

Thurrock Borough Council

Extra Care Service

Inspection report

Southend Road
Grays
Essex
RM17 5RS

Tel: 01375652856
Website: www.thurrock.gov.uk

Date of inspection visit:
14 November 2017
16 November 2017

Date of publication:
10 January 2018

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

We carried out an announced comprehensive inspection of the service on the 14 and 16 November 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own flats within a housing complex benefitting from communal areas. It provides a service to older and younger adults. At the time of our inspection 47 people were using the service.

The service had 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. However, at the time of our inspection the registered manager had been absent from the service since September 2017 and the day to day running of the service was being managed by a service manager.

At our previous inspection carried out on 11 and 13 October 2016 the service received an overall rating of Requires Improvement. We found breaches of Regulations 12 [Safe care and treatment], 17 [Good governance] and 18 [Staffing] of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, the registered manager sent us an action plan to show what they would do to improve the key questions: Is the service safe? Is the service effective? Is the service responsive? and is the service Well Led? to at least Good. At this inspection, whilst improvements had been made, further improvements were still required.

At our inspection in October 2016 we found improvements were needed to ensure quality assurance systems were effective. Whilst we found some progress had been made at this inspection, further improvements were required to ensure the service was well led; and the systems available for the monitoring and on-going improvements regarding the quality of the service are fully embedded and used effectively.

When we last inspected the service we asked the provider to take action to make improvements to ensure the safe management of medicines. At this inspection, although we found some improvements had been made, further improvements were still required to ensure medicines were administered safely and as prescribed.

We had found that formal supervisions, appraisals and competency spot checks of staff practice were not consistent to ensure people received effective care. We also identified that staff training had not been monitored effectively. At this inspection whilst we found improvements had been made, further work was required to ensure effective systems were in place which ensured staff had completed the provider's mandatory and refresher training.

People had told us at the last inspection that care staff were not always on time and we were informed that a new computerised system was in the process of being implemented to monitor people's call times. At this inspection the new computerised system had been introduced to support the service to monitor calls times. People told us care staff were on time and the service manager was able to demonstrate how staffing numbers were calculated to ensure people's individual care and support needs were met. There were thorough recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

People were positive about the caring attitude of staff. Staff encouraged people to maintain their independence as much as they were able to. People's privacy and dignity was respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service manager understood and complied with the requirements of the Mental Capacity Act (MCA) 2005.

The service had a number of ways of gathering people's views including conducting questionnaires and by talking with people, staff and relatives. There were effective systems in place for receiving and acting on concerns and complaints. The service manager was open and transparent throughout our inspection and demonstrated their commitment to drive improvements and meet the regulatory requirements.

At this inspection we found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

This is the second time the service has received an overall rating of Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Improvements were required to ensure the safe management of medicines.

Improvements were required to ensure risks/potential risks to people's safety and wellbeing were appropriately managed.

Staff had received safeguarding training and were aware what actions to take if they had concerns that people were at risk of abuse.

Staff were only recruited and employed after appropriate checks were completed. There were sufficient staffing levels to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The system for training of all staff needed improvement.

Staff received an induction, regular supervision, appraisal and observation of their practice

People were supported to maintain good health including accessing healthcare services as required

Staff were able to demonstrate an understanding of the Mental Capacity Act (MCA) 2005.

Requires Improvement ●

Is the service caring?

The service was caring.

People were involved in making decisions about their care and

Good ●

the support they received.

Staff knew people well and showed compassion towards people.

Staff treated people with dignity and respect and supported them to maintain their independence.

The service held information about local advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was flexible and responsive to their needs.

The provider had equality and diversity policies in place. This included taking into consideration any communication and language needs of people using its services.

There was an effective complaints system in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements were required to ensure robust quality assurance systems were in place, embedded and utilised to their full potential.

Staff felt valued and were provided with the support and guidance to provide a good standard of care and support.

There were systems in place to seek the views of people who used the service.

Extra Care Service

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 the 14 and 16 November 2017 and was announced. We gave the service 48 hours' notice of the inspection site visit because we needed to ensure the manager and office staff would be in. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people, five members of care staff, the service manager, interim team leader, interim deputy manager, one care co-ordinator and two health care professionals

We looked at a range of documents and written records including seven people's care plans, risk assessments, medicine administration records (MARs) and daily records of care and support. We also looked at how the service was managed, reviewed staffing records, quality assurance information and minutes from staff and resident meetings.

Is the service safe?

Our findings

At our previous inspection on the 11 and 13 October 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no effective systems in place to ensure the safe management of medicines. Although at this inspection we found improvements had been made, further improvements were required so as to ensure people received their medication safely and as prescribed. For example, at our last inspection we identified that the contents of people's blister packs were not attached as part of the service's permanent records therefore it was not possible to identify what medicines people had been taking prior to the current blister pack being administered. At this inspection we found no action had been taken to rectify this practice. This meant that people's medicine records did not show what medicines had been given. We discussed our concerns with the service manager who advised they would take immediate action to address this.

On reviewing people's medicine administration records (MARs) we noted in one person's records that they required time specific medication; their care plan did not highlight the importance of this. This meant that the person was at risk of not receiving their medicine as prescribed. We discussed this with the interim manager and interim deputy manager. They informed us they would take immediate steps to ensure this information was contained in the person's care plan.

When we visited a person in their flat who had been assessed as being able to take their medication independently, the interim deputy manager asked the person whether they had taken their morning medication. It was clear that the person was confused as to what medication they had taken and agreed for staff to support them with this task. We noted in the person's care plan that it stated 'I would like carers to remind me to take my medications each day to ensure I do not forget so I remain healthy.' There was no reference in the person's daily notes that staff had reminded the person to take their medication. We discussed our concerns with the managers who told us they would arrange for a risk assessment to be completed and for a mental capacity assessment to be undertaken to determine whether the person had capacity to continue to take their medicines independently.

For another person we found gaps in their MAR for their tea time medication on the 12, 13, 14 and 15 November 2017. Staff had recorded on the MAR that 'It was too early to give' the medicines at the time of their call visit. It was not clear from reviewing the MAR and the person's daily records when, or if, they had received their medication as prescribed or, if they had, whether a sufficient interval of time had elapsed between their tea time and evening medicines. We discussed our findings with the service manager who agreed it could not be determined whether the person had received their medicines as prescribed.

People had separate MARs in place for PRN (as and when required) medication. We noted on one person's PRN MAR that staff had not recorded when the person had not required the PRN medication. This was contrary to the instructions on the MAR sheet where it stated staff should record when the medication was not required.

Records showed that regular medication audits had only just been implemented. These were undertaken by

a medication officer and by a registered nurse employed by the provider. The interim team manager told us a random sample of people's medication records had been audited. They also showed us a medication 'follow up' audit tool they had put in place immediately prior to our inspection to enable them to effectively monitor the administration of medicines. However we noted on one audit form that the auditing officer had confirmed the dosages and times of administration for one person's medicines had been recorded however on reviewing the person's MAR we found no dosage information had been recorded.

Staff responsible for the administration of medicines had completed appropriate training. Although we found no impact on people using the service the lack of robust auditing to ensure people received their medicines as prescribed meant people were at risk.

The above examples demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when staff visited them. Information about safeguarding and how to report any concerns were contained in people's welcome packs when they started using the service. Staff had received safeguarding training and were able to demonstrate a good understanding of safeguarding people from harm and abuse and how to escalate concerns; this included contacting external organisations such as the Care Quality Commission and social services.

Risks to people's health and safety were assessed, managed and reviewed. This included people's home environment and potential risks such as mobility and falls. NICE (National Institute for Health and Care Excellence) guidance was available for staff to read, for example with regards to diabetes and epilepsy, and the provider had a diabetes policy. However we noted individual risk assessments had not been completed for people with diabetes, epilepsy or those at risk of malnutrition. We discussed this with the interim team manager and interim deputy manager who assured us they would take immediate steps to ensure people's care plans were updated and individual risk assessments completed to address any identified/potential risks.

At our last inspection people consistently told us that staff were not always on time. At this inspection all the people we spoke with told us staff were on time. One person told us, "Sometimes they may be a little bit late if they're busy with other people but that doesn't bother me." Another person said, "The carers come regularly, they look after me I cannot fault them; they help me with all sorts." The service manager told us they regularly reviewed staffing levels to ensure people's individual care and support needs were met. This included, when required, seeking an increase in people's care packages from commissioners to increase people's commissioned hours. Staff told us staffing levels were sufficient. One member of staff said, "Sometimes we can be really busy, that's the nature of the job, but we work well together as a team." Following our last inspection an electronic call system had been put in place by the provider which enabled the service to monitor people's call times and activity of care workers more effectively. The service manager told us the introduction of this system had improved this area of service delivery. They went on to say that there had been issues with wi-fi connectivity in some areas of the building which was currently being addressed.

There was an effective recruitment process in place to ensure that the right staff were employed at the service. This included dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The service had an infection control policy in place to protect people from the prevention and control of infection. Staff understood their role and responsibilities in relation to infection control and told us they had adequate supplies of PPE (personal protection equipment). Records also showed that spot checks had been undertaken to observe this area of staff's practice. However on reviewing the provider's mandatory training programme we noted that 21 out of 26 staff had completed infection control training of which three were out of date. The training programme also showed that 19 out of 26 staff had completed food safety and hygiene training of which nine were out of date. We discussed this with the service manager and care co-ordinator. They advised it had been difficult for them to collate information to evidence staff had completed training and were in the process of putting measures in place to monitor this more effectively.

Incidents and accidents were documented; however they were not formally audited. Staff told us if they noted, for example, a person was having an increased number of falls, they would address this. Due to the lack of a robust monitoring system we could not be assured that the managers and the provider had a good overview of accidents and incidents so as to identify any trends and enabling them to put measures in place to prevent reoccurrence. We discussed our concerns with the interim and deputy managers. They told us they would immediately develop procedures to ensure systems were in place to monitor accidents and incidents.

Is the service effective?

Our findings

At our previous inspection we found that training, formal supervisions and appraisals and staff observations to check staff competencies were not consistent. We found the service in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection staff told us they felt supported and received regular supervision. Staff records showed that staff received regular supervision and spot checks had been completed to ensure staff had the skills and competencies to fulfil their roles. However, although staff training had improved significantly since our last inspection, we found gaps in the staff training programme. We also saw that, although the provider had a diabetes policy and procedure which stated 'staff training in best practice for diabetic service users will be included within the training plan where service users with diabetes, or at significant risk, are identified,' the service could not demonstrate that all staff had received this training. A member of staff told us, "I have had training in the past but I think some of the staff need to have this [diabetes and epilepsy] training as we are supporting people with these conditions."

Although staff told us they felt they had all the training they needed to meet the individual needs of people using the service, management were unable to verify whether staff had completed all of the provider's mandatory training and/or had completed refresher training. The care co-ordinator, who started work at the service in November 2017, explained to us that they had taken over the responsibility of ensuring the training for staff was up to date. They were in the process of arranging training and ensuring time was set aside in staff rotas to enable staff to complete training. The service manager was aware of the issues with training and assured us this was being addressed with the provider's workforce team. Records showed that newly recruited staff received an induction and completed the provider's corporate induction before they started work at the service.

Where required, people were supported to have enough to eat and drink and maintain a balanced diet. We saw in care plans for those people who had restricted mobility that staff should ensure drinks were accessible for them. One person told us, "[Staff] always ask if there is anything else I need. In the summer they were encouraging me to drink plenty of fluids; now the weather is turning they are encouraging me to drink plenty of hot drinks."

People were supported to maintain good health including accessing healthcare services as required such as district nurses, occupational therapists and GPs. Staff supported people to understand information about their health care needs. For example during our inspection we observed one person becoming anxious about the medicines they were taking. Staff took time to reassure the person and, with the person's permission, advised they would arrange for a medication review to be completed. Care records demonstrated the service worked effectively with health and social care services to help ensure people's care needs were met. One health care professional told us, "Staff know people well and are able to explain any issues or concerns." They went on to say how they had worked closely with the care coordinator to ensure one person's independence was maintained. Another health care professional told us, "[Service] calls me if they need any further information for example if people's medications change or their health is

deteriorating. They are very proactive in escalating concerns." They went on to provide an example where the actions of the service had prevented a person from being admitted to acute services; they said, "It's not beneficial for people to spend time in hospital wherever possible."

The Mental Capacity Act (MCA) 2005 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received MCA training and had a working knowledge of the MCA. They understood the importance of gaining people's consent and helping people to make choices on a day to day basis. One member of staff told us, "It's not up to us to make decisions for people if they have capacity. I may help by offering a choice of clothing, but I have to respect people's decisions." The service was able to demonstrate to us how they ensured the principles of the MCA were adhered to; this included examples where they had arranged for mental capacity assessments to be undertaken when it was considered people may lack capacity.

Is the service caring?

Our findings

People were very complimentary about staff and told us that they were kind and caring. Comments included, "I am very happy here and feel safe. All the staff are very kind and caring I have nothing but praise for them," and, "They are all really nice and kind. [Name of staff member] is my favourite." We saw a compliment received by the service from a relative which stated, "I do want to say I am very pleased with the level of care that [name of person] received from your staff. It reassures me greatly that they are in the best possible place with the best possible care."

People told us that staff were always polite and courteous. One person said, "[Staff] respect my privacy and dignity." Staff had worked at the service for a long time and had built positive relationships with people. They explained the importance of treating people and their homes with respect and it was 'important to treat people as you would like to be treated'. Staff were very knowledgeable about people's diverse care needs and preferences.

People experienced kind, caring and compassionate care from the service and were empowered to maintain their independence for as long as possible. People told us that staff encouraged them to remain as independent as possible and said staff supported them in a dignified manner. One person told us, "I like to do things by myself but the staff help me with some of the things I'm unable to do." Another said, "I had to go into hospital and [staff] have helped me to gain back my independence. I can do most things by myself now." Staff we spoke with understood the importance of promoting people to have as much control of their life as possible, including making their own decisions, and involving people in their daily care regardless of their needs. They explained how they allowed enough time for tasks and did not rush people. This meant that people were enabled to do as much as they could for themselves with minimal support. The service manager told us they did not want to create a culture of dependency; they said, "It is all about giving people the tools to support their independence."

People were able to express their views and opinions and be actively involved in their care and support. Regular service user meetings were also held where people had the opportunity to share their views on the care and support they received. The service manager told us that people's family and other appropriate people had been kept involved in people's care arrangements.

The service had information displayed in the office about local advocacy services. Where appropriate the service had supported people to access advocacy. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People's right to privacy and confidentiality was respected. Staff knocked on people's doors before entering their flats and sought people's permission to share their records with us during our inspection. People's care plans were kept in their homes and personal records held in the office were stored in locked cabinets when not in use but were accessible to staff when needed.

Is the service responsive?

Our findings

At our last inspection we found end of life care plans were not evident within people's care records. This meant that people had not been supported by the service to communicate their preferences and choices for their end of life care. When we discussed these concerns we were assured that people's care records would be updated to include an end of life care plan, detailing their preferred priorities for care. At this inspection we found the service had not actioned this. However, no one using the service was receiving end of life care and the service manager told us they would take immediate steps to ensure they discuss people's end of life wishes so that this was available and documented should it become necessary. The service manager told us that they were in the process of arranging for an organisation to come in and speak with staff about palliative care. There was no impact on service users and concerns regarding shortfalls of documentation have been addressed in the Well Led section of this report. Therefore we judged with all other areas of this key question meeting requirements that the rating will be GOOD.

People received personalised care and support that was flexible and responsive to their needs. All of the people we spoke with told us that they received a good service that provided the care they needed, when they needed it. Since our last inspection the service had installed a new call system to ensure people received timely care and support. This had improved the responsiveness of the service as highlighted in the Safe section of this report. We saw in care plans that people were to be encouraged to wear call pendants, and we observed people wearing these. One person said, "Look, I wear my pendant around my neck and if I press it staff come quickly."

Prior to people starting the service an assessment of their care and support needs had been undertaken to ensure the service could meet their individual care and support needs. New care plans had been introduced since our last inspection and the sample of care plans we looked at were person centred. Care plans included information about people's life histories and preferences on how they wished to receive their care and detailed daily routines specific to each person and their visit. People were involved in the development and in the on-going review of their care plans. Care plans were reviewed every six months or whenever there were changes in people's needs. Staff confirmed with us that they were involved in the review process. One member of staff told us, "We know people and their ways and if we notice any changes we report this and things will get done."

The communal environment where the service was based enabled staff to support people to build and maintain friendships and various activities were held in the communal lounge area. During our inspection we observed people participating in chair exercises to music, people chatting together as well as people preferring to sit alone to observe the 'comings and goings'. People also had the opportunity to sit down and have a meal with others two days a week. It was clear that the communal lounge was very much utilised by people using the service and avoided the risk of people becoming socially isolated. People told us they were very appreciative of the opportunity to meet up with others and join in with the various activities. One person said, "If it wasn't for this I would be stuck in my flat all day long on my own."

The provider had equality and diversity policies in place and was committed to promoting and embedding

fair access, diversity and inclusion across all of its services. This included taking into consideration any communication and language needs of people using its services. The service manager told us that no one currently using the service required information in accessible formats, for example in large print. We noted where people had a hearing impairment and required hearing aids, their care plans included information for staff to support people to wear these and check they were working.

The service had effective systems in place for receiving and dealing with complaints and concerns received. Details of the complaints procedure were provided to people in their welcome pack when they started using the service. People told us they did not have any complaints about the service, they knew who to report any concerns to and felt they would be listened to. One person said, "I don't have any complaints but if I did I would go to [name of service manager] or to the staff in the office." Records showed where concerns had been received these had been responded to in a timely manner. The service manager told us, "It's important to listen to people and learn so we can improve the service we provide."

Is the service well-led?

Our findings

At our last inspection in October 2016 we found the service in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of robust quality monitoring systems resulting in poor governance and increased risks to people's safety and well-being. At this inspection, although progress had been made, further improvements were still required to ensure effective quality monitoring systems were embedded within the service to drive improvements.

At the time of our inspection the registered manager had been absent from the service since September 2017. During the registered manager's absence, the service manager had taken responsibility for the day to day management of the service. The service manager was visible within the service, had a good knowledge of all the people using the service and demonstrated their commitment and passion to ensure people received good quality care. They acknowledged further work was required to improve the service to ensure it met with regulatory requirements. To support this they had recruited additional staffing including an interim team manager and interim deputy manager. The interim team manager, who had previously worked at one of the provider's other services, confirmed to us that they had received a comprehensive two day induction from the service manager. This had included detailed information about the service including the challenges and improvements required.

Since our last inspection there had been a lack of robust auditing and monitoring of the quality of the service such as medicines, care plans and incidents and accidents. Although the interim team leader showed us that, from November 2017, audits had been undertaken of people's care plans it was not clear what had been looked at as part of the audit process. We saw that staff recruitment records had also been audited but not formally documented. Had there been more effective quality assurance and governance processes in place, this would have identified the issues we found during our inspection, and would have ensured compliance with the shortfalls we identified at our last inspection in October 2016. It was evident that the shortfalls in the provider's quality monitoring meant that they had not recognised and addressed non-compliance with our regulatory requirements sooner. Management acknowledged this area required further work to ensure effective robust quality assurance systems were in place. The service manager told us they were in the process of incorporating further information within the provider's electronic reporting systems so as to ensure more effective monitoring and performance of the service.

The systems or processes had not been established and operated effectively to ensure compliance with all regulations and demonstrated a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular staff meetings had been held since our last inspection and records showed that various topics such as updates regarding training and the day to day running of the service were discussed. Staff repeatedly told us that the service manager was a good leader and that staff morale had improved since the service manager had taken responsibility for the day to day management of the service in the registered manager's absence. They were also complimentary about office staff. One member of staff said, "[Name of care coordinator] is brilliant and very supportive and acts on things immediately." Another said, "I really enjoy

working here, staff work really well together and morale has improved."

Policies and procedures were kept in the office which could also be accessed by staff on-line. The system generated email alerts to staff when updates had been made to policies and procedures following, for example, changes to legislation or best practice. In addition to the email alert the service manager also emailed staff to ensure they read the updates and reinforced this at staff meetings and supervisions.

The service manager told us they received support from senior management to enable them to drive improvements to the service. The service manager attended monthly senior management meetings where the performance of the provider's services was monitored. This also provided an opportunity to share learning between managers of the provider's services.

The service worked in collaboration with other agencies and organisations to support people using the services and their families; for example with the safeguarding team, housing department and health and social care professionals.

The service used different methods to gain feedback about the service such as day to day interactions with people and staff. Questionnaires were also undertaken to gain feedback on the service. The last questionnaire had been completed in October 2017 and records showed that the service had taken appropriate actions from the responses of questionnaire feedback. The interim team manager told us they were currently reviewing the questionnaire questions to ensure they were more meaningful, enabling management to gain a better understanding of people's experiences and to support continuous improvements to the service people received.

The service manager told us that they operated an 'open door' policy and held weekly 'Time to Talk' sessions where staff had the opportunity to speak confidentially with the service manager on a one to one basis.

Staff, including the service manager, were open and transparent throughout our inspection and were committed to making improvements. The service manager was aware of some of the issues we had identified during our inspection and had taken steps to address them. Following our inspection the service manager forwarded to the Commission an action plan they had developed following feedback from our inspection detailing how they would be ensuring regulatory requirements were met. We will continue to monitor the progress by the registered provider in meeting this action plan.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service was not effectively assessing the risks to the health and safety of people using the service and doing all that was practicable to mitigate any such risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems in place to monitor the quality of the service provided because there were no robust systems in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service.