continued development were identified. For example, where complaints were still in the process of being investigated this was noted on the action plan. We noted that areas identified as requiring improvement during the inspection had not been identified during quality audits.

Previous inspections had highlighted concerns regarding the monitoring and recording of accidents and incidents. During this inspection we found that improvements had been made. There were procedures in place for recording and monitoring incidents and accidents. Accidents and incidents had been reviewed and guidance provided to staff to minimise the risk of incidents being repeated. For example, during a period of ill health one person had fallen whilst having a shower. Risk assessments and care plans had been changed to reflect how to support the person safely. Once the person's mobility had improved this was again reassessed and having a shower was re-introduced to the person's care plan. Accidents and incidents were reviewed as part of the monthly quality assurance audit to enable the provider to identify trends and minimise the risk of them being repeated.

Staff received regular supervision although where concerns regarding their performance were identified these were not monitored. One staff member's file contained information of concern regarding their conduct with one person. Notes of the meeting with the staff member stated that they would no longer be scheduled to support this person. However, we noted that the staff member continued to support the person with no reason recorded as to how this decision had been reached. We spoke with the person who told us, "(Staff member) can be immature sometimes but they're good, they know my needs well." One staff member had disciplinary action taken but there was no follow up to this from the provider in subsequent supervision meetings.

The lack of monitoring performance issues was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From the 1 April 2015, it became a legal requirement of providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. During the inspection in September 2015 it was found that Angel Heart Home Care had not displayed their rating either in their office or on their website which was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we saw the provider had displayed the rating on their website and in their office. People and relatives told us that the provider had been open and transparent regarding the previous report and verified they were aware of the concerns raised. One relative told us, "I used the service previously when they were bigger and found the staff weren't very talented. We've recently gone back to them and they were very honest about what had been happening. Since we came back to them they've been good, very efficient and pleasant."

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 did not take formal enforcement action at this stage. 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 registered provider had not ensured that risks to people's well-being had been adequately addressed.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not operated effective recruitment procedures.