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Inspire (UK) Care

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**

Summary of findings

Overall summary

Inspire (UK) Care is registered to provide personal care. Support is provided to people living in their own homes throughout the city of Sheffield. The office is based in the S5 area of Sheffield, close to transport links. An on call system is in operation.

At the time of this inspection Inspire (UK) Care was supporting 13 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was also the registered provider and registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Inspire (UK) Care took place on 9 September 2014. The service was found to be meeting the requirements of the regulations at that time.

This inspection took place on 7 and 8 June 2016 and short notice was given. We told the registered manager and business support manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

People supported by the service and their relative's spoke positively of the care workers that visited them. People said they felt safe with their care workers.

We found systems were in place to make sure people received their medicines safely.

The provider did not have adequate systems in operation to ensure the safe handling and recording of people's money to protect people.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff had a good knowledge of the people they were supporting.

Some people said that the timing of visits did not always meet their needs. Some visits were late or too close together. Some people reported occasional missed visits. This meant the service was sometimes unreliable and ineffective.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the

principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

Each person had a care plan that accurately reflected their needs and wishes so that these could be respected. Support plans had been reviewed to ensure they remained up to date.

Some people supported, and their relatives or representatives said they could speak with staff if they had any worries or concerns and felt they would be listened to. Other people told us they found the office staff less reliable as they were not always informed if visits would be late and some calls were not returned.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys and the results of these surveys had been audited to identify any areas for improvement.

We found two breaches in two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 13: Safeguarding service users from abuse and improper treatment and Regulation 9: Person centred care.

You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

The provider did not have adequate systems in operation to ensure the safe handling and recording of people's money to protect them.

Safe procedures for the administration of medicines were in place.

People told us they felt safe with their regular carers.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Is the service effective?

Requires Improvement

The service was not effective.

Times of visits meant some people did not receive effective care that met their needs and wishes. Some people reported poor communication from the office.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

People confirmed they were asked for their consent before any support was provided.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Staff knew to always maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's support plans contained accurate information and had been reviewed to ensure they were up to date.

People had been provided with information on how to make a complaint and an accurate record of complaints was maintained.

Is the service well-led?

Requires Improvement

The service was not well led.

Staff said they were supported by management at the service.

There were quality assurance and audit processes in place to make sure the service was running well. The management and monitoring of the service had not identified or acted upon some issues where improvement was required.

The service had a full range of policies and procedures available to staff.

Inspire (UK) Care

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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.'

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 registered provider was 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.

We asked provider to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR as requested.

Prior to our inspection we spoke with the local authority to obtain their views of the service. Information received was reviewed and used to assist with our inspection.

This inspection took place on 7 and 8 June 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors.

As part of this inspection we spoke in person or over the telephone with people supported by Inspire (UK) Care, to obtain their views of the support provided. We telephoned four people and were able to speak with three people supported by Inspire (UK) Care, or their relative. In addition, we visited three people in their own homes to speak with them and check the Inspire (UK) Care records held at their home. During home visits we spoke in person with a further four relatives of people supported.

We visited the office and spoke with the registered manager, the business support manager, the quality assurance manager and the administrator. In addition, two care staff visited the office base so we could speak with them. We telephoned six Inspire (UK) Care care workers and were able to speak over the telephone with two of the care workers about their roles and responsibilities. We spoke in person with two care workers during visits to people's homes

We spent time looking at records, which included five people's support plans, four staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Requires Improvement

Is the service safe?

Our findings

We found there was a policy on handling people's finances, which had been reviewed and was up to date. The registered manager and business support manager informed us that at the time of this inspection, three people were supported with shopping which meant staff handled their money. Whilst clear procedures were detailed in the policy, we found that these had not always been adhered to, to make sure people were protected.

We visited one person in their home who had support with shopping from Inspire (UK) Care. During the home visit a care worker was present who was obtaining a shopping list from the person in order to do their shopping. With the person's permission, the care worker showed us the money and records held in the persons safe. We found £60 cash was delivered to the person each week in an envelope marked with the date. Eight envelopes held various amounts of money. The envelopes had dates ranging from April, May and June 2016. None of the envelopes contained receipts and change that corresponded to the amount delivered and detailed on the envelope. One envelope contained £20 and did not hold an explanation of how the other money in the envelope had been spent. Another envelope held receipts totalling above the amount recorded on the envelope. A further envelope contained a torn piece of paper holding a scribbled note detailing an amount taken, spent and returned. The paper was not signed or dated and no receipts to evidence the purchase were available. Seven further receipts were held in this envelope, dating from February to May 2016. The amount on the receipts was over the amount recorded on the envelope. The envelopes were disorganised, some held scribbled sums and crossings out.

The provider's policy on handling service user's finances detailed 'In all circumstances staff are expected to make sure they record the amount and purpose of the financial transactions undertaken on behalf of the service user.' We checked the persons care records and found two blank financial transaction sheets.

Lack of proper procedures meant that people were not protected from financial abuse.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

People told us they felt safe with care staff from Inspire (UK) Care. Comments included, "I feel very safe with them [care workers]. They would do anything, bend over backwards for me" and "They have never done anything to worry me, they are good people." We arranged for a care staff to interpret for a person whose first language was not English. When we asked them if they felt safe with their care workers they smiled and, gave a 'thumbs up' hand gesture and said "Yes."

We asked people about the support they got with their medicines. One person told us that care staff gave them their tablets and commented, "They make sure I get them, it's all in a book so they know what I take." Another person told us they took their own medicines but care workers reminded them and always asked if they had taken them.

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found the support plans checked contained clear detail regarding medicines and who was responsible for administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. The support plans seen also contained details of the person's medicines so that staff were fully informed. Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training matrix which showed that all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health. We checked two people's Medication Administration Records (MAR) during visits to their home. We found the medicines held corresponded to the MAR and records had been fully completed to show medicine had been administered. We observed two care workers administer medicine to two people during visits to people's homes. We saw that staff dispensed medicines into a pot and signed the MAR after the person had taken their medicine. Staff were observed to ask people if they needed pain relief. This showed that safe procedures were followed.

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the business support manager and registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

We found the provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of four care workers. They all contained an application form detailing employment history, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

At the time of this inspection 13 care workers were employed. Office staff comprised of a business support manager, quality assurance manager and administrator. The registered manager informed us that the week prior to this inspection, the care coordinator and senior care worker had both resigned from their posts. These are key roles within the service and the registered manager gave assurances that these posts were being recruited to and systems put in place to cover their duties.

We looked at five people's support plans and saw that each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

Requires Improvement

Is the service effective?

Our findings

We found people were not provided with an effective service as they sometimes received visits at times that did not meet their needs. Some people reported short and missed visits.

One person visited in their home told us, "I like them [care workers] but sometimes they come at the wrong times. I need help getting up and they've come at ten to seven in the morning. I tell them that's too early for me to get up. I don't like it. Last week they left me in bed and promised they would pop back to give me a wash, but no one came until lunch time. Luckily [name of relative] came." The person also told us staff sometimes visited too early to support them to bed. They commented, "They sometimes expect me to get in bed before eight. I don't want that."

We spoke to two relatives of this person who commented, "It's not right. Sometimes care workers leave [the person supported] to get to bed themselves, but it's not safe. They need [a specific piece of equipment to support them] at night and sometimes don't get it. It's a good job we visit every day. Some visits only last ten minutes. They have missed a couple of visits recently. It's not reliable."

Another relative spoken with told us, "The times change constantly; timing is a big issue because care workers come at the wrong times. We've had some missed calls recently. It worries us a lot because they [person supported] would have just been left if it wasn't for me."

We checked the care file of the person who told us staff visit at times not suitable for them. Their care plan stated four calls a day of twenty minutes duration was required and detailed 'visit 4 x 20 minutes. 21:00 assist to bed.' The daily records showed that during the nine days prior to this inspection, care staff had visited between 7pm and 8.15 pm to support the person to bed. One daily record showed staff had visited at 11.30 am to support the person to get out of bed, washed and have breakfast. The visit ended at 11.50 am and the next visit occurred at 12.30 to help with lunch. This meant the person had 40 minutes between a breakfast and lunch call. A further day's entry checked showed one and a half hours between the tea and evening call to support the person to bed. Seven calls recorded a duration of only ten minutes, four calls of durations between six and nine minutes and one call of 11 minutes duration.

Another person visited in their home told us, "They are unreliable for what time they will come. Some days I don't know when to expect them." Their relative told us, "We just need a consistent time, that's not much to ask."

This meant people were not receiving an effective service that was provided in a safe way, appropriate and met their needs. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

We discussed call times with the registered manager who told us that a full audit of people's schedules would undertaken to make sure appropriate visit times that met people's needs could be provided.

We asked people supported and their relatives if they found it easy communicating with the office staff. Some people told us that communication from the office was sometimes a problem. Comments included, "I ring and leave a message, but they sometimes don't get back to me" and "Communication is poor. They never let you know and we have to ring to see if they are running late or report a missed call. They say they will ring you back but never do."

Other people spoken with were more positive. One person told us, "They rang last week to let me know the care worker was running late, it was good to know." A relative commented, "They sort things out straight away. We told [the business support manager] about a care worker that was only staying five minutes. They [the care worker] never came again."

People told us care workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "They [care workers] are smashing people. They always ask if there is anything else I need and what needs doing. I really can't fault them" and "They know me very well."

People told us they had access to health professionals and visits from care workers did not hinder or restrict these.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said that the training provided by the registered provider was good. The week prior to this inspection we received an anonymous concern alleging staff had not been provided with training. The training matrix and individual staff training records seen showed that staff were provided with a range of relevant training that included medication, moving and handling, safeguarding and infection control. Staff spoken with said they received induction training and shadowed a more experienced member of staff before working on their own. Staff spoken with said they were up to date with all aspects of training. The registered manager told us she was booked on moving and handling 'train the trainer' so that she could provide this training to staff. One member of staff was identified as needing refresher training in moving and handling. The registered manager gave assurances that this would be provided within the next few weeks.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with supervision. Staff spoken with said supervisions were provided and they could talk to their managers' at any time. Staff were knowledgeable about their responsibilities and role.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. We saw the provider included MCA and DoLS training in its arrangements for staff induction and safeguarding training.

We found the service to be acting within the Mental Capacity Act 2005 (MCA) legislation. The care records seen in people's homes or at the services office, we saw that people had signed the 'terms and conditions' of the service, demonstrating people had consented to receiving care and support from Inspire (UK) Care. There was a policy on consent to care and treatment to ensure clear procedures were in place to obtain people's agreement. We spoke with the registered manager and business support manager about the systems in place to ensure people consented and agreed to the support provided. They explained that

assessments were always undertaken with the person supported and their relatives to ensure their views were obtained. People were also involved in writing their support plan and they (or their relative) signed them to evidence their agreement.

We looked at five people's support plans. The plans were signed by the person supported, or their representative where it had been identified they were unable to sign. The files also contained signed consent forms relating to medicines where relevant. This showed that people had been consulted and agreed to the support provided.

Good

Is the service caring?

Our findings

People supported and their relatives spoke positively about their care workers and told us they were always treated with dignity and respect. Comments included, "All the carers are lovely, and nothing is too much trouble for them. [Name of care worker] is a smashing man. We sit and have a chat; he would bend over backwards for me. They all would" and "I know the ones that come, they are kind girls"

A relative told us, "We don't have any problem with the carers. They are all great and know [name of person supported] well."

No one spoken with expressed any concerns about the care workers that visited them. People supported and their relatives said that whilst the care workers were good, the organisation and communication from office staff needed improving. One person said, "I think they do a good job. I've no worries about the carers; it's the office that needs sorting out." Two relatives told us, "We don't have a problem with the carers, they know [name of person supported] really well. They can have a laugh with them and they know what needs doing. They are always respectful. Any problems we have aren't to do with them."

We visited three people in their homes and spoke with them and four of their relatives. During two visits, four care workers were present for part of our visit. We were able to observe how care workers related to people who were supported by the service. We saw that people were receiving support from care workers that they knew well. We saw the care workers treat the person they were supporting with respect. We saw they considered privacy and dignity when talking with the person and explained what they proposed to do. We observed a caring attitude and conversation was shared throughout the care workers visit which showed they had a good rapport with the person they were supporting.

People told us that care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

We found the service had relevant policies in relation to confidentiality, data protection and privacy and dignity so that important information was available to staff. Staff spoken with could describe how they respected people's privacy and maintained their dignity, for example, making sure curtains are closed when they are helping a person to wash and dress.

We spoke with care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

We looked at people's care records during the three home visits, and two people's care records during the visit to Inspire (UK) Care office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained details of the person's care and

support needs and how they would like to receive this. The plans gave some details of people's preferences, likes and dislikes so that these could be respected by care workers.

Good

Is the service responsive?

Our findings

People spoken with said they had been involved in planning their care so that the support provided could meet their needs. People said someone from Inspire (UK) Care office had visited them to assess their needs and write a support plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered.

People commented, "They came to talk to me about what I needed, they talked to [name of relatives] as well. They wrote it all down," "I've got a book with all the information in. They [care workers] write down what they do each time. It says what they need to do, it's all in there" and "I signed it [care plan] to say I agreed. When they came they told me what they could help with, so I knew what to expect."

People told us that they knew the care workers that visited them and staff knew what support was needed. Comments included, "I know all of them that come. Nothing is too much trouble for them," "I can have a laugh with them, they know what I'm like" and "I don't have to ask, they always know what needs doing, and do extra if they can." One relative told us they thought some care staff, whilst good, needed to use their initiative more. They commented, "We know all the care staff and they're all okay, but some have more common sense and will do little jobs to help. I had to re wash [name of person supported] washing today because it's been in the machine since yesterday and no one thought to hang it out. Some carers would have done that."

We found that some systems were in place to respond to and address people's individual needs. For example, one person we visited did not speak fluent English as it was not their first language. Inspire (UK) Care had allocated a care worker that spoke the same first language to help with their shopping so the person could fully explain what items they needed. Care staff purchased food from specialist shops that stocked the food wanted so that the person's preferences and cultural needs could be respected. One person was supported to shower and a male care worker provided this support in line with their wishes. During a home visit we observed one care worker providing a hot drink to the person supported, they told us "They like it strong with two sugars." This showed that they were aware of the person's preferences.

People told us that they had been provided with telephone numbers for Inspire (UK) Care and could ring the office if they needed to. Some people said that the office did not always respond to their calls. Other people said the office staff "Sorted things out straight away."

We looked at five people's care plans. They contained a range of information that covered aspects of the support people needed. They included some information on the person's history, hobbies, likes and dislikes so that these could be respected. The plans gave details of the actions required of staff to make sure people's needs were met.

We found that risk assessments had been written so that any potential risks, and the actions needed to reduce risk, had been identified. The plans and risk assessments had been regularly reviewed to make sure they were up to date. The care plans had been signed by the person receiving support or their relative and

representative to evidence that they had been involved and agreed to the plan.

We spoke with six care workers. Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person. Staff told us that they read people's care plans and were always provided with information about people before they started supporting them.

We saw staff kept records of each visit to show what support had been given. We looked at these records for five people supported by the service. They contained some detail of the support provided at the visit.

We found the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the 'Service User Guide' kept in the file held in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. We looked at the record of complaints. These showed that the nature of the complaint, the action taken and outcome was recorded.

Requires Improvement

Is the service well-led?

Our findings

The manager was registered with CQC as manager and provider.

There was a clear staffing structure including a business support manager, part time quality assurance officer and administrator.

People supported and their relatives or representatives had met the business support manager or registered manager and knew their names.

A few days prior to this inspection the care coordinator and senior support worker resigned from their posts with immediate effect. The registered manager gave assurances that their posts would be recruited to as soon as possible. Until these posts were filled the registered manager and business support manager would cover the roles, which included scheduling of visits.

In April 2016 the registered manager withdrew from a contract held with Sheffield local authority as they did not have sufficient resources to meet the contract. This had impacted on the service and the number of people using the service had reduced. Some staff had left the service at this time.

Staff spoken with were fully aware of the roles and responsibilities of managers' and the lines of accountability. All staff said they found the business manager and registered manager supportive.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made.

We saw that checks and audits had been made by the registered manager and business support manager on care plans, medication administration records (MAR) and some financial transaction records to ensure these had been fully completed in line with safe procedures. The registered manager explained that where any discrepancies or gaps were identified these would be discussed with the relevant member of staff.

We found the management and monitoring of the service required some improvements. The unsafe procedures, gaps in records, poor communication and short visit times reported on throughout this report and identified during this inspection had not been identified or addressed by the provider as part of their routine monitoring.

We found visits to people's homes to observe care workers and speak to the person supported (spot checks) were undertaken by a senior member of staff. A system was in place to monitor the frequency of spot checks and we saw the matrix of spot checks which showed these were up to date. A system to monitor the timing and frequency of visits to people's homes was in place so that these could be monitored. Staff used their work mobile phones to log in and out of each call. This information was then transferred to a 'planned versus actuals' record so that any discrepancies could be noted and a file note made of any reason for these

discrepancies.

We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

Whilst staff told us that they could approach the registered manager and business manager, some staff told us that they had not attended a staff meeting. The registered manager explained that two staff meetings had been arranged but no staff attended. Information was shared with staff via their mobile phones or email to make sure they were up to date. The registered manager gave assurances that further staff meetings would be planned.

As part of the services quality assurance procedures, surveys had been sent to people supported to obtain their views of the support provided. Three surveys had been returned in February 2016 and these had been analysed. The registered manager told us that where any issues were identified, these would be addressed in an action plan.

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held at the services office. The policies seen had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Short, early or late visits meant the care and treatment of service users was not provided in a safe way, was not appropriate and did not meet their needs.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not operated effectively to protect people from financial abuse.