

## Rainbow Medical Services

# Rainbow Medical Services

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

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, and to provide a rating for the service under the Care Act 2014. This inspection was announced. We told the provider two days before our visit that we would be coming to do an inspection.

This service employs qualified nurses and care workers to provide personal and nursing care and healthcare support to people living in their own homes. It provides

care for adults of all ages. At the time of our inspection there were 49 people using the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The feedback we received about the service from people, their relatives and staff showed that people were not always happy with the service and often had concerns about the reliability of staff.

# Summary of findings

People were often placed at risk due to insufficient information being available to staff about their medicines for staff to manage the medicines safely.

Staff received appropriate training about safeguarding people from abuse and the correct procedures were in place. Recruitment checks were carried out to protect people from the risks of employing unsuitable staff.

Staff were not always following the Mental Capacity Act (2005) for people who lacked capacity to make a decision. For example, mental capacity assessments and best interests meetings were not always carried out when decisions were made on people's behalf

People's health and care needs were assessed. Care plans were put in place to help staff deliver the care people needed and to keep them safe. Staff received specialist training to help them meet people's specific healthcare needs, although some people were concerned that not enough staff were trained in certain areas. Staff knew how to monitor people's health and make sure they had enough to eat and drink.

People told us staff were caring, compassionate and respectful. People were supported to make decisions about their care and were involved in care planning. The service supported people to access the community to prevent them from becoming isolated.

Care was designed to be flexible and could change on a day-to-day basis depending on what people requested.

Some people told us the service had accommodated last-minute changes, but other people said it had taken the agency too long to respond to their concerns or they had moved staff rather than addressing problems. People said they always felt able to raise concerns and that the provider was approachable and listened to them. The service responded appropriately when extra resources were required to meet people's changing needs.

Some people told us they were not involved in reviewing their care plans and there was out of date information in some people's files. Therefore, staff may not always be able to access the right information to enable them to respond to people's current needs appropriately.

The service had a new manager, who worked alongside the outgoing manager to make sure their leadership was consistent. Some people felt the service changed managers too often and other people were not aware of the change in management. Managers had regular meetings to discuss the service and communicated with staff to make sure good practice was shared. Supervisors used systems to monitor staff and assess the quality of care that they provided. Staff found this useful and felt able to raise any concerns they had.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People's medicines were not managed safely. Staff did not have a thorough enough knowledge of the Mental Capacity Act (2005) to ensure that legal requirements were met when people did not have the capacity to consent to their care.

Staff knew how to recognise and respond to abuse. There were safe recruitment and selection procedures in place. People felt safe and risks to people's health and wellbeing were appropriately managed.

**Requires Improvement**



### Is the service effective?

People were satisfied with the quality of care and received adequate nutrition and hydration. Staff received specialist training and supervision to ensure they had the skills and support to carry out their roles effectively.

**Requires Improvement**



### Is the service caring?

The service was caring. People felt valued, respected and well cared for by staff. People and their relatives were involved in making decisions about their care and treatment.

**Good**



### Is the service responsive?

The service was not consistently responsive to people's needs. Staff did not always have access to up-to-date information about people's needs. Whilst some people said the service had taken action to make changes to their care package when required other did not feel the service responded to their concerns in a timely manner.

**Requires Improvement**



### Is the service well-led?

The service did not demonstrate that robust quality monitoring systems were in place to ensure the provider was meeting the requirements of the law. People, their relatives and staff felt there was an open and caring culture. Staff were kept informed about good practice so they knew how to deliver care to a high standard.

**Requires Improvement**



# Rainbow Medical Services

## Detailed findings

### Background to this inspection

This inspection was carried out on 10 July 2014. The inspection team consisted of an inspector and a pharmacist inspector who was involved in reviewing our findings in relation to the management of medicines.

Before the inspection, we considered the provider information return, which was information we had received from the provider about their service in relation to each of the five key questions that we ask. We reviewed questionnaires that eight people who use the service or their relatives had completed and notifications that the service is required to send us about certain incidents such as serious injuries and deaths. We requested information from three local authorities that commission services from this provider and we spoke with staff at a care home where a person using the service provided by the agency lived.

We gathered information about the service by speaking with three people who used the service, six relatives or partners of people who used the service and we visited one person at their home. We spoke with the agency's manager,

three office-based members of staff and four care workers. We used pathway tracking, which means looking at how the service works with people from before they start using the service through to the present or the end of their care package. We also reviewed some records and policy documents relating to people who used the service and staff. We looked at six people's care records and five staff records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We found that the provider could not demonstrate that they were acting within legal requirements about establishing people's mental capacity and seeking consent from them to show that any decisions were made in their best interests.

The four members of staff we asked said they were not aware of the relevant procedures in relation to mental capacity assessment or the Mental Capacity Act (2005), although they knew that they had to report to the office if people needed support to make specific decisions. Staff told us each person had named individuals such as doctors and family members who could be consulted about making decisions about care and treatment where people were unable to do so independently. This was intended to ensure that people did not receive care and treatment against their wishes, but we did not see specific information about this in people's files. This meant there was a risk of unlawful action being taken in such a situation. For example, one person's care plan stated that they were strapped into a chair whilst being supported to eat. There was no specific information about who was involved in deciding that this action was in the person's best interests. This meant there was insufficient evidence to tell us whether or not the person was being restrained against their wishes without good reason, in accordance with section 6 of the Mental Capacity Act 2005.

Care plans showed that relatives had been consulted about making decisions on behalf of people who did not have the capacity to consent. However, the provider was unable to produce any information showing the process by which they first established that people lacked capacity before involving others in decision making. The Mental Capacity Act Code of Practice states that people should be assumed to have capacity unless a mental capacity assessment has demonstrated otherwise. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not protected against the risks associated with medicines because the provider did not have suitable arrangements in place to ensure people received their medicines safely.

Staff did not always have information about the management of people's medicines so they were clear

about the medicines people were taking and how to administer these. Care plans we reviewed contained lists of people's medicines but there was no information about where people kept the medicines, how they should be administered or what time they should be taken. One care plan did not contain any details or a list of the person's medicines, but the person and their care records confirmed that staff did assist them with administering their medicines. Care staff confirmed there was not sufficient information available in people's homes about medicines and that sometimes there was no information other than a list of medicines that the person took. They said they knew how to administer each medicine because they were given verbal information by the agency. One person's relative told us, "I'm pretty confident in staff but on the odd occasion they've forgotten to give medicines if they [the staff] are new because there is so much of it."

We asked staff about whether they had received medicines management training. They confirmed that they had and described the main principles they had to remember when giving people medicines.

Some medicines were in blister packs with pharmacy labels with the instructions to ensure staff administered the medicines to people appropriately. We saw an example of this when we visited one person in their home, but although some blisters in the pack contained several different tablets, there was no information to tell staff what each of the medicines looked like. This meant that if one or more of the tablets was not taken because the person declined to take it or if it was accidentally destroyed or lost, staff would be unable to record which medicines had been missed.

Staff showed us where one person's medicines were stored in a locked drawer in the person's home to keep them safe. We observed that one blister in a blister pack had accidentally been broken and the member of staff used a finger to prevent it from falling out before replacing the pack in the drawer. This was not safe practice as the blister was not secured to prevent the tablet from falling out and getting lost.

Staff told us they completed records of whether and what time people had taken their medicines. The charts were completed each time medicines were administered with the name, dosage and quantity of the medicines and the date and time they were taken. This information was copied down each time medicines were given, which could

## Is the service safe?

increase the risk of errors due to incorrect replication. We saw from charts that medicines were given at different times each day and at irregularly spaced intervals. This did not correspond with the instructions that medical advice that medicines are to be given about how to take some of the medicines. The above shows that there is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us the service supported them in a way to protect them against unlawful discrimination and abuse. Their relatives confirmed this. Staff were aware of the service's equality and diversity policy and knew what discrimination meant. People and their relatives told us that if staff treated them in a way they did not like or behaved inappropriately, they would inform the agency and knew they could ask for different staff to support them. We asked staff about their training in safeguarding adults and they were able to describe the different types of abuse and how they would recognise them. The service had safeguarding and whistleblowing policies and procedures in place. Staff we spoke with knew about these and told us they would immediately report any suspected abuse or neglect to the agency's office. People we spoke with told us they felt the service kept them safe. One person told us, "I feel 100% safe with the carers I have."

The service worked with people and their families to produce individual risk assessments to promote their independence and minimise risks. Managers told us they updated the assessments whenever risks to individuals changed and staff confirmed that this information was shared with them so they knew how to protect people from avoidable harm. Staff we spoke with knew what they would do if they had to deal with violent or aggressive behaviour.

The service had a policy on challenging behaviour and staff had training to help them respond appropriately and safely to behaviour that might put themselves or people who used the service at risk.

Half of the people who completed surveys said that their care workers arrive on time and stay for the agreed length of time so they receive the care planned for them. The other half responded "no" when asked about this. People we spoke with told us staff were usually on time but if ever they were running late they would call and let people know. People who used the service, relatives and staff we spoke with felt that there were enough staff employed to keep people safe and to meet their needs. We received varied feedback about the consistency of staffing. Some people spoke positively about their regular workers, saying the service had matched staff well with their personalities and needs. However, one person told us, "The care workers allocated to me change too often at short notice." Another person told us, "The service is inconsistent and therefore unreliable." The manager said they planned to recruit more permanent staff.

The provider had robust recruitment processes and carried out a number of checks before staff were offered employment with the agency to ensure that only appropriate and suitable staff were recruited. This included up to date criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in employment were explained.

# Is the service effective?

## Our findings

We received mostly positive feedback about the effectiveness of the service. One person told us, “I am entirely satisfied with the service provided by Rainbow, who at all times fulfil their contract in a professional and friendly manner.” One relative said “they are doing absolutely everything [my relative] requires to meet her needs.”

We found that the service provided adequate training and support to staff so they were able to fulfil their role. All new staff were required to pass a written test and an induction to ensure they had the knowledge and skills they needed to carry out their roles. Where people has specific needs staff were trained in these areas of care, to support people with their needs. For example staff told us they had received training in specialist areas such as epilepsy awareness, dementia awareness and continence management. Some also said they had been trained to work with people who used percutaneous endoscopic gastrostomy (PEG) feeding tubes. Feeding via PEG tubes is a method of giving food and drink to people who are unable to eat or drink orally. Feedback we received from people and their relatives showed that where this was part of the care planning staff were competent in doing this work. Staff felt that the training they received was good and gave examples of how it had helped them provide the right care and support for people, such as knowing how to respond when a person experienced seizures.

One person who used the service, one person’s relative and one member of staff said there were not enough staff trained in a specific area of care to ensure people received effective care when their usual care workers were not able to work. In response the manager said they had a small pool of trained staff to cover the specialised area of care people required and will review the number of staff in the pool to address this matter.

We asked staff whether they received adequate support from senior staff to carry out their roles effectively. Care staff said they had frequent supervision where they could discuss their work and how to approach any problems. We saw records of supervision where extra support and training for staff were agreed where they needed it to provide effective care. Staff also told us they could discuss work issues with supervisors informally by telephone.

People said they were supported to have enough nutrition and fluids to drink. One person said, “They give me lots of water to drink” and a relative said, “They are very good at making sure [my relative] has plenty of water and high protein drinks as she is struggling to eat.” We asked staff how they made sure people had enough to drink. Staff told us they used food and fluid charts to monitor how much people were eating and drinking and encouraged them to drink more fluids in warm weather to reduce the risk of dehydration. We saw examples of the charts and they contained details of what people were eating and drinking. They also checked people’s outputs to monitor whether people were drinking enough. Staff we spoke with knew about the specific dietary needs and preferences of people they cared for. There was information in people’s care plans about their preferences and cultural needs with regard to food. Their food and fluid charts confirmed these needs were met. People told us that staff respected their choices if they expressed a preference for less healthy foods, but reminded them what they needed to do to be healthy and encouraged them to eat nutritious food.

One person told us they had complex healthcare needs but staff were aware of what they needed to do. They said, “They monitor me closely healthwise. They are on top of everything” and “The minute there’s the slightest sign of infection, they know.” People had risk assessments in their care plans with details of how to minimise and monitor any risks to their health. We saw evidence that people’s individual healthcare needs were monitored on charts according to specialist advice. Staff gave examples of how they used the data from the charts to determine whether people required extra medicines or advice from doctors.

Staff told us that where people had healthcare needs the service or current care package were unable to meet, they would report to the agency’s office and senior staff would make suitable arrangements or referrals to the relevant health and social care professionals so people’s needs were reviewed as required. Commissioners at the local authority social services confirmed that they were kept informed about any changes required to people’s care packages.



# Is the service caring?

## Our findings

People told us staff were caring and compassionate. One person said, “Every day they make me feel valued and wanted. If they see me cry, they are always on hand to comfort me.” We asked staff about their relationships with people they cared for. Examples staff gave included holding someone’s hand to comfort them when they were upset and treating people as they would want their own family members to be treated. One professional who had worked alongside staff at the agency said the staff they had observed were respectful and empathetic. One person’s relative told us, “Staff are very caring and aware of [my relative’s] likes and dislikes and how she wants to spend her time. They respect [my relative] and involve her in her care as far as possible.”

Staff we spoke with were mindful of the fact that people who were confined to their homes due to ill health can become lonely and told us part of their role was to provide people with companionship and a caring relationship. This included supporting people to access their local communities wherever possible to prevent them from becoming isolated. People we spoke with confirmed that they were regularly supported to leave their homes for activities.

People we spoke with and their relatives confirmed that they were involved in making decisions about their care. One person said, “I have received a detailed care plan from the agency” and another person told us, “They did a care plan with me. My care is mostly up to me.” A relative told us, “They were fantastic – he got the plan he wanted.” After people’s needs were assessed, the agency offered them a choice of two or more packages that would meet their needs. Care was then planned according to which package people chose. The care plans we saw showed that people’s preferences and what was important to them were taken into account, including information such as how to respond to people when they became anxious or upset.

People who used the service were able to choose their own care workers. One person told us they were able to meet new care workers before they started working with them. Another person had taken on the responsibility of creating and managing their own staff rotas. This allowed people more control over how their care was delivered.

Staff told us they spent time listening and getting to know people to understand what worked for them and how they wanted to be cared for. It was clear from records and from speaking to people who used the service, their families and staff that the service supported people to express their views and be involved in making decisions about their care and treatment where they were able to express themselves verbally. We saw and heard about several examples of staff making adjustments to people’s routines or care plans because people had expressed a desire to do things differently. People told us they planned their own activities and the service provided appropriate support. Although one person and their relative said it had often been difficult to get the right support to allow them to do what they wanted, all the people we spoke with agreed that the support they received enabled them to live their life in the way they chose.

Staff told us they always asked people’s permission before doing anything so that their consent was obtained for each aspect of their care. People confirmed this was the case and told us staff always sought their consent before coming into their homes or providing care.

People confirmed their privacy and dignity were respected at all times. Staff we spoke with understood the importance of respecting and promoting people’s privacy and dignity. They gave examples of how they did this, such as making sure doors and curtains were closed when they provided personal care and covering people with towels when assisting them to wash.



# Is the service responsive?

## Our findings

We found examples of people receiving personalised care responsive to their needs as we spoke with them, their relatives and staff and looked at people's records. One person told us, "Everything I want to do, even out of hours, staff make arrangements so I can do it" and another person's relative told us the agency was "very good at providing for last-minute changes to accommodate appointments." Staff told us every person was different and care packages depended on their personal and medical history, advice from other professionals and what people and their families said the person wanted. They said this was flexible and could change on a day-to-day basis depending on what people requested from them. Records showed that people's needs were assessed and that care was planned and provided to meet their needs. One person said, "Rainbow [the provider] meet with me now and again to discuss my care and they come and see me if I ask."

However, the information in some people's files was not up to date. Of the six care plans we reviewed, one contained no evidence of reviews or updates since 2011, one had not been reviewed since 2012 and a third person and their relative expressed a concern that they were not involved in reviews of the care plan. We saw that some of their comments had been incorporated into the copy of the care plan that was kept in the office, but they told us the copy in their home had not changed since they started using the service. Staff told us the copy they would refer to was the copy in people's homes, so there might be a risk that staff were not accessing the most up to date information about people's care and therefore not responding to their current needs. Staff we spoke with said the provider also informed them verbally about the care they needed to provide to people, but as they did not have access to updated care plans there was a risk that they might not be able to verify some of the information in people's records should this be required, such as if they visited at short notice to cover for the regular staff. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were clear about the importance of getting to know the people who used the service well so they could quickly pick up any changes or deterioration in their health. The service would then be able to make changes in response to

ensure people's needs were met in a timely manner. One example we saw was when a person needed extra support with eating and the service had arranged to increase support hours to facilitate this.

Senior staff told us they tried to match people with care workers they thought would be compatible. We heard several examples of people asking for their workers to be changed and the service responding to their requests. Senior staff told us they held meetings once or twice a month with each person who used the service to discuss their care plans, their relationship with their care workers and whether they were suitable or if they would like to make any changes. Although the majority of feedback we received indicated that people felt their needs were met in a timely manner, one relative said, "Although we have two dependable and caring workers from this agency it took a very long time to provide for our needs." Another person told us that although the service was quick to change staff if people were unhappy with them, "they shift people around rather than attempting to solve the problems, and taking one carer away puts pressure on the rest."

People we spoke with knew that they could telephone the agency's office if they wanted to complain or raise a concern. We looked at a summary of complaints the provider had received in 2014. The service had responded in a timely manner and had acted appropriately where people had complained or raised concerns. Senior staff had met with people to make sure they understood exactly how people wanted their care to be delivered and what changes they wanted made. Action was then taken to ensure this happened.

We saw an example in one person's care plan of a concern they had raised. The service had responded by arranging to change the person's care package to address that concern and by holding a meeting for all staff who worked with the person to ensure the information was communicated. Another person had complained that the agency often sent them staff they did not get along with and the service had put a system in place to give the person more control over who worked with them. However, one person said, "I don't feel [senior staff] take my concerns seriously because the staff in the office are not trained in my specific health issues." Another person suggested the office was understaffed because they often had to wait two weeks for a response to their queries.

## Is the service responsive?

All of the people we spoke with confirmed that they had received questionnaires from the agency asking for their views. They said they felt able to give their honest opinions and express any concerns.

# Is the service well-led?

## Our findings

The provider had some systems to monitor the quality of the care and support people received. However, we found that they did not have robust systems in place to monitor whether they were meeting the legal requirements of providing a service so areas for improvements could be identified promptly and addressed. This was demonstrated by the shortfalls we found in relation to medicines management, arrangements in place to show the service received consent from people before providing care to them or acted in their best interests and to ensure that care plans were regularly reviewed and updated with the involvement of people who used the service and their relatives. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw evidence that staff were regularly spot checked to monitor they were delivering good quality care. Staff we spoke with confirmed that they had been spot checked and senior staff said that if any problems were identified, they met with the staff member to discuss improvements. The checks covered staff attitudes and communication with people who used the service; timekeeping; how staff managed hazards and followed the care plan and people's feedback.

At the time of our inspection, there was a registered manager in place but the service had a new manager who was taking over the role and told us they had applied for registration. The new manager took responsibility for the day-to-day running of the service. They told us they had worked alongside the outgoing manager to ensure continuity and that they attended a weekly management meeting to facilitate good communication between senior staff. Care staff said there was a clear management structure and they knew who to report to. One person who used the service told us, "Rainbow is excellent. I'm glad I chose it. The manager is excellent." However, another person's relative said they felt management was disjointed with frequent changes in leadership. Half of the people we spoke with were not aware of the recent change in management, although they did know who the registered manager was.

Managers told us about their plans for the development of the service. They involved people and their relatives in developing the service by encouraging them to express

their views through regular contact and questionnaires. One relative told us, "They are very good at involving me. They always listen and inform me of any proposed changes." Another relative said, "There is an ongoing dialogue between us and the agency. I make suggestions and things move on." People also reported they were involved in choosing the agency's employee of the year.

We saw examples of where management had responded to concerns or allegations about staff by carrying out appropriate investigations and monitoring staff with additional meetings and checks. People and their relatives told us that where accidents or incidents had taken place, the agency had taken action to ensure there were no repeat occurrences. We saw evidence of meetings where staff had discussed incidents and learning points. They had taken action promptly such as reviewing people's care to ensure their care packages met their needs, contacting staff to ensure all were aware of preventative measures that were put in place and seeking expert advice where needed. We saw evidence that people and their relatives were involved in investigations. The service had systems in place to monitor staffing, staff punctuality and risk management.

Staff told us they felt comfortable expressing their opinions of the service and feeding back to supervisors. They felt that supervisors gave them honest feedback on their performance through spot checks and it was clear what was expected of them. We saw and heard about examples of staff changing the way they worked because of feedback from supervisors. Staff told us they were asked for their opinions about how the service could be improved and that managers listened to what they had to say. Staff felt that the organisation promoted a positive culture and a caring attitude towards people who used the service.

Senior staff, care staff and people who used the service and their relatives all agreed that the key challenge the organisation faced was staffing. Although there were enough staff employed to deliver care safely, people said it could sometimes be difficult to get care at the times when they wanted it, especially early in the morning or late at night, because of increased demand for staffing at these times. Early morning and late night were key times because the majority of planned care took place at these times and involved getting up and going to bed. The manager was aware of this through people's feedback and told us a recruitment drive was in place. One staff member felt that the diversity of the workforce could be improved with

## Is the service well-led?

different recruitment techniques. Office-based staff told us that most prospective employees heard about the agency through word of mouth so were often friends and family members of existing employees. They told us they had not needed to advertise widely as a result and agreed that this had impacted on the diversity of the workforce. They told us the agency was considering ways of addressing this with different techniques such as advertising in different locations.

The service had a clear vision and values focusing on providing care that valued people and treated them with respect and dignity, including person-centred care. One person we spoke with told us, “They are very good people with a knack for employing really caring individuals.” However, we noted that although office-based staff were able to discuss with us how they provided care that focussed on individuals, none of the care staff we spoke with knew what the term ‘person-centred care’ meant or provided examples when asked. This shows that some of the organisation’s values were not very well communicated to care staff.

Staff felt that they were supported to develop professionally and said they were offered opportunities to work towards relevant qualifications. We confirmed this with supervision records.

Staff we spoke with told us that their job was isolating at times. Although they were able to attend an annual development day which included a staff awards ceremony, they said they would welcome the opportunity to have regular staff meetings to discuss good practice and learn from one another’s experience. Some had already fed this back to managers. The manager told us they planned to introduce quarterly meetings for all staff. They said some people who used the service had a team of staff caring for them and those teams would meet when required to discuss their care. Staff told us about email updates and newsletters they received to inform them about good practice.

People and their relatives told us senior staff would contact them to seek their views on the quality of the service. One relative told us, “There was a recent questionnaire asking how staff perform and about the standard of care.” A professional who worked alongside staff from the agency told us the service would contact them from time to time and ask about staff performance. This helped the service to continually monitor the quality of care provided by their staff and act on any shortfalls identified. People confirmed that senior staff discussed good practice with them to make sure they understood why staff should carry out tasks in certain ways, for example following rules for safe use of mobility equipment and wearing protective gloves to carry out intimate care.

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 18 HSCA 2008 (Regulated Activities) Regulations
Treatment of disease, disorder or injury	2010 Consent to care and treatment  The registered person did not have suitable arrangements in place for establishing, and acting in accordance with, the best interests of the service user.  Regulation 18 (1)(b)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations
Treatment of disease, disorder or injury	2010 Management of medicines  The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, handling, using, safe keeping and safe administration of medicines used for the purposes of the regulated activity.  Regulation 13

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations
Treatment of disease, disorder or injury	2010 Care and welfare of people who use services  The registered person did not take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the planning and delivery of care and, where appropriate, treatment in such a way as to meet the service user's individual needs. Regulation 9 (1)(b)(i).

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Personal care

Treatment of disease, disorder or injury

Regulation 10 HSCA 2008 (Regulated Activities) Regulations  
2010 Assessing and monitoring the quality of service  
providers

The registered person did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10 (1)(a)(b).