Care Quality Commission

Carewise Ltd

Carewise Ltd

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?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on the 16 and 17 July 2015 and was announced. Forty eight hours notice of the inspection was given to ensure that the people we needed to speak to were available in the office.

Carewise Ltd is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. At the time of our inspection 190

people were receiving a care 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.

Summary of findings

People told us that they were happy with the service they receive from Carewise Ltd. One person told us "I don't think anything could be any better, they do a good job, I'm very happy with it all". Another person said "I've no problems at all, they're wonderful".

People were cared for by staff that knew them well and were aware of the risks associated with most of their care needs. Staff were aware of the potential signs of abuse and who to report this to. However risk assessments for some people were not up to date and did not accurately reflect the care that people were receiving. Peoples medicines were not always recorded correctly and these are areas that need improvement.

Peoples consent was not always sought in line with the Mental Capacity Act 2005. Where people were suspected to lack capacity to consent to decisions, this was not always assessed and best interest decisions were not always recorded.

Staff were appropriately trained and some held a Diploma in Health and Social Care. All staff had received essential training including how to support people living with dementia. New staff completed the nationally-recognised Care Certificate which provides a benchmark for training in adult social care. Staff ensured people had enough to eat and drink.

Staff knew people well and were aware of their individual needs. One person said "They know me and what I like". Staff gave us examples of how they treated people with dignity and respect. Some people received care calls that supported them with activities of daily living. Complaints were responded to in a thorough and timely way.

People and staff told us they thought Carewise Ltd was well led. There were systems in place for communicating regularly with staff and people. However auditing systems hadn't picked up the inaccuracy and lack of detail in care records and reviews were not taking place in a timely way.

We found breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires improvement

The service was not consistently safe

Risk assessments were not always up to date and reflected the person's current needs. Medicines were not always recorded on the correct documentation.

Safe recruitment practices were followed. There were enough staff available to provide care that was safe.

People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

Is the service effective?

Requires improvement

The service was not consistently effective

People's consent to their care and treatment was not always obtained. Staff had not always followed the legislative requirements of the Mental Capacity Act 2005 (MCA).

Staff received essential training and new staff completed a comprehensive induction programme. Communication between staff and people was good.

People were supported at mealtimes to access food and drink of their choice in their homes.

Is the service caring?

Good

The service was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected

Is the service responsive?

Good

The service was responsive.

Care that was delivered was person centred. Staff were aware of people's preferences and how best to meet those needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Summary of findings

There were formal systems in place to monitor the quality of the service but these had not always been completed and had not identified shortfalls in care records.

Staff were supported by the registered manager and management team. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the management team was approachable and helpful.

Carewise Ltd

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.

The inspection took place on the 3 June 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we wanted to be sure that someone would be in to speak with us.

The inspection team consisted of two inspectors and an expert by experience with experience in adult social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection. We also received information from the local authorities contracts and commissioning team who are one of the stakeholders for the service.

On this occasion we did not ask 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 our inspection we spoke with 21 people on the telephone and visited two people at home. We spoke with five relatives of people who use the service, six care staff, the branch manager, two supervisors and the registered manager. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone. We reviewed a range of records about people's care and how the service was managed. These included the care records for eighteen people, medicine administration records (MAR) sheets, staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We spoke with two health care professionals after the inspection to gain their views of the service. The service was last inspected in October 2013 under and there were no concerns. The service was fully compliant with all outcomes inspected.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe with the carers that came to visit them. They thought them to be honest and trustworthy and respectful of being in their home. One person said "Oh absolutely they are very good. I've no worries about them in my home or with me. I'm very comfortable with my carer'. Another person said "I think the quality of care is excellent." A relative told us about staff "It's wonderful; they are so trustworthy and reliable."

Steps had been taken to minimise risks to people wherever possible without restricting their freedom. These included nutrition and hydration assessments to establish whether a person needed specialist equipment to eat and drink independently. Skin integrity assessments to assess the risk of a person developing pressure areas (pressure sores) were completed and preventative measures such as pressure relieving equipment was in place for people at risk. Moving and handling assessments to establish whether people needed support to move had been completed and identified equipment people needed to move as safely and independently as possible. People told us about how this support was provided and staff were knowledgeable about this equipment and how to use it safely. However the risk assessments we examined lacked detail and some offered contradictory information. One risk assessment stated that an individual occasionally "may become upset or aggressive sometimes". The trigger for this behaviour was stated as "evenings". The risk assessment indicated that a separate behaviour assessment should be undertaken but this was not in the care support plan. Therefore, it was not possible to discern the nature of the issue or how it should be managed. Risk assessments were not always detailed or up to date. This meant that people may not be receiving the care that they needed. Another care support plan contained a mobility assessment that stated only that the service user "walks with a frame". The last review of this assessment was in March 2015 which stated only that "mobility still bad". There was no information about why the individual suffered from poor mobility and no update since that date.

The registered manager informed us that they were in the process of updating care records for people and streamlining these so that all people who used the service had the same paperwork in place. We saw that some records were being updated but that some required further work. Following a safeguarding investigation the contracts and commissioning team had been working with the provider around improving their recording so records reflected the care that was needed and staff had access to the relevant current information for people. If records do not have accurate risk assessments people maybe at risk of receiving unsafe care.

People who relied on staff to assist with medicines reported that this was always done on time during allocated calls and that all activity relating to this was consistently recorded. One person said "They give my tablets to me and yes they always write it down. We asked staff about managing people's medication. The staff we spoke with were confident in their ability to manage medication safely and effectively. One staff member said, "It's always clear who needs what from the charts we use and I know the managers check them to make sure they're right". Another staff member told us, "I think the training helps a lot and there's always someone to ask if there's any doubt about someone's medication". We looked at the MAR (medication administration records) for people and saw that these were being completed. We looked at sets of records in people's homes and saw that where creams were needed these had not been recorded on the MAR chart but had been recorded in the daily records. The providers policy stated that administration of creams should be recorded on the MAR charts and this would ensure a single record for staff to check whether medicines or creams had been administered. The supervisor told us this would be raised as a training issue for staff and would be looked into.

We spoke with staff about safeguarding vulnerable adults and examined the provider's safeguarding and whistleblowing policies. All staff were able to identify the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. Staff knew how to identify the signs of abuse and who to report this to. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, anonymously if necessary. One staff member told us, "I would always report something to my manager. I know they would deal with it". Another staff member said, "The management are very keen that we do training in this and make sure we understand our role". Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. We spoke

Requires improvement

Is the service safe?

with the registered manager who told us about a safeguarding investigation that had taken place over the last year and said that there had been learning for the organisation around following policies and procedures and ensuring that staff with the right set of skills attended meetings as part of the investigation process.

The feedback from people consistently indicated that calls were mainly on time and carers were only late if there had been hold ups at other calls or if the traffic had been problematic. The provider had a system in place whereby staff used a smart phone to log their start and finish times of care calls. If a call was missed this was flagged up on the computer system. People told us that they were contacted by phone or text informing them of any hold ups. The staff we spoke with were happy with staffing levels and felt they were able to deliver safe and effective care. They told us they had enough travel time between visits. One staff member told us, "It's much better here than in some other places. For example, I went to someone's home the other day and they weren't able to stand on their own as they were having an off day. I rang and asked my supervisor for another staff member to help and they sent someone straight away". Another staff member said, "I certainly have enough time to do what I need to do. I don't rush and the managers understand that. If I tell the manager that someone needs more time with us and I explain why, then the extra time is given". We also looked at a list of current employees, with their starting dates. We were told by the registered manager that the provider had expanded the number of people they cared for recently to 190 people and that steps had been taken to recruit new staff. We noted that nineteen staff members had been recruited in the past 12 months.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for six staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions, character references, interview records and car insurance records in staff files. All the staff we spoke with were satisfied they had been recruited safely and effectively.

Staff we spoke with were satisfied they had received the appropriate training and equipment to reduce the risk of infection. One staff member told us, "I think it's not a problem. We have the equipment to manage the risks. We always wear gowns and gloves when giving personal care". Another staff member said, "The training I had was very good. It explained why hygiene is so important as we go from house to house". We looked at the provider's infection control policy which was in line with current guidelines provided by Public Health England.

Requires improvement

Is the service effective?

Our findings

Staff we spoke with had a good understanding of issues surrounding consent, people's right to take risks and the necessity to act in people's best interests when required. We noted the provider had made training on the Mental Capacity Act (2005) mandatory as part of the induction of new staff. When we looked at care records we saw that some demonstrated that people had consented to care and signed to indicate this. However where it had been identified that someone may lack capacity there was no formal documentation of the outcome of a capacity assessment and the consequent recording of a best interest's decision. For example in a care support plan, it was stated that the person was living with dementia and was not able to fully participate in decisions about their care. However, the care plan did not contain a mental capacity assessment so it was not possible to understand how this decision had been reached and to what extent intervention would be necessary.

The Mental Capacity Act was not being adhered to and peoples consent was not sought in line with relevant legislation. This meant that people's right to consent to treatment was not being considered and documented in full. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by people's family members or themselves and staff were required to reheat and ensure meals were accessible to people. One person told us how staff knew what they wanted. They said "They know all about me and they've been coming a while so they know how I like things to be done. When they do my tea at 11.00am they know how I like things to be done. When they do my tea at 11.00am they know I have a straw and help me to drink". We asked staff how they ensured people had enough to eat and drink and maintained good health. One staff member told us, "We read the care support plans which tell us what we need to know. Obviously we talk to the person too and find out what they need". Another staff member said, "We (staff) all communicate really well. If there's a change in someone circumstances, we will ring the last staff member to visit and find out more. We also report changes in someone's condition to our managers who will review it". Records showed that people's dietary preferences were recorded; for example for one person we noted that they 'enjoy fish and chips on a Thursday' and that a person 'eats better in company'. Staff knew to report concerns regarding any issues with weight and nutrition and to contact a GP if needed.

People told us that staff were attentive in responding to their health needs and would contact the appropriate medical services as needed. One person gave us an example of the carer calling an ambulance and staying with their relative until the ambulance arrived. They had also contacted the relatives immediately to let them know. Staff knew when to contact the emergency services and when to take advice from office staff regarding calling out a GP. A nurse from the dementia crisis team told us that staff liaised with them when there was an issue, if the person needed additional support or if they needed advice in supporting someone.

Everyone told us that staff were competent and skilled at their roles and that people had confidence in their ability to complete their work efficiently. People said about staff "They're good at what they do and they do it all well". Another person said "They all seem really knowledgeable". On commencing employment, all staff underwent a five day formal induction period, linked to the Care Certificate, a nationally agreed set of care standards which should be met to ensure safe and effective care is delivered. The staff records showed this process was structured around allowing staff to familiarise themselves with the policies, protocols and working practices. Staff were also trained in dementia awareness, lone working, whistleblowing and the Mental Capacity Act (2005) during this time. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. The staff we spoke with felt they were working in a safe environment during this time and felt well supported. One staff member said, "I wasn't that confident when I first started as I hadn't done this type of work before. I asked if I could spend extra time shadowing someone and they (management) provided it. They were great".

All staff were able to access training in subjects relevant to the care needs of the people they were supporting. The provider had made yearly training and updates mandatory in the following areas: Infection Control, Food Hygiene, Health and Safety, Moving and Handling People, Fire

Requires improvement

Is the service effective?

Awareness, Safeguarding Vulnerable Adults and Medication management. Other training recently undertaken by staff included the care of people with multiple sclerosis, epilepsy, diabetes and end of life care. People told us that staff were knowledgeable and well trained.

Staff were satisfied with the training opportunities on offer. One staff member said, “It's good that the training focuses on the kind of things that affect the people we care for". Another staff member told us, “I think training is a big thing for the management here. It should be too”.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had contact regularly with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs.

One staff member told us, “I know that I can say what I want in supervision. My manager always listens and if they can help, they will”. Another staff member said, “It’s very open here. I never feel that I can’t say what’s on my mind”.

Good

Is the service caring?

Our findings

People gave us very positive feedback regarding the caring, thoughtful nature of staff. People felt them to be polite, courteous and treated them with respect. One person said "My carer is very good to me, she's kind and thoughtful and just has a kind manner about her" Another person said that staff were "Very, very nice and they will sit and have a natter before they go if they have time, they don't just rush off before their time if they've finished". When we visited someone at home they said that staff were fun and caring. For this person it was important that there was humour in their interactions with staff and they said "We have a laugh".

A relative told us that staff were "really, really good, lovely caring people who go out of their way, they jolly [the person] along and she really enjoys their company. She used to be really anxious but that's all gone now." Another relative said that staff were "All incredibly good". Another relative said "Everybody that comes is absolutely lovely".

People told us that carers went the extra mile and one person said "They're so thoughtful. The other day the weather was lovely and they put some cushions on a chair outside for me". People told us that staff were flexible in their approach to supporting them and when they were asked to do additional tasks they "just did it". Another person told us "I ask them to do something and they do it, it's a treat to meet them, they cheer you up".

We asked how staff supported people with their dignity and independence. One staff member told us, "That's quite a big thing here. We will always encourage someone to do something for themselves if they can. I know that takes more time than just doing something for someone but it's better for them in the long run". Another staff member said, "We're guests in someone's home so we try to act accordingly. I think a lot of it is common sense really. We need to fit round them". All of the staff we spoke with felt they had enough time to meet people's care needs on each visit.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. A relative told us that staff respected her family members dignity and were "always keeping [them] warm and covering [them]" People told us that staff always knocked on their doors and were polite. Another relative told us that staff "treat [them] with a lot of respect, [they] appreciate what they do and likes them." Another relative told us how staff were "Respectful around the home".

People told us that staff went the extra mile. One person told us about an incident when they needed some urgent support. They said "We didn't know what to do so we rang Carewise and within fifteen to twenty minutes someone appeared, showered me and made me comfortable".

People told us that they either had one main carer most of the time or even if there were a small number of carers during the course of the week that they were familiar with and knew people well. Some people said that staff at the weekend were different. The caring and efficient nature of staff was still reported to be very good but that these staff were not well known to them. The registered manager said that they tried to maintain consistency at weekends but that it was not always possible as the same staff could not cover seven days a week.

People told us that they were able to contact the office whenever they had a concern and that staff in the office were responsive to people's concerns. People told us that they were involved in feedback about the service and completed feedback questionnaires.

Good

Is the service responsive?

Our findings

People told us that they were offered a choice of staff in terms of a male or female. People told us that staff knew them well. One person told us "It's things like knowing what I'll have for lunch. When [the staff member] comes I know she does me a salad how I like it". Another person said that staff were "So cheery and in tune with me and how I'm feeling as some days I'm better than others. My husband sometimes has to work away for the day and we contact them and they arrange for extra support". Another person told us that about staff "I find them very gentle and guided by me and how I feel. If it takes a bit longer on days when I'm slower they never make me feel rushed"

Everyone we spoke with told us that staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff told us about the intricacies of people's needs and gave us examples of people's likes, dislikes and preferences for example what somebody liked to have for breakfast and how they carried out a moving and handling transfer. We asked staff what they understood by the term 'person centred care'. One staff member told us, "I think it really means that the person you're looking after is at the centre of everything. It's treating someone as an individual and not as things that need to be done to them". Another staff member said, "I would say that it's treating people as you would want to be treated. I think if you remember that you won't go far wrong

The registered provider had obtained copies of relevant assessments from other agencies when people were first referred to the service to enable them to understand the person's needs and establish if they were able to meet them. The registered manager told us the information was

used to contact the person and undertake an assessment visit in order to agree how the care should be delivered. Staff told us that the co-ordinator who managed the rotas understood the care needs of people and the geography of the area which helped to ensure people received appropriate and timely care. Staff told us that changes in people's needs were communicated to them.

Although people said that staff knew them well and their personal preferences and staff told us about peoples individual preferences we did not see consistent recording of peoples likes, dislikes and preferences. The registered manager told us that she was in the process of updating people's care records and we discussed the fact that for some people there were limited details regarding their personal histories, personal preferences, likes and dislikes. The registered manager told us that more detail regarding these areas was being included to reflect the identity of the person receiving care and support. Some people told us that they were involved in reviews and some people couldn't remember when these had taken place. The registered manager said that peoples care and support was reviewed every month. When we looked at documentation we saw that care plans were reviewed and that there was a schedule for reviewing these that supervisors took responsibility for. The registered manager told us they were prioritising getting their reviews up to date. Staff told us that communication regarding any changes in need were always timely and the co-ordinator and supervisors ensured this happened.

People told us that staff in the office were responsive to requests regarding changes in number of calls and call times and the co-ordinator who managed most of these calls was noted as being particularly helpful. The complaints policy was made available to people in an introductory leaflet given to people that outlined the statement of purpose of the organisation and included the complaints policy and how to complain. We saw that there had been two complaints one which was in the process of being responded to. The other complaint had been responded to in a timely way and the issue raised had been addressed. When we spoke to the person who had made the complaint. They told us that though they had been unhappy with the situation it had been dealt with promptly once the matter had been raised. They had appreciated the transparent and honest way the matter had been dealt with.

Requires improvement

Is the service well-led?

Our findings

People who used the service told us that they thought the service was well led. Although some people knew who the registered manager was others thought that the co-ordinator was the manager. The co-ordinator managed the day to day intake of work at the office. People told us they were happy to ring the office at any time and that the co-ordinator in particular was very helpful. People felt able to raise issues and found the office staff approachable and responsive. One person said "They're helpful and I've got an emergency number to ring anytime if I need to". Another person said "If I thought something was wrong I should definitely say so". Another person said "It all seems well run and organised."

There were systems in place to audit areas such as medicines management and care plans but these were not being completed with regularity. We saw that supervisors had a schedule of reviews for people receiving a service. This system indicated reviews of risk assessments and care plans that were overdue and needed to be completed. From the care records we looked at on the day of our visit we saw that these were not always accurate and up to date. There was also limited detail on some of these records. Although there were systems in place to audit the care records these were not being carried out with regularity and therefore had not highlighted errors in accuracy in the paperwork. For example risk assessments had not been kept up to date and medicines audits hadn't highlighted gaps in MAR charts. Incidents and accidents were recorded with actions but there was no system in place to analyse these. On some care records there was no personal history recorded. One care support plan contained a mobility assessment that stated only that the service user "walks with a frame". The last review of this assessment was in March 2015 which stated only that "mobility still bad". There was no information about why the individual suffered from poor mobility and no update since that date. There was not sufficient management oversight of the completion of accurate records which meant that the registered manager could not be assured that people were receiving the appropriate care. This also meant that people may not receive the correct care. These issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they had been under additional pressure due to the recent increase in numbers of people they provided support to and that care records and reviews had not been kept up to date. They told us that the number of people had increased due to the closure of two local agencies and that this had placed additional pressure on them and the office staff. On the day of our visit the registered manager told us that they were in the process of recruiting another co-ordinator and a weekend supervisor to assist with the management and oversight of the care being provided. They were also in the process of updating care records for people with packages of care funded by the local authority. They had decided to implement this new system for everybody receiving a service which would ensure that paperwork was streamlined and uniform across the organisation. This meant that the registered manager was taking a proactive decision to ensure that care records was easily accessible for both people and staff.

The registered manager confirmed they were supported by a branch manager, two supervisors and senior carers. They told us that if anyone reported an issue to them they would "deal with it straight away" and that it was important to them that people "feel like they're being listened to". We found there were clear communication systems in place to make sure the management team worked well together. The organisation utilised a computer package to monitor the delivery of care calls and each member of staff had a smart phone that they inputted the times of the care calls into when they arrived at a person's home and when they left. This supported the management team in monitoring the times and length of care calls and ensured people received care calls as agreed. The co-ordinator told us that a new system was going to be implemented in October 2015 which would include more information that would support staff in accessing people's care plans and any changes in these.

The registered manager was aware of the recent changes in legislation and had a fact sheet regarding The Care Act 2014 which staff were given. The registered manager had recently attended a workshop that delivered training on the new way the care quality commission carries out its inspections. The registered manager said that this had been useful in appreciating the new regulations that have

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Is the service well-led?

been implemented as part of The care Act 2014. The registered manager was also developing a CD for people with a visual impairment that would describe the information contained in the introductory leaflet.

We asked staff about the vision and values of the provider. One staff member told us, "I think it's a caring organisation." The managers definitely put people first, whether they're service users or staff". Another staff member said, "I've worked in other places and this is the best I think. I do feel well supported and I think that helps provide better care". We also asked if staff were involved in improving the quality of the service. One staff member said, "Well, we fill out staff satisfaction questionnaires and I think they're taken seriously. In any case, I feel that my opinion matters". We saw that these questionnaires had been completed and that staff were able to raise concerns regarding any issues they had.

We noted from staff files that staff were subject to regular, unannounced spot checks from managers during the course of their duties. Staff were questioned on their level of knowledge of the people they were caring for and the rationale for the care they were providing. Staff were also assessed on their appearance and communication skills and were given feedback from managers concerning their performance.

People had recently completed questionnaires in May 2015 that requested feedback regarding the service provided. The type of feedback given was all positive and indicated that people were happy with the care provided. The registered manager had written to people with the outcome of the questionnaire which had contained positive feedback regarding the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users had not always been provided with lawful consent of the relevant person because the provider had not always acted in accordance with the 2005 Act. Regulation 11(1)(2)(3).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not assessed and monitored risks relating to the health, safety and welfare of service users and the provider had not maintained an accurate, complete record for each service user Regulation 17 (1)(2)(b)(c).