

New Horizons Trust (South Yorkshire)

New Horizons Trust Home Care Services

Inspection report

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Date of inspection visit: 26 January 2015
Date of publication: 27/04/2015

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

We carried out this inspection on 26 January 2015 and it was announced.

Our last inspection of the service took place on 05 June 2013. We found the service was meeting the requirements of the regulations we inspected at that time.

New Horizons Trust Home Care Services provides personal care for adults living in their own home. The service is based in Deepcar, Sheffield and has access to

local amenities. The service's offices are located on the first floor and can be accessed by a lift. At the time of our inspection, there were approximately 45 people using the service.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection, there was a registered manager in place.

We found the service ensured people were protected from abuse and followed adequate and effective safeguarding procedures. However, we found some issues regarding incomplete and inaccurate record keeping and a lack of staff supervision.

We found there was an open culture at the service, where staff and people who used the service felt able to speak with management on all levels and felt confident in doing so.

We found staff had adequate training resources available to meet their training requirements and the service had an effective and efficient computer system in place to monitor training needs.

During our inspection, we found breaches in three areas of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some areas of the service were not safe.

People were protected from bullying, harassment, avoidable harm and abuse that may have breached their human rights. People were protected and had their freedom supported and respected.

There were sufficient staffing levels at the service to keep people safe and meet their needs.

Medicines were usually managed well.

We found risks to individuals were not always managed and there were some issues where the provider did not comply with the Mental Capacity Act 2005.

Requires Improvement



Is the service effective?

Some areas of the service were not effective.

People were cared for and supported by staff who knew them well. Staff were aware of the need to seek consent from people, however, the service did not always have relevant documents in place, stating the person's mental capacity to make decisions.

We found issues regarding the regularity of staff supervisions and appraisals, where these were not carried out with appropriate frequency.

People were supported to have the food and drink they wanted.

Requires Improvement



Is the service caring?

The service was caring.

We found staff members had developed positive, caring relationships with people who used the service.

People were encouraged to express their views, however, we found no recorded evidence to show that people were involved in their own care planning and in making decisions about their care, treatment and support.

People had their privacy and dignity respected and promoted by knowledgeable, kind and compassionate staff members.

Good



Is the service responsive?

Some areas of the service were not responsive.

Care records contained details of people's likes, dislikes and personal interests, although some of this information was not very detailed.

We found the service provided people with all required information for them to make a complaint or compliment.

Good



Summary of findings

Is the service well-led?

Some areas of the service were not well-led.

We found the service promoted a positive culture that was open and empowering. We also found there was leadership visible at all levels and people felt confident in speaking with the registered manager.

We found the service had an effective and robust data management system in place that was used across many areas of the service.

We found some audits had been carried out; however, we found these were not carried out with appropriate frequency. We also found there was no formal trend analysis carried out of concerns, complaints, compliments, accidents or incidents.

Requires Improvement



New Horizons Trust Home Care Services

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 26 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure staff and records would be available for us at the office base.

The inspection team was made up of one Adult Social Care inspector. Before the inspection, we looked at the 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. The PIR did not highlight any concerning information about the service but that we should check staff members were up to date with training in infection prevention and control. We were unable to contact any key stakeholders for the service.

During our inspection, we spoke with the registered manager and a care co-ordinator and we reviewed records kept by the service. Following our inspection, we spoke with six people who used the service, one relative of a person who used the service and three care staff members, all via telephone.

We looked at the care records of four people who used the service and the staff personnel records of three staff members.

Is the service safe?

Our findings

We spoke with six people who used the service and one relative. All of the people we spoke with told us they felt safe when receiving care and support from staff working at New Horizons Trust Home Care Services. Everyone we spoke with told us they received enough information about safeguarding from abuse and how to report any concerns. We saw evidence of this information being provided in the 'service user handbook'. People told us they felt they were able to speak with staff if they were to become concerned about their safety. We asked people if they felt there were enough staff members to provide their care and if there had ever been a time when carers had not turned up. Everyone we spoke with told us they had never had a call missed. One person told us; "There's never been a time when a carer has not turned up – they always come. Even if one is off sick or something, another one is sent."

We looked at the 'Safeguarding people from abuse' policy and found it had been reviewed in October 2013. We found the policy contained details of how to protect people from abuse and the steps to take, should abuse be suspected. We asked staff what they understood about safeguarding people from abuse and if they were aware of the actions to take. All staff we spoke with were able to explain to us the different types of abuse, including physical and emotional, and the steps they would take to report this. This meant there were policies and procedures in place that were understood by staff, to protect people from abuse and avoidable harm.

We asked the registered manager if restraint was used by staff employed by the service. The registered manager told us restraint was not used at the service and that other techniques, including distraction techniques, were adopted if there was a need. People who used the service and staff we spoke with all confirmed that no restraint was used.

We asked people who used the service if they were provided information to enable them to understand what keeping safe means and how to report any concerns. Everyone we spoke with told us they had been provided this information and understood it. One person we spoke with told us; "They have given me information about [abuse]. There are phone numbers in my [service user

handbook] as well to get in touch with social services." This demonstrated the service supported people to understand what keeping safe means and the steps to follow, should people have concerns.

We looked at the care records of four people who used the service. We found all records contained relevant risk assessments. We found environmental risk assessments had been carried out on people's own homes, where care and support was provided. We also saw risk assessments for people's mobility, health needs and moving and handling were present, with regular reviews being carried out in most. However, we found in one care record where a moving and handling risk assessment had been carried out but had not been regularly reviewed. We found the original assessment had been conducted in December 2011, not reviewed until July 2013 and not reviewed again up until the day of our inspection. We spoke with the registered manager about this who told us they would ensure all risk assessments were up to date and reviewed, if required.

We asked the registered manager about communication methods used by the service to share information on risks to people's care and support. The registered manager told us they sent out regular memo's and text messages to all care staff, informing them of any risks or changes to people's care and support needs. All staff we asked confirmed this to be the case. The registered manager also told us that, following the initial risk assessment being carried out, care staff visited the person who used the service with the care co-ordinator to discuss the risk assessments and care needs of the person who used the service.

We looked at the safeguarding log for the service and found there had been no safeguarding concerns or incidents. We asked the registered manager how they recorded accidents, incidents, whistleblowing, staff concerns and safeguarding for the service. The registered manager informed us they kept a log of 'untoward incidents', all of which were sent to the relevant individuals in the local authority. We saw evidence of this during our inspection.

We asked the registered manager how they continually reviewed their 'untoward incidents'. The registered manager told us there was no formal trend analysis or monitoring of the 'untoward incidents', but that action was taken in response to issues, when identified. For example, the registered manager told us about one person who used the service whose mobility needs had increased, which was

Is the service safe?

evident due to staff feedback and the service user having had a fall. The registered manager told us they reported this fall as an ‘untoward incident’ to the local authority and, following this, had requested a more suitable hoist and sling from the local authority. The registered manager told us they noticed the person’s condition was still deteriorating due to “a catalogue of issues” and asked the local authority for additional support. This demonstrated that, although concerns, accidents and incidents were not continually reviewed, the processes followed were adequate and effective.

We asked the registered manager how they assessed and monitored the staffing levels at the service to ensure they were flexible and sufficient to meet people’s needs. The registered manager told us they monitored staffing levels in conjunction with the number of hours care and support required by people each week. We were shown a computer system, where rota’s were organised. This system showed calls for each day, which were colour coded to show if the call had a carer allocated to it (shown in green) or not (shown in red). We saw each call was covered every week, with no missed calls. People we spoke with confirmed they had never had a missed call and a carer had always turned up. We spoke with the registered manager about the recent snowy weather conditions, which meant it was not possible for some care staff to drive to their calls. The registered manager told us they supported staff to attend calls by the use of their vehicle, which was a 4x4. All staff we asked about this confirmed this to be the case. This demonstrated there were enough staff to meet people’s needs and, where required a contingency plan was in place to use during unforeseen circumstances.

We looked at the staff personnel files of four staff members and found all relevant pre-employment checks had been carried out. We saw all personnel files contained (at least) one reference from previous employers, photographic identification, proof of address and a current Disclosure

and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant the service followed safe recruitment practices.

We spoke with people who used the service and asked if they had their medicines administered to them by suitably qualified staff. Everyone we spoke with who received support with medicines confirmed they received these as required.

We looked in care files to see how medicines were managed and reviewed. We found medicines care plans were up to date and regularly reviewed. However, we found some issues where a relative or next of kin had signed the medicines care plans, where there had not been an assessment of the person’s mental capacity to demonstrate they were unable sign themselves. This meant the provider did not act in accordance with the Mental Capacity Act 2005, which states that “a person must be assumed to have capacity unless it is established that he lacks capacity”. We spoke with the registered manager about this, who told us they were unaware a relative or next of kin should not sign a care plan on the person’s behalf or instead of the person without having first obtained legal power of attorney. The registered manager assured us that, where a person did not lack mental capacity, they would seek to get all care plans signed by the person and, where a person did lack mental capacity, they would seek to get all care plans signed by the person who held the legal power of attorney.

We asked the registered manager if they provided care staff with guidance and information on unlicensed (over-the-counter) medicines. The registered manager told us they adhered to the local authority’s medicines policy, which states that any unlicensed medicines should be recorded on the Medication Administration Record (MAR) and agreed by a district nurse. We saw evidence of this in care records we looked at. This meant the service followed relevant policies and procedures regarding unlicensed medicines.

Is the service effective?

Our findings

We spoke with six people who used the service and one relative. Everyone we spoke with confirmed they had been asked about their needs before they started using the service. People also confirmed their input ensured they had choice and control over their care needs. One person told us; “I tell [care staff] what I want and they do it if they can. Like if I fancy something different for dinner, if I’ve got the food in, they do it for me.” Another person said; “I can decide when I want to go to bed. I told [the service] what time I like to go to bed and they put that in my care plan. If I want it changing, I’d just phone up and [the service] would sort it.”

We asked people who used the service if they could make choices about their day to day care. People confirmed they could. One person told us; “I usually get a shower but if I don’t feel up to it one day, I’ll ask [care staff] to just give me a strip wash and they do that. Whatever I want to do, [care staff] do it.” We asked people if they felt they were listened to by care staff. Everyone we spoke with told us they did. One person told us; “[Care staff] listen to everything. It’s a good job because I can be awkward but [care staff] listen and help me. I try to do some things for myself but if I can’t manage, I just ask and [care staff] help.”

We looked at the service’s computer system at the staff training records held there. We saw staff were all up to date with their training. The registered manager told us that, where a training update was required, an alert would show in a ‘notifications box’ at least a month in advance of the training being required. This meant the service had an effective computer system in place to monitor staff training requirements and ensure required updates were easily identifiable.

We looked at staff personnel files to see how staff were inducted, supported and supervised at the service. We found all staff had completed an induction on commencement of their employment at the service. However, we found there was a lack of supervision and annual appraisals. For example, in one staff personnel file, we saw the staff member had started working for the service in 2008. However, we saw no evidence of supervisions taking place and only one annual appraisal had been carried out in July 2013. In another staff personnel file, we saw the staff member had not received an annual appraisal until February 2014, where they had

started working for the service in December 2012. In none of the four staff personnel files looked at did we find evidence of supervision having taken place. This meant the service did not have effective supervision and appraisal systems in place. This demonstrated a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with care staff at the service about support, supervisions and appraisals. All staff spoke with told us they felt well supported by management at the service. One staff member told us; “There’s enough training to cover every single angle going. If we aren’t sure, we phone the office and they guide us and advise us. We have plenty of training options and loads of support to go along with it.” This meant that, although the service did not carry out regular supervisions, staff felt supported and able to speak with management about any issues or training needs they had.

We asked the registered manager about any links they had with organisations that provide sector-specific guidance and training, linked to best practice. The registered manager told us staff received ‘emergency first aid’ training that was an approved training course, provided by the local authority. The provider also told us they had links with an external organisation, who they use to provide moving and handling training.

We spoke with staff about consent and the Mental Capacity Act 2005. Staff were able to explain to us how they sought consent from people and what they would do if consent was refused. One staff member told us; “I explain what I’m going to do and ask if it’s ok. If [people using the service] say they don’t want me to do it, I ask them for a different way or what else they want me to do. If I’m really stuck as to what to do, I just phone the office and they help.” This meant staff understood how to obtain consent from people each time a care or support task was carried out.

We asked the registered manager when a person’s mental capacity to consent to care or treatment was assessed. The registered manager told us this was assessed by the local authority social services team, who provided information to the service when a person started receiving care and support from the service. However, in all care records we looked at, we were unable to evidence any mental capacity assessments had been carried out as none were stored in care records.

Is the service effective?

We asked the registered manager how they monitored the way in which people were asked for consent. The registered manager told us that, during the initial assessment of the person, the service asked relatives if the person had capacity. The registered manager told us that, where the family member had informed the service that their relative lacked capacity, an assessment was requested. However, we were unable to find evidence of this in any of the care records we looked at. The registered manager told us that, during the initial assessment of the person, they always asked the person what they would want doing and how they would want it doing. This meant people were able to have input into care planning, although it was not possible for us to determine the person's mental capacity to make decisions due to a lack of assessments in records.

We looked in care records to see how people's day-to-day health needs were met. We saw care records contained details of all required care and support tasks. This information was also contained on staff rota's. However, in

three of the four care plans we looked at, we found the person had not signed to state they had been involved in their reviews or planning of care. This meant we were not able to evidence that people gave consent to care and treatment, or that they understood the care and treatment options available to them.

This evidence demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked in care records to see how people were supported to have enough to eat and drink and to ensure meals were appropriately spaced and flexible to meet people's needs. We found call times were suitably spaced throughout the day to ensure people's nutritional needs were met. Everyone we spoke with confirmed they had choice and control over the meals they ate. In daily records, we saw care staff had recorded when people had eaten and had a drink.

Is the service caring?

Our findings

We spoke with six people who used the service and one relative. Everyone we spoke with who used the service told us staff spoke to them with kindness, understanding and compassion. People said they had their privacy and dignity respected by care staff and felt they were listened to. The relative we spoke with told us they had the option to be involved in decisions about their relatives care and support. The relative said; “I am asked what I think when [the service] reviews [my relatives] care and getting care plans together. I can always ring them too if I think something in the care plan needs changing or updating. They ring me as well if they think something needs changing for my input.” One person who used the service told us; “I basically make all the decisions about my care and treatment and the carers just make sure I’m happy. I choose what clothes to wear, what I want to eat and what I want to do.”

We asked staff how they knew what people’s likes, dislikes and preferences were. One staff member we spoke with told us; “When there’s a new client, we go to the office and we are told what the person’s needs, likes and dislikes are. Their needs are on our rota’s too and any personalised information is in care [records].”

In care records we looked at, we saw information was present about people’s life history, although it was somewhat limited. For example, in one care record we looked at, we read; “[Person] was a shorthand typist in a valuation office and an usherette in the cinema. [Person] is mum to three daughters, a grandmother to six and a great-grandmother.” This meant that, although limited, information was available for staff to provide more personalised care and support to people.

We looked in care records to see what information was available to demonstrate people had been involved in their own care planning. In three of the four care records looked at people had not signed their own care plans to state they agreed or had had input into the planning of their care, treatment and support. In one care record we looked in, we found the person who used the service had signed a form titled “Methods agreed with service user for delivery of service user plan”. This document evidenced the person had agreed to their care plan but this document was not present in other files looked at. This meant we were unable to evidence from care records that people were involved in

their own care planning. We spoke with the registered manager about this, who told us they would implement new paperwork into care files, ready for the next reviews for people to sign, where possible, to say they agree to their care planning and had had input in this.

We asked the registered manager if they provided information to people about advocacy services available to them. An advocate is a person who is able to speak on people’s behalf, when they may not be able to do so for themselves. The registered manager told us they did not provide information to people about advocacy services that were available but that they spoke with the persons family and next of kin. This meant the service did not provide information on or support people to access advocacy services.

In care records we looked at, at the bottom of each page we saw an assurance to people that all personal information would be treated with confidentiality. We asked the registered manager how they ensured that this was adhered to. They told us they used a computer system that was password protected and had restrictions on for who could access this system. This meant information about people was treated with confidentiality, in line with the principles of the Data Protection Act 1998.

We asked people if they felt they had their privacy and dignity respected. Everyone we spoke with told us they felt they did. One person told us; “Very much so. I never feel undignified. They always cover me and try to make me as comfortable as I can be.” We also asked people if they felt they had their independence promoted by care staff. One person told us; “I try to do as much for myself as I can. The carers encourage me to do things for myself but aren’t pushy. I always think ‘if you don’t use it, you lose it.’” This meant people were treated with respect and dignity and were encouraged to maintain their independence as much as possible.

We asked care staff how they ensured they treated people with dignity and respect, and gave people their privacy. One staff member we spoke with told us; “That’s quite hard to answer because it comes naturally. I always make sure [people who used the service] are covered with a towel or sheet when assisting them in bed – it just keeps their privacy and maintains their dignity. I always ask people as well if what I’m doing is ok – that’s just polite and respectful. I always think ‘if this was my mum, would I be

Is the service caring?

happy how she's being treated' and if I think yes, then I'm doing the right thing." This example demonstrated that this staff member understood the importance of maintaining people's privacy, dignity and respect.

Is the service responsive?

Our findings

We asked people and the relative if they knew how to complain, should they have had a need to. Everyone we spoke with told us they were aware of the complaints procedure and they had had this information given to them as part of their 'service user handbook'. One person told us; "They gave me information how to complain if I have a problem. I know there's also social services number in my handbook too if I want to go straight to them instead of going through [the service]."

We looked in care records to see how people were supported to have their care, treatment and support delivered to them in the way they wished. We found one care record contained details of the person's interests. In this care record, we read; "They have a caravan at Chapel St. Leonards which they like to go to when they can." We also found some details in care records of people's interests, including; "Doesn't like to have TV on. Likes to read and watch what's going on outside" and in another care record; "Watching TV, reading." However, we found this information lacked detail, meaning that care records did not equip staff with enough information to provide very personalised care.

In care records we looked at, we found reviews of care plans and risk assessments had been carried out. However, we found these were not carried out with appropriate frequency and were not always effective. For example, in one care record, we found a document titled "Review of service user plan", that, at the latest review in January 2014, stated; "No change to care plan or risk assessment". We found this document had not been signed by any staff member and a date had not been recorded for the next review. On a separate document in this care record, titled "Review notes", we found details of the review that had taken place in January 2014. This document stated; "There has been a marked deterioration in [person]. [Person] is not

drinking as much as [they] should. [Care co-ordinator] to inform all carers to encourage [person] to drink more." This demonstrated that changing needs identified during the care record review were not recorded in all appropriate places within care records, meaning relevant information may have been missed by staff who did not look in all areas within care files.

We looked at the complaints and compliments log held by the service. We found there had been no official complaints made, but that there were many compliments sent in. One compliment received by the service stated; "Each and every one who visited from New Horizons was cheerful, kind, gentle and patient." Another compliment received by the service stated; "I would like to thank you for the care you have given my mum."

We asked the registered manager if they kept a log of any small, verbal complaints that people had about the service. The registered manager told us all calls received in the office were logged on their computer system, including any verbal complaints or compliments. We saw evidence of this during our inspection. This meant the service had arrangements in place to record complaints and compliments.

We asked the registered manager how they actively encouraged people to speak with them and give feedback about the service. The manager told us they spoke with people and relatives on a regular basis, sent out annual satisfaction surveys and asked staff for feedback and suggestions on how to improve the service. We asked people who used the service and staff if they felt able to make suggestions about the service. Everyone we spoke with told us they felt confident in going to the registered manager with any suggestions and, when they had done previously, these suggestions were acted upon where possible. This meant the service used feedback to improve the service.

Is the service well-led?

Our findings

We spoke with six people who used the service and one relative. Everyone we spoke with told us they felt confident in approaching the registered manager and speaking to them about any issues they had. One person said; “Oh, I could speak to him. He’s nice. I’ve spoken to him a couple of times and he’s just a really nice man.” We also asked people if they were kept informed of any changes by the service. Everyone we spoke with told us that, where there had previously been changes, they had been contacted and informed. For example, one person we spoke with told us; “There was one time when my carer was stuck in traffic and was only going to be about 15 minutes late but they phoned me to let me know. It’s the little things that count.”

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place. The person who managed the day to day running of the service was registered with Care Quality Commission (CQC) as the registered manager and was present on the day of our inspection.

We asked the registered manager how they encouraged an open and transparent culture at the service. The registered manager told us they operated an ‘open-door’ policy, where people were free to come and go to discuss anything as they pleased. They also told us they actively encouraged people who used the service to speak with them and give any feedback or concerns by regularly contacting them. The relative we spoke with told us; “They contact us regularly just to see how things are going. It’s good.”

We asked the registered manager how they supported staff members to question practice. The registered manager told us they asked for feedback from staff members on how to improve situations for people who used the service. The registered manager also told us they contacted key stakeholders about the service for information, advice and feedback, such as the equipment and adaptations team within the local authority. Staff we spoke with confirmed they were asked for regular feedback on how to improve the service.

We looked at the ‘Statement of purpose’ for the service and found this to contain a set of values that included privacy,

dignity, independence, respect, security, civil rights and fulfilment. Staff we spoke with were able to explain to us their roles, what was expected of them and how they adhered to this set of values.

We looked at the audits carried out at the service and found some issues in this area. For example, we found a “Monthly medication audit” that had not been carried out on a monthly basis. We saw evidence of this audit being carried out in July 2014, November 2014 and January 2015. We also saw evidence of a “File audit” that had been carried out in October 2013, but not since this time. This meant audits at the service were not conducted with appropriate frequency.

We asked the registered manager how they used complaints and compliments to drive quality across the service. The registered manager told us that, where an issue had been identified or a complaint had been raised, they addressed it and tried to reach a conclusion that was mutually agreeable on part of the provider and the person who made the complaint. However, there was no formal trend analysis conducted of complaints and compliments to drive continuous improvement and development of the service.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On audits that had been completed, we saw actions had been noted and comments made regarding actions taken. For example, on a monthly medication audit, we found an issue had been identified that Medication Administration Records (MAR) had not been completed correctly. The action recorded stated; “Memo sent to all care workers”. This demonstrated that, when audits were carried out, actions were identified, recorded and acted upon.

We found 44 satisfaction surveys had been sent out to people who used the service by the provider and 15 were returned. We saw that everyone who returned their surveys said they were happy with their current care package and felt they were given the opportunity to express their views. On one of the surveys, we saw a comment made by someone who used the service stated; “At the weekends I go to chapel and should be obliged if carers could call on me no later than 9-15am.” We saw the registered manager had taken action in response to this comment and signed to show the action had been completed. We saw that 40% of people who returned their surveys stated they were not

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happy with their current call times and 20% of people stated they were not happy with the service from the office. However, we found there had been no action plan developed in response to these returned surveys to remedy the issues. This meant that, although there were times

when the provider took action in response to individual concerns, they did not always create action plans to develop the service and ensure that feedback was addressed and responded to appropriately.

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>10.—(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—</p> <p>(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and</p> <p>(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>(2) For the purposes of paragraph (1), the registered person must—</p> <p>(a) where appropriate, obtain relevant professional advice;</p> <p>(b) have regard to—</p> <p>(i) the complaints and comments made, and views (including the descriptions of their experiences of care and treatment) expressed, by service users, and those acting on their behalf, pursuant to sub-paragraph (e) and regulation 19,</p> <p>(ii) any investigation carried out by the registered person in relation to the conduct of a person employed for the purpose of carrying on the regulated activity,</p> <p>(iii) the information contained in the records referred to in regulation 20,</p> <p>(iv) appropriate professional and expert advice (including any advice obtained pursuant to sub-paragraph (a)),</p>

Action we have told the provider to take

(v) reports prepared by the Commission from time to time relating to the registered person's compliance with the provisions of these Regulations, and

(vi) periodic reviews and special reviews and investigations carried out by the Commission in relation to the provision of health or social care, where such reviews or investigations are relevant to the regulated activity carried on by the service provider;

(c) where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to—

(i) the analysis of incidents that resulted in, or had the potential to result in, harm to a service user, and

(ii) the conclusions of local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies;

(d) establish mechanisms for ensuring that—

(i) decisions in relation to the provision of care and treatment for service users are taken at the appropriate level and by the appropriate person (P), and

(ii) P is subject to an appropriate obligation to answer for a decision made by P, in relation to the provision of care and treatment for a service user, to the person responsible for supervising or managing P in relation to that decision; and

(e) regularly seek the views (including the descriptions of their experiences of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users.

(3) The registered person must send to the Commission, when requested to do so, a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (1) are being complied with, together with any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

18. The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

Regulated activity

Personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

23.—(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by—

(a) receiving appropriate training, professional development, supervision and appraisal; and

(b) being enabled, from time to time, to obtain further qualifications appropriate to the work they perform.