

Concept Care Solutions Limited

# Concept Care Solutions Ltd (Edgware)

## Inspection report

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Date of inspection visit:

02 October 2019

03 October 2019

04 October 2019

07 October 2019

Date of publication:

02 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Concept Care Solutions Ltd (Edgware) is a domiciliary care agency providing personal care to 101 people at the time of the inspection. The service supported older people, children and young adults with physical and learning disabilities, mental health needs, Autism and Asperger's.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

We identified shortfalls in the leadership and management of the service which impacted on the quality of care people received. The registered manager failed to adhere to registration regulatory requirements. Robust governance was not in place; audits and checks had been ineffective in driving the necessary improvements.

The service was not safe. Systems to identify, monitor, record and report matters which could be a safeguarding issue were not followed properly. Safeguarding incidents and allegations of abuse had not always been properly managed or reported as necessary to the Commission which meant people were at risk of a reoccurrence.

People supported by regular, experienced care workers experienced better outcomes than those who were not. People told us they were not always informed of who was scheduled to attend their care calls and were not informed when carers were running late.

The provider did not have robust systems in place to monitor the quality of the service provided. We found up to date records were not kept regarding improvements made to the service. The service did not record how they learned from accidents and incidents and did not notify the Care Quality Commission of such events, as they are required to do.

Not all people knew how to make a complaint and people did not always receive a response from the service when they raised complaints. We have made a recommendation about this.

Most people told us their privacy and dignity were respected and their care workers were caring and kind.

People were supported, when required, to receive their medicines regularly and staff completed the medicine administration records. Staff were aware of how to reduce the risk and spread of infection.

Staff obtained people's consent before supporting them. People were supported where required to eat and drink sufficient amounts to remain healthy and were supported to access healthcare professionals when

required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 04 January 2017). Since this rating was awarded the registered provider of the service has moved premises and changed its name from Concept Care Solutions - 1st Floor Middlesex House to Concept Care Solutions Ltd (Edgware). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

The inspection was prompted in part due to information of concerns received from the local authority commissioning team. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring, Responsive and Well Led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safeguarding, good governance and staffing. Please see the action we have told the provider to take at the end of this report.

Since the last inspection the provider had failed to notify CQC of significant events occurring at the service. This was a breach of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Concept Care Solutions Ltd (Edgware)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, one assistant inspector and two Experts by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 October 2019 and ended on 07 October 2019. We visited the office location on 02 and 03 October 2019. We contacted people, relatives and staff via telephone for their feedback on 04 and 07 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission services and from the local authority safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 14 people who used the service and 17 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager who was also the provider, turnaround consultant, HR manager, compliance officer, care co-ordinators, field care supervisors, senior care workers and care workers.

We reviewed a range of records. This included 11 people's care records and multiple medicine records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one external health and social care professional and received written feedback from two others who have worked with the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider was not following their safeguarding people at risk policy.
- When incidents occurred, they were not well managed which increased the risk of a reoccurrence. There were no systems in place to record or track incidents and allegations of abuse reported. Incidents were not always reported to the Commission in line with procedures. We were not notified of incidents which occurred from May 2019 up to the time of this inspection. Therefore, we did not have oversight of resolutions and preventative measures.
- People were exposed to the risk of harm because the systems in place to safeguard people from harm and abuse were not followed properly by staff. For example, when we became aware of safeguarding concerns at the service we requested information from senior staff, however we did not receive this promptly. There were unnecessary delays which indicated that staff did not always give safeguarding sufficient priority and safeguarding policies and procedures were not fully embedded.
- The local authority commissioning team also reported experiencing similar delays when they requested information from the service.

This is 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.

- Staff we spoke with and records seen confirmed that staff received training in safeguarding, Staff were aware of different types of abuse and knew who to report any safeguarding concerns to internally and externally. One staff member told us, "If you have worked with somebody for a while, you know them well, you know how their body usually is, so if you see any kinds of changes it may be a sign of abuse. Also paying attention to the way that person responds to other people they have been working with as well."
- Following the inspection, the registered manager submitted notifications of incidents and allegations of abuse as required.

Staffing and recruitment

- People and relatives we spoke with told us about inconsistencies with staff and poor time keeping which had caused them to receive an unsatisfactory service. Comments we received included, "We don't feel safe with some staff, we keep getting different carers on a regular basis. We have to keep telling them what to do and there's always an excuse, such as sickness and not being able to provide cover. Sunday's are the worst day as we don't know who's coming. We don't get the rota on time", "We feel safe with the regular carers, but not the stand ins, they don't seem to know what they're doing and I have to tell them what to do and sometimes, help them. I have told the agency about this, and their answer was they were short staffed" and

"They are not always on time. They are sometimes an hour late, but I'm liberal to the timekeeping...the agency stated they were short staffed and couldn't get anyone. They don't always stay the full duration and some of the carers aren't consistent with their timekeeping."

- People and relatives also told us they did not always know who was visiting unless they had regular carers. Comments from people included, "Having a stranger come makes me very uncomfortable. I can never forget when they sent two strangers, it was winter, they had to ring the office for the pin number. They had hoods up and I had to say who are you, they had their uniform underneath but I was upset as they had been banging on the door. When you are on your own it's a worry" and "We do have strangers arrive and it makes me feel uncomfortable."

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

- However, we did receive some positive comments from other people and their relatives. Comments included, "Yes the carers do arrive on time. There has been a couple of occasions when there has been a problem at the previous client but they always turned up. They always stay the full duration and they let us know if they are running late" and "I'm quite satisfied with them as they have never let me down. Always turned up. They stay the full duration if they're late."
- During the inspection we discussed our concerns with the registered manager, who demonstrated an open and honest approach about the failings at the service. They recognised there were substantial changes they had to implement to ensure necessary improvements.
- The service followed safe recruitment practices. Recruitment files showed pre-employment checks, such as satisfactory references from previous employers, photographic identification, application forms, criminal records check and eligibility to work in the UK.
- Staff did not start providing personal care until pre-employment checks had been made. This minimised the risk of people being cared for by staff who were inappropriate for the role.
- The registered manager told us Brexit had a negative impact on their recruitment campaigns and less people from the EU had applied in the recent months. The registered manager told us they were maintaining an on-going recruitment campaign to ensure a steady in-take of new staff.

#### Assessing risk, safety monitoring and management

- Risks associated with people's care were managed safely.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained information on the control measures for staff to follow to keep people safe.
- Environmental risks had been looked at before support started to make sure people and staff were safe during visits. These included for example, the outside of the person's home, lighting and stairs; and inside the property, where the essential utilities were located.

#### Using medicines safely

- People told us they were supported where required to take their medicines by staff.
- Where medicine support was provided, people and their relatives told us staff were good at assisting them with their medicine needs.
- We looked at several medicine administration records and did not observe any gaps or errors in recording.
- Staff were trained in the safe administration of medicines and we saw evidence of this. Competency checks were carried out and recorded for all staff administering medicines.

#### Preventing and controlling infection

- Staff were provided with personal protective equipment including gloves and aprons to help reduce the



risk and spread of infection.

- Staff received regular infection control training.

#### Learning lessons when things go wrong

- Although accident and incidents were recorded, these were not easily accessible during the inspection. It was clear the system in place to manage accident and incidents were not effective.
- We discussed this with the registered manager and they acknowledged that systems need to be reviewed and they assured us that further lessons would be learned to improve the service people received in future.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Assessments we saw were comprehensive and personalised.
- People's care and support needs were regularly reviewed and updated. Where appropriate, referrals were made to external services to make sure people's needs were met.
- Assessments records we saw fully considered people's diverse needs, for example, religious observances and gender preferences. A relative told us, "I needed someone to stay over while I went away and they had to be able to speak the same language as [person]. They found someone and I was able to go away overnight. I have only used them once but I was very happy."

Staff support: induction, training, skills and experience

- Most people and relatives we spoke with told us they felt staff they receive care and support from were trained, experienced and knew what they were doing. Comments from people included, "Yes they do. They do know what they are doing" and "I think they do have the right training and they understand my condition."
- New staff received an induction which included an introduction to the service, its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, for example, medicine administration, moving and handling and personal care. When assessed as competent, new staff could support people unsupervised. Staff we spoke with told us they had completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- There was an on-going training schedule in place to ensure staff remained up to date with current practice and legislation. Staff told us they had also completed nationally recognised training courses in providing care.
- Staff told us they felt supported by the management and received regular supervision. One staff member told us, "I get excellent support from the field care supervisors, area leads and the registered manager."

Supporting people to eat and drink enough to maintain a balanced diet

- People's cultural and religious dietary needs were considered when planning and delivering their care in this area.
- Staff we spoke with told us they encouraged people to make healthy choices. Most people either bought their own food or their family helped with this. Some people required already prepared meals to be warmed up and other required snacks to be prepared. People told us, "They prepare my breakfast, lunch and dinner. They ask me what I would like to eat. It's mainly ready meals." And "My daughter leaves ready meals and the

carer heats it up for me; they give me a choice as to what I want."

- The service assessed, monitored and managed risks associated with poor hydration and nutrition and referred people to external health professionals when required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff were proactive in getting them the right healthcare support when they needed this. For example, one relative told us, "Yesterday the carer was worried about some swelling and advised me to call the doctor, which I did." Another person told us, "About a year ago they had to call an ambulance for me; they knew what to do."
- People's oral healthcare was assessed and recorded in their care plans. However, staff were not always recording the support they provided in this area in people's care notes. We discussed this with the registered manager who acknowledged this and agreed to discuss with the staff team following the inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives told us, "They constantly chat with mum about things and let her know what they're going to do" and "Most of them are very considerate and they do ask for my consent."
- Capacity assessments had been carried out where people had not been able to make decisions for themselves. Where people could not make a specific decision, decisions had been made in their best interests, involving their relatives and representatives.
- Staff received training on the principles of the MCA and were clear on their responsibilities to support and involve people in decisions about their care so that their human rights were upheld.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views via quality questionnaires, telephone monitoring and face to face meetings.
- However, some people and relatives told us although they were asked for their views, these were not always reflected in the service they received. People had shared their views and made decisions about how they would prefer their care to be delivered. Due to poorly coordinated visits and shortage of staff, people did not always receive support at their preferred times, their routine was disrupted because staff were late, or staff who people were not expecting turned up to deliver their care.
- We discussed the shortfalls we identified during our inspection with the registered manager who acknowledged the areas they had to prioritise to ensure necessary improvements were made to the quality of service people received.
- We also received some positive feedback from other people and their relatives. These included, "I am involved in decisions about my care" and "I couldn't be happier with my carers. They have become like friends."

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated with kindness and respect by their carers. Their comments included, "Yes I do think the carers are kind and compassionate. My wife has dementia and they treat her well", "They never rush mum and they get on well", "Yes I do think they are caring. We have a laugh and we get on well. We have a close bond."
- Staff we spoke with were aware of people's needs, choices and preferences. They respected people's religious and cultural preferences. One staff member told us, "We do not schedule care calls during Friday prayer times for people of the Muslim faith."
- People were asked if they preferred a female or male care worker and this was recorded in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner. People told us, "Yes they do; I have no complaints. Privacy is respected", "[Person's] privacy is never disrespected" and "I don't feel embarrassed when they're washing me and they cover me up whilst they wash me."
- Staff supported people to maintain their independence. One staff member told us, "I encourage people to be independent and build their confidence, allow people to do things they can still manage." A relative told us, "They encourage her to chat, sing and to do things for herself."

- Staff recorded a summary following each visit in people's care logs. We saw these were written in a person-centred and respectful manner and included updates on people's health and wellbeing and tasks undertaken.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff we spoke with were not fully aware of the legal requirement to follow the Accessible Information Standard. Although people's communication needs were identified and recorded in their care plans, these did not contain specific information about people's information or communication preferences. The registered manager told us this would be addressed following the inspection. They told us they would incorporate AIS information in people's initial assessments and care reviews.

### Improving care quality in response to complaints or concerns

- We received mixed feedback from people and relatives on the service's complaint process. Whilst some people told us they were happy with the care and service they received and had no reasons to complain, others told us they had raised complaints with the service but not received a response. Comments included, "I complained to the carers as the care on Sunday was poor, I rang the number but nobody answered. When the carer came she had come from Stevenage. [...] they have a really casual attitude and don't give me any reassurance."
- Not all people knew who to contact if they had a complaint. One person told us, "I wouldn't know who to complain to."
- We looked at complaints records and saw that the registered manager was currently dealing with a few complaints. They told us and we saw that they had contacted people to acknowledge their complaints and were in the process of sending responses and organising meetings with people.
- The registered manager told us that learning from the complaints raised will be shared with staff to improve their practices and the service people received.

We recommend that the registered manager review their complaint policy and procedures and share this with people in appropriate and accessible formats.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had enough information about people to meet their needs in line with their choices and wishes. Care plans were comprehensive and included details about people's background, interests and preferences, and how they wanted their care to be delivered.
- Care plans contained sufficient details about people's likes and dislikes.

- People's care and support needs were reviewed at regular intervals. Care plans and risk assessments had been updated when things had changed. The records we saw were reflective of the support people received. Staff we spoke with were familiar with people's needs.
- People and relatives told us, "The manager has been here to review the care. I have a copy of the care plan and I know what it says" and "I was involved from the beginning. I have seen the care package and I am involved if it needs updating."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most of the people who used the service lived with relatives or were able to maintain relationships with their family independently. Where necessary, staff accompanied people to access the community, for example shopping, outings or taking part in an activity of their choice. One person told us, "We go out and have a chat. I have had my driving licence taken away; she will drive me to wherever I want to go. We work as a team."
- Staff told us they encouraged people who were at risk of becoming socially isolated to access the community and maintain contact with family and friends.

End of life care and support

- People were not receiving support with end of life care at the time of our inspection.
- Staff training was available to staff when needed to assist them to deliver sensitive and compassionate care to people at this stage of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider failed to ensure they complied with the requirements of their registration. Allegations of abuse and other incidents which the provider is legally required to inform us of, had not been notified to the Commission. The registered manager and the provider have a responsibility to ensure there is a system in place to effectively manage and to ensure notifications are sent to us without delay. We are dealing with this matter outside of the inspection process.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, notification of other incidents.

- The registered manager who was also the provider, did not provide effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met.
- There were no effective auditing systems in place to check systems were operating effectively. Some checks and audits were undertaken however, these had not picked up on the concerns we had identified during this inspection.
- The registered manager did not have robust systems in place to implement and monitor safety and quality of the service. Audits were undertaken by senior staff but these were not effective enough to identify the issues we picked on during our inspection. For example, issues with monitoring accident and incidents, complaints, staffing lateness and lack of staffing.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had experienced issues with their call monitoring system which made it difficult to monitor staff lateness. They told us they had now changed supplier and all staff had been added to the system, which would improve staff monitoring going forward.
- The registered manager responded to our feedback and began to implement changes during and after the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people



- We received mixed feedback on the quality of care received by people. Some people, relatives and external professionals spoke highly of the service whilst others did not. Positive comments included, "I have found the office staff very friendly", "They call me by name when I call and are very friendly" and "I know who the manager is; they do listen to me. I think the service is very well managed." An external social care professional told us, "There had been some issues in the year to date with lateness and quality of carers but these had always been satisfactorily addressed by Concept Care Solutions Ltd."
- Other people and relatives told us, "I know who the manager is; they just keep telling me they are short staffed. They need to sort out the timekeeping and get more staff", "I don't think the service is well managed; they need to sort out their admin; they have had lots of ups and downs and they do not seem to get things sorted quickly."
- External social care professionals told us they experienced delays when they requested information from the registered manager and were currently working closely with them to monitor progress and improvement in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour and of its importance.
- Throughout the inspection, we found the registered manager was open and honest about the shortfalls and failings at the service. They were open and reflective on the issues we raised. They told us that they were working hard to ensure robust actions were taken to address issues and ensure improvements were made. They were reviewing staffing structure at the office to ensure better communication between teams and clear lines of responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quarterly staff meetings took place which was an opportunity for the registered manager to share information about changes and updates to the service. The registered manager also used this as an opportunity to share learning and outcomes from accident and incidents, complaints and safeguarding.
- The service sent out feedback forms, questionnaires and surveys to people and relatives. The registered manager told us they were in the process of looking at these and would implement some changes to the current system.
- Staff we spoke with were positive about working at the service. They commented on the good support they received from senior staff and the registered manager. They told us they felt able to express their views and had opportunities to do so through staff meetings and individual supervision meetings.

Continuous learning and improving care; Working in partnership with others

- We found continuous learning and improvements to care were inconsistent. There were no firm systems in place to enable the registered manager to monitor the quality of the service.
- The local authority commissioning team told us they visited the service recently and had identified some concerns. During our inspection, the registered manager informed us that they were working on an action plan which was developed following the visit from the local authority commissioning team.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider and registered manager failed to ensure staff effectively operated systems and processes in place to always prevent people from abuse and improper treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough to demonstrate quality and safety was effectively managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure sufficient staff were employed to meet people's needs.</p>