Care-Away Limited

Care Support

Inspection report

1a Claughton Road
Plaistow
London
E13 9PN

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16 November 2016
24 November 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Care Support on 15, 16 and 24 November 2016. This was an announced inspection. The provider was given 48 hours' notice as they are a domiciliary care provider and we needed to be sure staff would be available to meet us. The service was last inspected on 14 December 2012 when it was found to be compliant with the outcomes inspected.

The service had a registered manager in post. 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 three breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 regarding risk assessments, support planning and governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after representations and appeals have been concluded.

People were at risk of harm and poor support because risk assessments did not give guidance to staff on how to manage and mitigate risk for people. Support plans were not personalised and lacked detail. The service had not identified the issues we found at the time of inspection.

Staff received up to date training, supervision and appraisal. Staff had a good understanding of application of the Mental Capacity Act (2005). We found recruitment checks were in place to ensure new staff were suitable to work at the service. Staff had positive views about the leadership and staff culture of the service.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. Medicines were administered safely. People using the service had access to healthcare professionals as required to meet their needs.

Staff knew the people they were supporting. People using the service and their relatives told us the service was caring. Staff respected people's privacy and encouraged independence. People and their relatives knew how to make a complaint. The service supported people to maintain their culture and religious practices.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks assessments for people using the service did not provide guidance for staff to mitigate the risks.

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

People and their relatives told us they felt safe. There were robust safeguarding and whistleblowing procedures in place and staff knew how to report it.

Medicines were administered safely.

Staff were recruited appropriately.

Is the service effective?

Good

The service was effective.

People were supported with their nutrition and hydration needs.

People were supported to access healthcare services as required.

People were supported to maintain good health and to access health care services.

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

Staff had a good understanding of the Mental Capacity Act (2005). People were providing consent to their care in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People told us staff who supported them were caring and treated them with respect and dignity.

The service enabled people to maintain links with their culture and religious practices.

People had regular care workers and developed positive relationships with staff.

Staff we spoke with demonstrated compassion and sensitivity in their work.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Support plans were not personalised and lacked details.

Complaints were consistently managed by the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

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

Staff feedback about the leadership was positive.

Care Support

Detailed findings

Background to this inspection

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

Before the inspection we checked the information we held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 27 people and four relatives of people who used the service. We spoke with 20 members of staff. This included the registered manager, operations manager, trainer, two care coordinators, one field supervisor, three administration staff and 11 care workers. We also spoke with a health care professional visiting the service.

We examined various documents. This included 21 care records and daily records relating to people who used the service, 21 medicine administration records, 12 staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures for the service.

Requires Improvement

Is the service safe?

Our findings

Care files contained risk assessments which identified the risks for each person. These assessments included risks associated with health and wellbeing, specific medical conditions, dementia and mental health conditions, nutrition, medicines, behaviour which can be challenging, financial risks, environmental risks and moving and handling.

Risk assessments had been completed for most of the identified risks for the person as highlighted in their support plan and initial background information received prior to commencement of their package of care with the service. However, where risks had been identified there was limited useful information and little evidence to demonstrate that any appropriate actions or precautions had been put in place to help minimise and mitigate these risks to protect the person using the service or the care worker from harm or injury.

All risk assessments reviewed had no detailed guidance for staff or actions needed to minimise and manage risk for the person. One person's risk assessment identified a risk of falls however, the section in the risk management plan summarising key risks and providing a summary of risk assessments and actions to be taken had been left blank.

Another person's support plan detailed they had a number of complex health and support needs including short term memory loss and diabetes. The care delivery risk assessment identified six 'high' risks, however there was no recorded information of how the care worker should manage or minimise these risks. Behaviour that challenges, refusal of personal care and refusal of medicines were also a risk for the person. We did not see information recorded to guide care staff on these risks which were also recorded as 'high'. This meant people who used the service and care staff may be at risk of harm or injury.

Some people's risk assessment did not include guidelines for their medical condition. This meant staff did not have appropriate guidance for actions to be taken to identify if a person's condition was causing them to become more unwell and actions to minimise risks.

Where risk assessments relating to the control of substances hazardous to health had been completed for people using the service, these listed products in use at the person's home which may be harmful or hazardous. There was no information recorded to minimise the risk or explain what the risks may be.

Risk assessments were not always reviewed in a timely manner. The provider's risk assessment policy stated that risk assessments should be 'Reviewed annually or more frequently if necessary.' We saw a number of risk assessments had not been reviewed since September or October 2015. Some risk assessments were not dated. This meant the service was unable to demonstrate if risk assessments had been reviewed for people using the service and therefore may not identify new risks.

We discussed these concerns with the registered manager. On 18 November they submitted an action plan in response to our concerns. This included an audit of all risk assessments including completion of all risk

management plans and support plans, refresher training for staff on completion of risk assessments and employment of an additional care co-ordinator. They told us they would begin with reviews for 21 people using the service whose care files we had looked at during our inspection. The service aimed to complete this by 31 December 2016.

We asked for an update of the action plan on 13 December. We found the service had begun the process but had not made the progress detailed in the action plan. The registered manager confirmed the additional care co-ordinator was in post and refresher training for staff responsible for completing risk assessments had been carried out. New risk assessment documents were in use however only a small number of reviews had been completed for the 21 people initially identified as requiring a review. We saw examples of one person's risk assessment and risk management plan. The registered manager told us staff workshops were scheduled to begin on 20 December 2016 to guide staff on completion of the new documents.

We were concerned that people using the service may be at risk of harm. Where risks were identified risk management plans did not have guidance for staff to minimise and mitigate the risk to people using the service and were not reviewed in a timely manner.

These findings were a breach of Regulation 12 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe with staff. When asked if they felt safe one person said, "Yes I do, the carers come twice a day to dress me and shower me in the mornings. They are very good and I'm just safe with them, I feel comfortable with them." Another person said, "They are very polite and I feel safe with them."

Relatives we spoke with said they felt their family member was safe. One relative said, "Yes my [relative] feels safe, the carers wash him, do his hair and three days a week they will sit with him while I go shopping and have some time to myself. He feels safe, he is confident with them, we trust them and I trust them with him." Another relative told us, "My [relative] feels safe, he hasn't said anything to me and he would tell me if he didn't feel safe. [Care worker] treats him well and is careful with him."

The service had a safeguarding policy and procedure in place to guide practice. Safeguarding training for staff was mandatory. We looked at records of safeguarding concerns and investigations. Records showed appropriate actions had been taken by the service.

Staff told us and records confirmed they completed the relevant training. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff we spoke with knew how and where to raise concerns about unsafe practice. They told us they would be confident to raise any concerns. One staff member said, "If I needed to report something I would without feeling fearful or worried. It's my right and it's the right thing to do." Another staff member said, "I have a good understanding of whistleblowing and I'm confident and definitely would report it but I haven't had to."

The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. Staff were employed subject to various checks including references, proof of identification and criminal record checks. Staff told us about the various checks carried out and interview process prior to starting employment at the service. Records showed that appropriate checks had been completed to ensure staff were eligible and suitable to work in a care environment. The recruitment practice in the service was robust.

We spoke with people who used the service and their relatives about care workers punctuality. People said they did not have to wait longer than expected for care staff to arrive. One person said, "They are good with time and are always asking if I need anything." Another person said, "Timekeeping is fine." A third person told us, "I have no problems with the time, they are good with this and they finish everything that has to be done before they go."

Our discussions with care staff and management showed there were enough staff available to meet the needs of people who used the service. Care coordinators who were office based worked out how long it would take between visits and ensured staff had enough time to get to each person. Staff told us they felt there were enough staff to ensure people received the service, they did not feel rushed between visits and where two staff were needed to support people this was always done.

The service divided the care teams into geographical areas. Staff were allocated to people within a specific area and worked within the area as much as possible unless replacing a colleague at short notice who may be on annual leave or unwell. This meant traveling time was reduced and care staff had enough time between visits ensuring they were less likely to arrive at people's homes late or miss visits.

The service used an electronic system which enabled office based staff to monitor visits carried out to people using the service. Staff logged in and out using a telephone dial or electronic tap in system when they arrived and left people's homes. The system alerted office based staff who monitored the visits to people using the service and ensured the visits occurred at the correct time and that staff stayed for the agreed duration. This system sent an alert to the office if a care worker failed to log in and out of a person's home. This was known as a missed call. Alerts were set between 15 and 30 minutes for people depending on the complexity of their needs.

The service was able to check that people who needed two care staff to support them was carried out by the correct number of staff as each staff member logged in and out separately. We observed the system in use and looked at records of visits. Two staff members monitored the system throughout the day. During our observations we saw office based staff were alerted when a care worker was delayed. The office staff called the care worker to confirm their whereabouts and were satisfied they had just arrived having been delayed due to heavier than usual traffic. We saw the system activate a log in time a few moments later when the staff member was on the premises. We also observed a telephone call from a care worker explaining they had needed to stay with a person using the service longer than anticipated and may be late for visit to the next person using the service. The team could contact the person using the service if necessary to let them know the care worker may be delayed. This meant the service was able to monitor people were receiving the care they required by the correct number of staff at the time they required it.

Medicines were managed and administered safely. As part of this inspection we looked at medicine administration records. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not administering medicines were recorded. Where poor practice had been identified we saw records of action plans for staff to complete additional training.

The service had an infection control policy which included guidance on the management of infectious diseases and the spread of cross infection. Staff were aware of infection control procedures and had access to gloves and aprons. One staff member told us, "All staff have a uniform we have gloves and aprons it is to protect us and to protect the clients as well." Staff were able to explain processes for infection control.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by staff who had the skills to meet their needs. Training records showed staff received regular training relevant to their role. We found staff were up to date with required training and there was a system in place to identify skill gaps and monitor when staff were due to refresh their training.

Staff training was delivered by a trainer who was employed full time by the service. There was a designated training room with equipment such as hoists for practical learning and demonstrations. During the inspection we observed a training session for eight care workers. The areas of learning included the service aims, values and mission statement, code of conduct, understanding your role, personal development, duty of care, equality and diversity, person centred care, communication, privacy and dignity, fluid and nutrition, awareness of dementia, mental health and learning disabilities, safeguarding adults and children, handling information, and medicines administration. Practical sessions included; basic life support, health and safety, infection control and moving and handling.

Staff working at the service had the opportunity to undertake further training appropriate to their role and there were opportunities for staff to develop and change roles within the service.

Care staff were supported to complete the care certificate. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent. Staff were positive about the training they received. One member of staff told us, "The training is really good and we can ask the trainer about anything we are unsure of." Another staff member said, "Training is for a whole day at a time and we cover everything and have refreshers [training] too." A third staff member said, "Training is very good at this place, we have a refresher every year but if I need extra training in between I just ask for it and it's always arranged."

New staff had an initial one week induction which included shadow shifts (working alongside an experienced colleague) over a one week period, reading policies and procedures and a programme of training. The management team told us the induction period was for one week but was tailored to each staff member's needs and "Takes as long as it takes until staff are confident and competent." Staff we spoke with confirmed they had completed a period of induction for one week or longer in some instances. Staff competency was checked by field supervisors who were responsible for the line management of a team of care staff. We saw that staff induction was recorded and showed their competency had been assessed during the induction period.

A number of care staff had been transferred to the service from another provider. We saw records of training, observed care practice sessions and induction carried out by the service for these staff. All had received an initial supervision session and had a spot check undertaken. The staff we spoke with and staff files reviewed confirmed this had taken place. Staff told us they had been through an induction process and training session and felt the transition had been a smooth one.

Staff received support to carry out their roles through supervision meetings. Staff had a quarterly supervision meeting with their line manager. At these meetings staff discussed support required, any concerns they may have about their role, attendance and punctuality, support plans and records, training and development requirements and care practice. Supervision meetings included a discussion and a questionnaire regarding a specific procedure policy or practice. We saw records of this relating to privacy and dignity, medicines and health and safety at work.

Records of supervision meetings showed supervision sessions had taken place for staff and future dates planned. Staff told us about positive experiences regarding their supervision sessions. Staff told us and records confirmed annual appraisals were being been completed for staff working at the service.

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.

We checked whether the service was working within the principles of the MCA. Support plans contained a section about people's capacity. Staff demonstrated a good understanding of MCA and how the act should be applied to people living in their own homes. People had a signed copy of their support plan to show their consent. This meant the service ensured people were providing consent to their care in line with legislation and guidance.

Support plans showed people were supported to prepare meals where needed. There were details about people's meal preferences and nutritional and dietary needs for religious, medical or cultural reasons. People using the service told us they were satisfied with the support they received at meal times. One person said, "I'm very happy with my meals, they [care staff] will ask what I would like to eat, toast or cereal for breakfast. For lunch the carer will make a sandwich or heat up something for me in the microwave." Another person told us, "I get help with all my meals, I'll have porridge or Weetabix for breakfast, a sandwich for lunch and a heated up ready meal for dinner. I'm happy with this, my carer asks what I would like from the fridge."

The majority of people who used the service were able to access healthcare services independently or with support from their relatives. Records showed that where staff were concerned about a person's health they were supported to access healthcare services. Support records in people's homes included contact details of their GP so staff could contact them if they had concerns about a person's health. For more immediate concerns staff called the ambulance service.

One person who used the service told us, "They [care staff] know all my illness and what I need and they can tell if I'm not right." Staff were able to tell us about procedures for dealing with medical emergencies and the system for reporting concerns to the management and office based staff team.

The service had a policy for the prevention and care of the leg ulcers. Although care staff did not change dressings, the policy guided staff about signs to observe for people at risk of developing leg ulcers. We saw information about making the right referral to the appropriate healthcare professional to ensure treatment was started as soon as the leg ulcer was suspected. This meant people could be treated promptly.

Staff received training in preventing pressure ulcers and were well informed and knew how to identify pressure areas. Staff reported concerns to the care coordinators who ensured appropriate steps were taken

to minimise development of pressure ulcers.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the staff and the care they received. One person told us, "My carers are very good, they are genuinely lovely. They pamper you, when you are feeling down they will talk to you and will try to understand you. They are very, very good." Another person said, "The girls [care staff] are lovely really, very caring, they don't rush and you feel like they really care." A third person said, "The care is very good, you feel like they are there for you, they always ask if I need anything, very nice." A fourth person told us, "'I can say that the carers are lovely girls, they work hard and do everything for me, are polite and respectful."

Relatives told us staff were caring. One relative said, "Mum trusts [care worker] and they have a good relationship, [care worker] cares and has got to know mum and made an effort with her and understands her." Another relative told us, "The carer treats [relative] well. The carer is nice, [relative] seems happy."

One staff member said, "I like to care for people, it gives me satisfaction to help people." Another staff member said, "I absolutely love it [role]. It's really good and I like helping people and giving care. It feels like socialising more than a job when you go to see them [people using the service] and brighten their day while helping them." A third staff member told us, "Because we work with the same client we get to know them, what they like, don't like, what they need from you and you develop a bond with them."

Staff were allocated a number of people they regularly supported. This meant they were able to build relationships with people using the service. People told us they had the same care staff and had built relationships with them. One person said, "I have the same carer, she is very, very good." Another person told us, "I have [care worker] all the time and if she's off them I know the other ones who come. I know them." Relatives told us they built relationships with the care staff because there was consistency. One relative said, "[care worker] is fantastic, she will call me if there's a problem and she's the only carer mum has. The office will ask if I need another carer when [care worker] is off on leave and this is done beforehand."

People we spoke with said care staff treated them with dignity and respect and communicated with them in a way that made them feel comfortable. They told us they were given privacy when they needed it and the care staff understood their changing needs and were flexible in helping them to meet these needs. One person said, "The carer gives me a shower every day, she dresses me and creams me and does it very nicely, they treat me with dignity and respect and I don't feel uncomfortable at all." Another person told us, "They [care staff] are very polite, they are well trained to look after me, they are good. They treat me well, I don't feel uncomfortable. I can talk to them and they listen to me, they treat me carefully, they are very good."

Staff ensured people felt they were treated with dignity and respect and offered choices about support. One staff member said, "It's very important to greet them properly in the way they would like, you are their house. Respect them and their home and their wishes." Another staff member told us, "I respect their needs and allow them to take their time and make their choices. It's important to treat people well, I would like to be treated well if I'm in that position."

The service had an equality, diversity and inclusion policy for staff and for people using the service. The service insured information was accessible to people for whom English is not their first language. We saw information in different formats and people were matched with staff who spoke their language. Staff told us how they respected people's cultural and religious beliefs and demonstrated knowledge of different preferences and beliefs.

Staff told us how they ensured people maintained their independence while using the service. One staff member said, "It's about what they can do and not what they can't do. I let them do as much as they can or want to do. This can change if they feel tired or not well but always start with what they can do to give independence."

Results of a survey in September 2015 showed that people felt their care staff understood and respected their cultural and religious beliefs and relationship needs. Over half of the people said the care service had helped improve the quality of life and had a positive outcome on their health and well-being they said their care staff encouraged them and worked in a way that enabled them to gain their independence.

People who were new to the service received a comprehensive service user guide which had information about the service, the principles of home care and support, how to contact the office, completion of timesheets for care and support workers, the staffing structure, how to make a complaint, confidentiality, quality assurance, risk assessments, gifts and gratuities, medicines and data protection. People we spoke with told us were happy with the information they received about the service.

The service had an end of life policy to guide staff. We saw peoples care files included their preferences and choices for their end of life. This was clearly recorded and kept under review and acted on as appropriate.

Requires Improvement

Is the service responsive?

Our findings

Care plans at the service were called 'support plans' and were not always personalised to reflect people's preferences in the way they liked to be supported. The support plans we reviewed consisted of a list of tasks to be undertaken by care staff within a given time.

Support plans had been signed by the person using the service or relative where appropriate however, there was little information recorded to inform the care worker how the person wished tasks to be carried out. In addition, the information which was recorded was not always comprehensive, did not provide information on the level of support or level of independence the person using the service required or had.

All support plans included the areas for completion during the support planning process about what was important to each person, what was not working well for them, what was difficult and anything they would like to change. We noted that although these had been completed there was often no correlation between the information recorded and the actual support plan delivery about how the person would be supported. It was unclear why the questions were asked if the information and responses were not used to inform the delivery of care.

People using the service told us they had support plans however, some people were unclear about the reason for having them and did not fully understand the process. One person using the service told us they had concerns about their support plan. They said, "A lady came the other day to review the support plan, she's put down all the wrong things, a few incorrect things. I had to phone the office, it's all wrong information and the spelling is inaccurate. The office said they will send out someone else, if she had gone to see someone who was on their own and couldn't check it properly what would have happened then?"

We did not see that information gathered as part of the support planning process was used to inform care delivery or had been passed back to the local authority or onto other professionals if appropriate. One person's support plan detailed that they required assistance with house work as this was a cause of anxiety for them and affected their mood. Their support plan did not detail any actions to be taken regarding this need or any referrals made to the local authority commissioning the service about this need. There was no recorded information to demonstrate that people using the service may be asking for one type of service but receiving another and that this had been discussed, explained and agreed.

Records we looked at showed 'Review forms' on some care files of people who used the service, however this was not consistent. This meant people were at risk of receiving care and support that did not fully reflect their preferences. We spoke with the manager about this. They acknowledged our concerns.

These findings were a breach of Regulation 9 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that there was no specific part of the support plan which referenced gender support. However, we

did see one support plan for a person using the service which stated 'I require a female carer to assist me with my personal care in the mornings'. We checked this against the record of care staff who provided care or undertook visits to this person over the past 12 months. This demonstrated that care had been provided by four separate female carers which meant the persons request was met.

People we spoke with told us they knew how to make a complaint and that any complaints made were dealt appropriately by the service. We looked at records of complaints and found the service dealt with complaints appropriately in line with their policies and procedures.

Requires Improvement

Is the service well-led?

Our findings

The service did not always maintain accurate records of risk assessment reviews and support planning reviews. This meant we could not see if previous risks were on going or were no longer a risk. It was also unclear if people's needs had changed affecting the level of support needed.

The service had quality monitoring systems in place which included audits of support plans and risk assessment reviews. Internal audits were carried out daily, weekly or monthly at the service. However, they had not identified some of the issues we had identified during our inspection.

We saw records of telephone monitoring forms completed every three months on some people's care files to get their views about the service and the support they received, however this was not consistent across all the care files reviewed.

These findings were a breach of Regulation17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the care staff and office based staff were accessible, helpful and courteous. People said the office staff kept them informed of changes in their care package including any staff changes. One person said, "They always tell you if a different one [care worker] is coming. They phone and tell you the name of who is coming."

Staff told us they felt supported in their role and that the management team and office based staff were approachable and helpful. One care worker told us, "I have never dealt with better staff, they are very supportive. They help to make your job enjoyable and accessible for you. All the staff and coordinators are really warm and friendly." Another member of staff told us, "When you come to the office they make you feel comfortable, you can pop in and sit for a while when you come to get your aprons and gloves and catch up with everything." A third staff member said, "They are interested in how you are doing and how the job is going and if all the clients are OK. They are just really nice and friendly."

Staff told us and we saw records of staff team meetings for care workers and for office based staff. The registered manager met with the field and care coordinators monthly to discuss allocation of audits, staffing allocations, staff performance, training and feedback and requests from people who used the service. Care staff meetings took place quarterly. Staff told us they found these meetings useful and the meetings were held at a convenient time to ensure they were able to attend.

We looked at the customer survey which was completed in September 2015 by people using the service and their families. A high percentage of people responded that their care staff completed the tasks they had agreed to. People felt able to ask for changes in the way their care was provided, care staff spent the agreed amount of time with them and came at times that suited them. People responded that they had a good relationship with care staff. We saw that the service responded to comments made in the survey and this was shared with all people using the service in a newsletter.

During the inspection the registered manager was open about areas of improvement. Throughout the inspection we requested records and information from the manager, and staff which were provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care 9(1)(a)(b) The provider did not always ensure that people who use the service receive person centred care and treatment that is appropriate and meets their needs.

The enforcement action we took:

We issued a Warning Notice.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(1)(2)(a)(b) The provider did not always provide care and treatment in a safe way for people using the service. The provider did not assess the risks to the health and safety of people using the service users of receiving care and treatment doing all that is reasonably practicable to mitigate risks.

The enforcement action we took:

We issued a Warning Notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1)(2). The provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

The enforcement action we took:

We issued a Warning Notice.