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Surecare Enfield

Inspection report

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Date of inspection visit:
04 August 2017
08 August 2017
10 August 2017

Date of publication:
01 November 2017

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 4, 8 and 10 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. When we last inspected this service on 19 and 20 July 2016, we identified breaches of regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches of regulations related to risk assessments, medicines management and compliance with the Mental Capacity Act (2005). We also identified concerns related to staff training.

Surecare Enfield is a domiciliary care agency based in North London which provides home based care for adults primarily living in the London Boroughs of Enfield and Haringey. At the time of the inspection, there were 83 people using the service.

The service has a registered manager. 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.

At this inspection, we found that improvement had been made to how the service assessed and mitigated individual risks associated with people's care and treatment. However, some risks to people had not been identified and risk assessments had not been updated as and when people's care needs changed.

The provider had a quality monitoring system to ensure standards of service were maintained and improved. However, we found that there was a lack of management oversight of one complex care package.

We saw evidence of a comprehensive staff induction and on-going training programme. However, some staff had not been appropriately trained to undertake certain complex care tasks.

Medicines were now managed safely and effectively and there were regular medicines audits in place. Staff had completed medication training and regular competency assessments.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns with regards to people's mental capacity. Where decisions were made in a person's best interests, this was documented in the person's care assessment.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Staff received regular documented supervisions and an annual appraisal. Staff were safely recruited with

necessary pre-employment checks carried out.

We received positive feedback from people and relatives regarding the caring and supportive nature of staff.

People were supported to maintain good health and had access to healthcare services, where necessary.

The service regularly requested feedback from people who used the service.

We received positive feedback from people and relatives regarding the overall service provision received. Staff spoke positively of the support they received from management.

We identified three breaches of regulations relating to risk assessments, staff training and good governance. 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 to people who used the service were not always identified and managed appropriately.

Medicines were now safely managed.

Procedures were in place to protect people from abuse.

There were sufficient staff available to ensure that people's needs were met. People told us care staff arrived on time and they were kept updated if they were running late.

Is the service effective?

Requires Improvement

The service was not always effective. Although mandatory staff training was up to date not all staff had been appropriately trained to meet the specific care needs of people.

Staff received regular supervisions and an annual appraisal.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity was understood and principles of the code of practice were being followed.

Is the service caring?

Good

The service was caring. We received positive feedback from people and relatives regarding the caring and kind nature of staff. People told us they had a team of regular care staff.

People were treated with dignity and respect.

People were supported to develop and maintain independence.

Is the service responsive?

Good

The service was responsive. People and relatives were involved in planning their care.

The service had a complaints procedure in place and people and relatives were confident any concerns would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led. Despite quality assurance measures in place, there was not robust management oversight of a complex care package.

People, relatives and staff spoke positively of the overall management of the service.

Feedback was obtained from people and relatives on a regular basis. Concerns raised were followed up to ensure improvements were made.

Surecare Enfield

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.

This inspection took place on 4, 8 and 10 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the registered manager would be present. The inspection was carried out by two adult social care inspectors. Two experts by experience made telephone calls to people 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.

Before the inspection we reviewed the information we held about the service such as statutory notifications and safeguarding alerts. We looked at the action plan the service had provided to the CQC following the last inspection. We also reviewed the provider information return (PIR). 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.

During the inspection we spoke with 15 people who used the service and eight relatives. We spoke with the registered manager, deputy manager, director, one field supervisor, support manager, two care coordinators, recruitment manager and eight care staff.

We spent some time looking at documents and records that related to people's care and the management of the service. We looked at eleven people's care plans and risk assessments. We reviewed nine staff files. We looked at other documents held at the home such as medicines and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that risk assessments were generic and did not address individualised risks associated with people's care and treatment. At this inspection we found the provider had partially addressed this issue.

Where people suffered from a specific medical condition which posed risks to their health, we found that in most instances, risks had been assessed and guidance provided to staff to mitigate the risk in a way that was personal to the person. Examples of risks assessed included; moving and handling, skin integrity, diabetes, medicines, choking and epilepsy. One person's moving and handling risk assessment stated they became nauseous during hoist transfer and care staff were guided to stop the process and allow the person to settle again before continuing the transfer. Another person's falls risk assessment provided detailed guidance for staff to support the person to use 'able assist' walking equipment.

Risk assessments contained a review date which was one year after the initial risk assessment or when needs changed. One person's manual handling risk assessment last completed in February 2016 stated they were unable to walk and used a wheelchair. However the person's care assessment completed in February 2017 referred to the person using a walking aid. We requested clarification from the registered manager who confirmed that the person did not use a wheelchair and was able to walk with a frame, showing the risk assessment was not up to date with the person's needs..

Another person had support to be fed through a Percutaneous Endoscopic Gastrostomy (PEG) and needed regular suctioning. The person's care and risk assessment completed in June 2016 stated the person's family were responsible for managing the person's PEG feeding regime. The person's risk assessment stated under action to minimise risk that care staff were 'instructed on how to identify signs and symptoms of infection and clean the site with sterile saline and follow agreed course of action in line with local policy.' The registered manager told us care staff did not support the person with PEG feeding or suctioning, however the person's daily records stated that care staff were completing these tasks. We confirmed with the lead carer that care staff were managing the persons PEG feeding regime and suctioning. We identified that staff had not received training to carry out PEG care and the lead carer was training other care staff in these tasks. The person's care and risk assessment did not reflect the person's current care package and detailed guidance was not provided to care staff to support the person's PEG feeding regime. This meant that the person was not always protected from the avoidable risk of harm and action had not always been taken to prevent the risk of harm.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found medicines management was unsafe. There were inconsistencies between what care plans and medicines risk assessments stated as to what medicines support people received. Daily records in relation to medicines support people received differed from instructions given as part of the care plan. At this inspection, we found the provider had addressed this issue. People told us they had no

concerns with how their medicines were managed. One person told us, "Yes, the medication is fine." A relative told us, "We have a dosette box. The girls [carers] give the correct medication."

When we last inspected, not all care staff had received recent medicines training. This had since been rectified and all staff had received medicines training which was confirmed by records seen. Care staff also had their medicines competency regularly assessed by a field supervisor when completing a spot check.

Separate MARs were in place for medicines contained in a blister pack which listed the medicine contained in the blister pack and other medicines such as inhalers, eye drops, antibiotics and topical lotions and creams. MAR's were completed appropriately with no gaps in recording. All MAR's were regularly returned to the office and audited by a member of the management team and issues such as occasional gaps in recording were addressed with the staff member involved and documented.

People we spoke with told us they felt safe with their care workers. Comments received from people included, "I can do a lot for myself but I'm a bit unsteady on my feet in the shower and getting downstairs. Having the girls [carers] come and be with me while I'm doing these things makes me feel safe", "I have one carer who comes most days of the week to help me with special dressings. She's always on time and has never missed a call. She knows exactly what she's doing and how to go about it. She's very good to me and I feel safe because I can see she is competent at her job" and "Definitely [safe] I trust the carers they know their jobs." Relatives told us, "Oh yes it is safe, the regular ones [carers] we have had here are excellent" and "She is safe. They [carers] are a good lot."

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. When we last inspected, we found that some care staff had not received recent safeguarding training which had since been addressed. Staff had received recent training in safeguarding adults. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns and where they could report it. One staff member told us, "We are dealing with vulnerable people like older people, if you see anyone is abusing them we have to report it. They are trusting us to look after them so we need to protect them." Staff understood whistleblowing and who they could report concerns to.

People were supported by sufficient numbers of staff and people told us they did not regularly experience missed or late calls. Comments received from people included, "On time, always very regular", "Yes they are on time, if they are ten minutes late it is rare. If one is running a bit late, she/he will send a text. Not had any missed calls" and "I have the same girls nearly all the time, they're very good with their timekeeping and always careful to let me know if they're going to be late so I'm not left wondering what's happening." A relative told us, "We've had care for two years and have regular carers. If there is a change it's seamless. They always ring if they are delayed perhaps by traffic or by the previous call. If there's going to be a last minute change of carer the office ring and tell us who they are going to send and ask if that's okay."

We looked at how the service scheduled care visits. Staff told us they received their rotas on a weekly basis and if there were any changes or additional visits, they were contacted beforehand. Sufficient travel time was allocated between visits to ensure lateness was kept to a minimum. A staff member told us, "They call me and ask if you are available and want to do it [take the care visit]. They don't just give it to you. There's a gap [on the rota] to give me time to get from client to client." We saw where late or missed calls occurred, it was documented, investigated and an apology provided.

Safe recruitment practices were followed. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records

confirmed staff members were entitled to work in the UK.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary reduce the risk of a similar incident occurring in the future.

Requires Improvement

Is the service effective?

Our findings

People said of staff "They are competent. The ones that come here are alright and know how to use the hoist" and "I don't think I could have better help. It's more just being with me when I'm showering and moving from upstairs to downstairs but they're all very pleasant girls, they do what I ask willingly. Whatever I want for my breakfast they make it for me." A relative told us, "Oh I think they are very well trained. After my partner came home from hospital she had physio from the NHS for a while but then when we knew it was coming to an end I spoke to the service and they arranged for a carer to shadow the NHS physio and learn the exercises that she was doing so that she could do them with her afterwards. They were very helpful."

When we last inspected the service, we identified not all staff had their mandatory training refreshed on a regular basis. At this inspection we found the provider had addressed this issue. Records confirmed that all care staff had received training in health and safety, infection control, MCA, medicines, safeguarding, moving and handling and first aid. Staff told us they attended training on a regular basis and said, "I am up to date with all my training" and "I am currently completing my NVQ level 5. The support has been good with training."

However, we found a significant concern regarding training for staff who supported people with specialist or complex care needs such as cleaning and setting up feeding through a PEG. Training records confirmed that training in PEG care was last provided in July 2015. The registered manager told us that when staff were supporting a person with PEG feeding, they would receive training in the person's home from a training provider. However, in this instance, training had not been provided and the lead carer who had received PEG training a number of years previously was instructing care staff in the care tasks. This meant there was a risk that people were receiving care from staff who had not received training to meet the needs of people with certain health conditions.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered and deputy manager at the inspection. Accredited training for PEG feeding and suctioning was arranged for care staff shortly after the inspection.

Newly recruited staff completed a period of induction which included office based mandatory training and a period of shadowing prior to being assessed and signed off as competent to work alone.

Regular documented individual supervisions and appraisals were completed for all staff. Staff told us they received regular supervisions and one to one's and an annual appraisal. Topics discussed on supervisions included the people the staff member worked with, any working issues and training needs. Staff were also tested on their knowledge of three policies such as medicines, safeguarding and whistleblowing. We saw that on one supervision, a staff member raised that they were concerned about the living conditions of a person, to which a safeguarding alert was subsequently raised with the local safeguarding authority.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our last inspection we found that the provider was not working within the principles of MCA. At this inspection we found that the provider had mostly addressed this issue.

When we last inspected, MCA training was not in place for all staff. Since the last inspection, all staff received training in MCA which was confirmed by records seen. Staff were knowledgeable around MCA and the importance of obtaining consent from people prior to providing care. People told us that although most care tasks were undertaken routinely, they were asked for consent. A person told us, ""If I ask them to do it [tasks] a different a way they do if for me." A second person told us, "Yes, I know they would ask if necessary." A staff member told us, "They [people] are human beings. They can make their own decisions for themselves. If I make them breakfast they can choose. I have to ask them what they want." A second staff member told us, "[Person] will tell me what she wants. [Person] doesn't want to be woken early. She wants her wash after 11."

When we last inspected, we found care plans were not always signed by the appropriately authorised person and best interest decisions were not routinely made when people lacked capacity to consent to their care. Where people had capacity to consent to care and were physically capable of signing, their consent forms were appropriately signed. Where people were unable to sign, the reason for not doing so was documented. Where people lacked capacity, care assessments documented that the assessment was carried out in the person's best interests with the involvement of their relatives.

We found instances of consent forms signed by relatives where their legal authority to do so was not documented. We discussed with the registered manager who advised that they would document that relatives were involved in the care assessment, but not sign consent forms unless they had the designated legal authority to do so.

Where people were supported with mealtimes, we received positive feedback. One person told us, "My meals are put it in the microwave, I am happy with this." A second person told us, "Whatever I want for my breakfast they make it for me." A relative told us, "They seem to be well trained to deal with older people. They make whatever she wants for her breakfast and usually a sandwich for her lunch and then they cook her meal for her supper."

People who used the service were supported to maintain good health. One person told us, "When I was in hospital I was told I needed someone to stay overnight before they would let me leave the hospital, they arranged this for me. They also have taken me to dental appointments." A second person told us, "If I have a hospital appointment, they get me dressed early." A relative told us, "If there is anything, for example, the catheter need to be changed, the carers let me know I call the doctor. They [carers] don't miss much."

Good

Is the service caring?

Our findings

We received overall positive feedback from people and relatives regarding the caring nature of care staff. People and relatives told us they were happy with their regular team of carers. They said, "She [carer] is caring and if I have had my hair done, she says 'you look nice today'", "One carer is lovely other one is wonderful" and "The carers are caring, we are on first name terms and they are friendly." Feedback from relatives included, "Definitely she [carer] is really lovely and she gets on with everyone in the house. She is like part of the family now" and "All you hear from upstairs is laugher when they [carers] are helping him he enjoys it. They are kind and caring." A staff member told us, "When you go in, talk to them [people] and have a conversation. If I finish and I don't have to get to another appointment, I like to stay with them for five or ten minutes for a chat."

However, some people and relatives told us some care staff spoke on their mobile phones when assisting with care and also conversed in their own language with other care staff if working with a person who required assistance from two care staff. A relative told us, "[Carer] talks loudly on her mobile phone in her language so my relative can't hear the television. Also I have heard two carer talking over my relative in their own language and I have heard them arguing." We raised this feedback with the registered manager who advised that staff are regularly reminded in meetings about these concerns and would be addressed.

Most people and relatives told us they had a regular team of care staff who understood their care needs and provided person centred care. A person told us, "I have the same one (carer) for years, I wouldn't like different carers." A second person told us, "I have three regular carers. Having regular carers is important to me as I feel comfortable with personal regular carers." A relative told us, "One carer, Monday to Saturday and a different one on a Sunday. They don't send different people." However some people told us they received care from different care staff at weekends and when care staff were on leave. A relative told us, "Two carers four times a day, eight carers in total. At the moment we are happy with our regular carers. The difficulty is during holidays or days off we are not sure who we are going to get."

People told us that staff respected their privacy and dignity. A person told us, "I like the girls; they're very kind and treat me with dignity." A relative told us, "They girls are lovely; they are welcome visitors in our home. I don't stay in the room when they're helping her with personal care but I hear them chatting to her while they're helping and it's always very warm, friendly and respectful." A second relative told us, "She [carer] shuts the door behind them while washing him, so he has some privacy." Staff demonstrated an understanding of how to protect people's dignity and privacy and could give examples of ways they ensured this happened. For example, closing doors and curtains and covering exposed areas of skin.

People were supported to be independent. Comments received from relatives included, "They are very good in that regard, the carers will get his Zimmer frame. They will walk behind with his wheel chair, so he can sit down quickly if he needs to" and "She [carer] tries to get him to come downstairs and manoeuvre she is encouraging." One person raised a concern that they were not supported to be independent during their mealtime experience with care staff. This was fed back to the registered manager who provided clarification on the issue.

People and relatives were involved in care planning and this was evident in the information contained in care assessments. A relative told us, "Yes we were involved in setting up the care plan and it meets our needs at the moment." One person's assessment provided staff with guidance on how to communicate simple words and commands with the person in their native language. Another person's care assessment detailed that they had speech difficulties and as a result became frustrated. Staff were advised to be patient with the person and provide reassurance.

Good

Is the service responsive?

Our findings

People told us the service generally met their needs and they were involved in the assessment and planning of their care. A person told us, "Care plan, there is a big file from the Surecare office. They have done a review within the year, it is done regularly" and "I do get regular reviews but I think in a way they are reviewing my care all the time, checking to see if I need anything more." A relative told us, "[Person's] care has been reviewed within the last eight months and the office ring regularly to check that everything is going on okay."

Care plans were mostly updated when people's care needs changed. People's plan of care was detailed in a task focused support plan which was linked to a care assessment where people's care needs were assessed. Care assessments and support plans specified they reviewed on a yearly basis or as people's care needs changed. We found one instance where a person's support plan did not accurately reflect the care package in place at the time of inspection due to a decrease in their hours of care received.

Care assessments contained a section called 'Things I would like to achieve'. We found that in all care records reviewed the information contained in the section was the same. It stated, 'Maintaining my personal dignity and respect and privacy at all times. Carers to encourage me to communicate my needs by offering me choices and respecting my preferences.' This was discussed with the registered and deputy manager who agreed the section was not person centred and required amendment to ensure that people's individual wishes were detailed.

People and relatives also gave us examples of when the service was responsive to their care needs. A person told us, "I feel very fortunate with the carers I have, we have good discussions when they're here and they are really on the ball. They called the doctor in for me about eight weeks ago because they thought I needed extra creaming. That was down to them, they're a godsend to me." A second person told us, "I think the care plan meets what I need at the moment and helps me to maintain a bit of independence." A staff member told us, "If they [people] have any concerns, for example, there's a service user that wanted to use the commode but did not have one. She called in and they [Surecare] arranged it for them."

People and relatives told us they knew how to complain and were confident the service would respond. Comments received from people included, "I would start by speaking to the office if I had a complaint. I have done so in the past. There was a carer I didn't like and I spoke to them and they apologised and stopped her coming straight away and sent someone else instead. So yes I know how to complain and would if necessary", "I have complained in the past about the replacement carers being late or just not arriving. They sorted it." A relative told us, "We had issues over late timekeeping at the beginning but it was quickly resolved." A second relative told us, "I know how to complain if I need to but I've never had to." The service had a policy and procedure in place for dealing with any concerns or complaints. The service had received ten complaints since the last inspection which were recorded, investigated and a response provided to the complainant.

We looked at the service compliments folder and noted numerous compliments were received from people and relatives commending individual carers and the overall responsiveness of the service.

Most people and relatives told us that they did not require assistance from care staff to go out into the community or attend activities. However two relatives told us their loved one received support from the service in this regard. One relative told us, "They take him out into garden." A second relative told us, "Oh yes, they know his likes and dislikes and know about his hobbies or activities."

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems were in place to monitor the quality of service being delivered such as medicines audits and audits of care records. Regular unannounced spot checks were completed by a field supervisor, registered and deputy manager which included a competency assessment of medicines, infection control and moving and handling. Spot checks assessed staff punctuality, appearance and delivery of care. Feedback was also obtained from the person or their relative regarding the overall service they received. Where issues were identified, these were addressed with care staff through an additional spot checks, supervisions and training.

However, we found that managerial oversight of a particularly complex care package was lacking as the registered and deputy manager were unaware that care staff were carrying out complex care tasks which contradicted what was in the person's care plan and risk assessment. We were assured during the inspection that the concerns identified were related to one particular person and that staff were not carrying out complex care tasks without having had training to do so which was supported by care and training records seen.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality was also assessed through quarterly telephone monitoring calls and a quarterly feedback surveys. An annual feedback survey was completed in January 2017. Feedback was generally positive with people and relatives satisfied with service provision. Where poor responses were received, the person was contacted to discuss their concerns, their regular care staff were informed and additional telephone monitoring was put in place.

People and relatives spoke positively about the management of the service and overall service provision. Some people we spoke with did not know who the registered manager was, however they told us they had regular care reviews and received a good service when they had any queries. Comments received from people included, "I think someone rang up and introduced themselves and I have got their names on my mobile phone", "The Manager is really nice, seems quite helpful", "I do know who the manager is but one of my old carers now works in the office so if I have any problems I just speak to her. I can't speak for others but from my dealings with them I think they are doing well. I think I get two feedback forms a year from them but as I said I think they're great I have a fabulous carer" and "I don't think I know who the manager is, but I've never worried about it, the girls do everything we ask." Comments received from relatives included, "I know the new manager she did come our door. I have spoken to her on the phone. She seems very nice" and "There was a change in the management team about six months ago and the service is much improved. I would happily recommend the service; they are reliable, conscientious, lovely girls."

The majority of people and relatives we spoke with felt the office staff were organised, staff listened to them and addressed their queries. One person told us, "I would have no hesitation to call the office they are approachable. I have rung to change time and they have been able to help me. A second person told us,

"The office couldn't do enough for you if you ring them."

We received positive feedback from staff regarding the management of the service and the support they received. Staff told us if they had any problems, they could contact the office or out of hours and received support. Comments received from staff included, "I always get a response [if I call out of hours]. There are two phones", "The team is great here. We share everything", "Managers are happy with my work. They are supportive and they assist me" and "[Registered manager] is really there for me. I feel comfortable and I am happy working for the organisation."

Staff meetings took place on a monthly basis. Carer meetings took places in addition to a weekly office based meeting. Topics discussed at recent carers meetings included; safeguarding, supporting new care staff, covering for colleagues during religious festivals and timekeeping. We saw that care staff raised issues in meetings such as being informed when they are being supported by new care staff, being paid to attend training if on shift and uniforms. A staff member told us, "Sometimes I go to the meetings. They will notify me if anything changes. They always inform us."

We spoke with the management team about areas they wanted to expand and improve on. The registered manager told us that they did not have a documented action plan for the service, however areas they planned to address were the recruitment of an additional field supervisor, increased management quality checking visits to people and increased monitoring of training.

Throughout the inspection we gave feedback to the registered manager and deputy manager and clarification was sought where necessary, for example in relation to confirming specific care needs some people had. The registered manager and deputy manager demonstrated a willingness to learn and reflect in order to improve the service people received as a result.

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 Regulation 12(1) The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a)(b)(c) The service provider did not have effective systems in place to ensure a robust management oversight of the risks associated with the care delivered to all people. The registered provider did not have robust systems in place to ensure that staff were trained to meet the specific care needs of people.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(1) The service provider did not ensure all staff had training to ensure they had the skills and experience which were necessary for the work to be performed by them.