

Everycare Bristol Ltd

Everycare (Bristol) Limited

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

Everycare (Bristol) Limited provides personal care to people in Bristol and surrounding areas. They offer a range of services to individuals who live in their own homes and need support or care. At the time of this inspection there were 42 people receiving personal care.

At the last inspection of the service in 20 October 2014 we found the service was meeting the regulations.

There was a registered manager in place. 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.

Staff were not always recruited safely. All the relevant safety checks had not been completed before staff started work. Some files did not contain appropriate references and gaps in employment had not been explored when staff were interviewed to make sure they were safe to work at the agency. This put people at risk from unsuitable staff.

We found that medicine administration records lacked details around what medicine had been given. This could put people at risk of not receiving their medicines as prescribe.

Staff were not being regularly supported and developed. This meant that staff may not have the knowledge and skills to care and support people effectively.

The registered manager did not always submit notifications of significant events to the Care Quality Commission as required by law.

People were protected because staff could describe how they would recognise the potential signs of abuse and were confident in reporting and whistleblowing. The registered manager managed risks to people and always report concerns to the local safeguarding authority as required. People were kept safe by staff who understood the risks to them and could manage those risks.

There were systems in place to keep people safe through risk assessment and the management of risk to people. However, some areas of potential risk to people had not been assessed or recorded.

People received care that reflected their needs and preferences. Care plans reflected the care that people received although not all care plans had been reviewed in accordance with the provider's policy to make

sure the care plans was still appropriate and met their needs.

People were enabled to consent to the care and support they received. People were supported to maintain their day to day health and receive food and drink when required. People were supported by a staff team who were caring and treated people with kindness and respect. Most people received their care visits at the expected times and they were always informed if care staff would be arriving late.

People were enabled to make day to day choices around their care. People's privacy, dignity and independence were protected and promoted by care staff.

People were aware of their care plan and felt involved in its development. People felt able to raise concerns and complaints if needed and told us these were taken seriously and resolved.

People felt involved in the service and some people told us they had contact with managers and office staff. People were supported by a staff team who were motivated and felt supported by the registered manager. Quality assurance systems were in place but needed development in order to identify all areas of improvement required in the service.

We identified that the provider was not meeting regulatory requirements and was in breach of three 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were protected by a staff team who could recognise signs of potential abuse.

Medicine administration records lacked details around what medicine had been given.

People were protected by care staff who understood how to manage potential risks to them.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not being regularly supported and developed.

People were supported by care staff who had the skills to provide effective care.

People were enabled to consent to the care and support they received.

People were supported to maintain their day to day health needs

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and treated them with respect.

People's privacy, dignity and independence was protected and promoted by care staff.

People were enabled to make day to day choices about their care.

Is the service responsive?

The service was not always responsive.
Some care plans had not been reviewed to ensure they received appropriate care.

Care plans reflected the care that people received and preferences.

People felt complaints were taken seriously and were resolved

Requires Improvement 

Is the service well-led?

The service was not well-led.

Quality assurance processes were in place but did not always identify all issues and areas for development within the service.

People were supported by a care team who were motivated, committed and felt well supported by the registered manager.

Notification(s) of incidents had not been submitted as required.

Requires Improvement 

Everycare (Bristol) Limited

Detailed findings

Background to this inspection

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

This inspection took place on 21 October 2016 and was announced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

Before our inspections we usually ask the provider to send us 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 provider completed a PIR and returned it to us.

We visited two people in their home and spoke with two care staff. We visited the provider's office where we spoke with the registered manager and the director. We spent some time looking at documents and records that related to people's care and support and the management of the service. We reviewed six people's care records and five staff records. We also looked at care plans, training records and other records relevant to the quality monitoring and management of the service.

We spoke on the telephone to eight people who used the service and three relatives after the inspection to ask them for their views about the service. We also spoke with four health and social care professionals involved with the service after the inspection to ascertain their views of the service.

Is the service safe?

Our findings

The provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. This potentially left people at risk of receiving care and support from unsuitable staff. All the relevant safety checks had not been completed before staff started work. Of the files reviewed, two had some required information missing; however, it was not the same information for all staff members. One file did not have appropriate references to demonstrate evidence of conduct in previous employment in health and social care. Another file did not contain a satisfactory explanation of gaps in employment to check the person's suitability for employment.

This was a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Other recruitment checks had been completed including Disclosure and Barring System (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme and probationary period.

We looked at medicines records for people who used the service. There was a medicines policy in place. This included a guidance on the use of 'as and when required' (PRN) medicines. The service used a Medication Administration Record (MAR). When staff gave people their medicines they signed the (MAR). However they did not give any details of the medicines that had been given instead staff recorded 'Dosette '. This meant it was not clear which specific medicines staff had administered on any particular day. We discussed our concerns with the registered manager who said they would review this practice to enable staff to record the medicines properly and safely on the MARs sheets. The MARs were also used to record the administration of creams and ointment. These had no information about how often cream was to be applied. In some cases it stated 'proshield', Ibu gel, 'eye drops' and one person's medicines were written in pencil on the MARs and were not legible. This meant that people may not be receiving all their medicines as prescribed. There were care plans in place but there were no body maps available in the file to guide staff on where people's creams needed to be applied.

We saw that the registered manager recorded any assistance people required with medicines in people's care plans.

Staff were trained in medicines administration before they started administering medicines. Records showed staff competency was checked to ensure standards were maintained. People who used the service and who received help with their medicines told us the support or supervision they received with their medicines was timely. One person said, "Yes the staff give me my medicines safely and the girls who come for a changeover do it safely too. The girls are good they put the cream my feet before the put on my stockings as prescribed. Another person said, I take my medication by myself I do not require help"

There were systems in place to keep people safe through risk assessments and the management of risks to

people. However some areas of potential risk to people had not been assessed or recorded. We saw that risk assessments in regards to a stair lift used by staff members for transferring an individual up and down the stairs to their bedroom was not in place.

On another occasion we saw a person needed hoisting equipment for transfers so staff could safely support this person with their mobility. There was no risk assessment in the person's care file in regards to this equipment and this was confirmed by the staff. However, there were clear instructions for staff in the care plan on how to use the hoist. This meant that people could be at risk of potential injury due to lack of risk assessment.

People were protected by a staff team who understood the risks to them and how to reduce any risk of harm. We saw risk assessments were in place which identified hazards and risks to people. The actions required to manage the risks were not recorded as part of the risk assessment process, although staff we spoke with were able to tell us how they managed the risks to people.

We saw accidents and incidents were recorded in each person's care file. However, there was no central record of accidents and no overall analysis of these events was completed. The registered manager was not ensuring accidents were reviewed to check for any overall trends to mitigate further risks to people and learn from these events.

Most people who used the service and their relatives told us care staff turn up on time and people were told if staff were running late and if there was to be a change in care staff. One person told us, "They are always on time and they let me know if they would be late. As a rule they let me know". Another person told us "Yes generally they do let me know but they have been late on odd occasions. It is not that bad". Other comments included "No they are never late" and "Staff arrive on time and I have not missed any calls. I was worried about having different carers but they always let me know if they are changing my carers." One relative told us "The staff are always on time. They know that time is important to me so they are pretty good at arriving on time sometimes a bit early which is good" and "We have regular girls and they come on time. On odd occasions they come later. We know they have a leeway of 10 minutes. [This was to allow for any delays in travelling or resolving any additional needs that may be required at a previous care visit] but they always let us know if they will be late. People and their relatives told us there were enough staff to support them. One relative said "Yes perfectly adequate numbers of staff. They said if anything changes they can provide extra support"

However one relative told us, "Staff have been late up to 30 minutes sometimes but mum doesn't mind. They never call to let her know they will be late which I find very odd".

People told us that they felt safe when they used the service. We were told by people and their relatives that they felt comfortable with care staff and one person told us, "I absolutely feel safe with the staff. They make sure everything is safe. They use the hoist so they make sure they put the straps well. They always come in pairs." Another person said "I feel safe with them. Most of them are quite good. No problem" and "I feel very safe with the staff. They are all very good I have no concerns".

We found the registered manager took steps to manage potential concerns about people with their own internal safeguarding reporting systems. They also reported concerns about people to the local safeguarding authority as required. The local safeguarding authority is the lead authority for investigating allegations of potential abuse. This meant the registered manager had ensured that concerns about people were reported and investigated to ensure appropriate plans were in place to keep them safe.

We spoke with staff about their understanding of protecting adults. Staff had an understanding of

safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Some of the comments included "I will report it to the office. I will also report it to the social service and the CQC if nothing is done". Staff said they were confident the registered manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed most had this training when they started employment. Staff told us they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or 999 if they thought this was needed.

Is the service effective?

Our findings

Staff were not supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. For example, in the supervision matrix we looked at, four staff members last had supervision between April and December 2014 another six between April and November May 2015. The provider's staff supervision policy states "Everycare normally conducts two supervisions in the office or by phone and one direct observations and one appraisal per annum" One staff member who had been employed for two years told us I have had a couple of supervisions and one spot check". Another staff member said "I attended one to one supervision four months ago, two last year, two observations and two spot checks. Other comments included "I had one to one supervision three months ago about three times in 12 months". It was acknowledged by the registered manager, the director and staff that supervisions had not happened regularly.

Records looked at showed some staff had received spot checks' to assess staff's performance while carrying out their role. Staff confirmed some spot checks took place but not regularly. Staff said they received feedback from spot checks. They said they found this 'quite helpful.'

People told us that they felt care staff were well trained and had the skills to support them effectively. One person told us, "They' are well trained to support me with my needs. They make sure they shadow someone before they go out on their own". Another person told us, "Absolutely. They know all they have to do for me". Another person told us "I think staff are well trained to support me. They do everything the way I want it". Other comments included "I think the staff are well trained. They do everything by the book". One relative told us "They seem fully competent in all they do for mum". Care staff told us they felt they had the training and support they needed to do their job effectively. One staff member told us "We receive good training here. I have completed my National Vocational Qualification (NVQ) level 2 and started NVQ level 3".

The registered manager told us that new staff completed in house induction courses before starting. The induction and refresher training included all essential training, such as health & safety, safeguarding, first aid and food hygiene. Staff told us they received induction training when they started work. They said they received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training. One staff member said, "I had a few hours a week in the office for five days and shadowed for two weeks. It was very useful and informative.it helped me to have the confidence to work independently".

People were asked for their consent before any support was provided to them. One person told us care staff, "Yes I usually get the regular carers and they know the ropes. They always ask me first before doing anything "Another person also told us "Staff won't do anything without asking. They always check if it is ok". Care staff and the registered manager were able to describe to us how they obtained people's consent before they provided support. One staff member told us "I make sure that people are fully informed to make their own decision to consent".

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.

The registered manager and staff were aware of their role and responsibilities in relation to obtaining people's consent to care and assessing whether people had capacity to make decisions about specific aspects of their care and support

The care plans indicated that people had the capacity to make their own decisions. We asked staff about their understanding of the MCA. All were able to discuss what it was about. One staff told us "You must not say that somebody does not have capacity to make their own decisions unless they are assessed that they have no capacity. In that case all decision made on their behalf must be made in their best interest". We saw decisions made about people's care when they lacked capacity were made in line with the MCA.

People told us they were happy with the support they received with their food and drink if this was required. Most people told us they received support from family members or were able to complete tasks independently. Where concerns about people's nutrition and hydration were identified these were discussed with them and their relatives with their consent. For example, one staff member told us about a person who was not eating well and they notified the social worker and the doctor and they all worked together resolve the concerns. People were supported to receive the food and drink they needed to meet their nutritional needs.

People were supported to maintain their day to day health. Most people also told us that their family members supported them with healthcare appointments to maintain their day to day health needs. Where it was required, we saw staff members proactively made contact with healthcare professionals such as the doctor, occupational therapists and pharmacist. Where people were observed as not being in good health by care staff, staff made contact with the person's relatives or doctor.

Is the service caring?

Our findings

People told us they felt the care staff were caring and approachable. One person told us, "They treat me with great respect. They are caring and kind. If there is anything I will be the first to let the office know" Another person told us, "They are very professional, nice, kind and very good manners. I am very happy with them". A third person told us, "They treat me very well. They are all good and very caring". Other comments included, "They are very kind and caring, I can't fault them they are marvellous." People told us that they felt valued and respected by care staff. Relative told us the staff treated their family members well. They told us staff were caring and compassionate. Another relative said "Always chatty with mum. Respectful, kind and caring We are very satisfied with the care they provide".

People also told us how staff took the time to speak with them. People were supported by a caring staff team who made them feel valued and important. One person told us "Every staff is different. They do value and respect me"

People were involved making day to day choices and decisions about the care they received. One person told us that the care staff always did what they wanted them to do and, "I have a lie in on Sundays and it's my choice" Another person told us, "They always listen and do what I ask them to do". People told us that care staff gave them choices in their care. For example, how they wanted things done or what food and drink they wanted to eat. They also told us staff understood their individual preferences. One person told us, "Yes they do whatever I prefer them to do and they respect that". This showed people's preferences were listened to by care staff and acted on.

People were supported to maintain their independence. One person told us care staff had helped them to remain living in their own home. Another person told us that care staff supported them with household tasks while encouraging them to do as much for themselves as possible. They told us, "They clear the bathroom for me and mop the floor before the leave". Staff told us that they were flexible in their approach and provided additional support in areas when it was seen to be required. For example, one relative told us that care staff had been supporting their family member to do as much as possible for themselves whilst providing them with personal care. Comment included "My relative likes to be independent and staff only do what they are not able to do for them self."

People also told us that care staff protected their privacy and dignity while providing them with care. One person told us that care staff, "Respect my privacy 100%. They close the door and the curtains and respect my dignity when they washed and dressed me". Another person said "In terms of privacy and dignity I do my private part myself. They do my back. They draw the curtains. They are good with privacy. If I haven't quite finished I just say to them can you give me a minute and they go into another room until I call them back". Relatives also told us that they felt privacy and dignity was protected by care staff. One relative told us, "They are very conscious of their privacy and dignity. They always ask my family member what they would like to do" and I am not there when they are doing the washing and dressing but I know they shut the door and close the curtains. Care staff we spoke with were able to tell us how they promoted dignity and protected people's privacy while providing support. One staff member told us "I cover them with towel when

washing and dressing them. And" I look at people as individuals and not look down on tem I treat them as I would like to be treated".

Is the service responsive?

Our findings

People and their told us they were involved in the review of their care. However, some people told us their care plans had not been reviewed for a long time. One person told us, "I have not had any review for a long time". One relative told us "I have not seen anybody since they started caring for my family member. Very rarely do they come to review the care plan". We looked at the record of care plan reviews in the office and found that some care plans had not been reviewed in accordance with the provider's policy. For example, six care plans were last reviewed in 2014 and three care plans were last reviewed in 2015. This meant that people could not be receiving care that may not meet their needs. The registered manager told us the care plans were reviewed annually. We spoke with the registered manager about the feedback we received. They told us that they were aware that some care plan had not been reviewed would develop and action plan to consider how to make care plans and reviews accessible to everyone and this would be implemented immediately.

People told us they received care that met their needs and preferences. One person told us, "They all seem to know what to do to help me". People and their relative told us if they wanted to make changes to the care they received they were able to do this easily. One relative told us "We asked if they can change the time for us to an earlier time to accommodate our family circumstances and did that so easily. No problems at all". Another relative said "One incident we had on a weekend, my family member was unwell and couldn't stand independently and we had to call the doctor out I phoned the office to see if they can come and help me and they did that immediately without hesitation".

People felt care staff understood their needs and knew how to support them. One person told us "Most of them understand my need but some are better than others but on the whole they are all good". We saw the care and support people told us they received was recorded accurately in their care plans. We found that people were receiving effective support that met their needs. People's care needs we recorded reflected the care they received.

Care plans contained details of routines and information about people support needs. Information was person centred and individualised. We saw information detailing each person's morning, lunchtime, teatime and bedtime routines. For example, how they liked to be supported to get washed and dressed.

Staff were knowledgeable and understood people's care, support needs and routines. They were able to describe care needs provided for each person. This included individual ways of communicating with people. One staff told us "I know the support needs of the people I support for example one person needs support with all their personal care needs. I am their regular care worker". The registered manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office. We saw care plans were in place in the people's homes we visited and we saw duplicate copies of this in the office.

Records showed that people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care plan which provided staff with the information to deliver

the needed care. People told us they were involved in the assessments of their needs when they first began to use the service. We saw assessments were comprehensive and evidenced staff had discussed people's support needs and the delivery of care.

People and their relatives told us they knew they had a care plan and they were involved in developing them, however, some people were not aware of their care plan being updated. One person told us "I know I have a care plan. I can show it to you". Relatives told us that they were involved in the care plans where appropriate and that care provided met people's needs. One relative told us their family member needed help getting in and out of bed so this was a task care staff did for them and they told us it was recorded in the care plan. Another relative told us the care plan was reviewed recently by the registered manager whilst supporting them with their personal care. Another relative told us their care was reviewed very often and if the care need changed.

Most people told us if they raised a complaint with the service it was listened to and acted upon. We saw two examples of complaints people had made and these were recorded in the complaint's book. We found that these complaints were addressed and resolved. One person told us "I have not made any complaints but I know they will take it seriously and deal with it". The registered manager confirmed that they took people's comments and complaints seriously made and would take actions in order to review and identify any areas for improvement required.

We looked at how the provider obtained people's views about the service and saw that they issued feedback surveys to people or their representatives. We saw that surveys were sent out on 4 December 2015 and 15 responses were received. The registered manager told us they had not reviewed the responses received from the surveys which we saw were mainly positive. Some people and relatives told us that they received these surveys but others could not recall them.

We saw that the service had also received compliments from the people who used the service and their relatives. Some of the compliments included "I would like to thank you and your team for excellent work you have done in supporting and befriending our rather frail elderly relative. You helped to provide structure and stimulation to their day. Whilst in your care they had not required hospital admission and I am sure that the regular assessment provided by your team's daily visits as contributed to their current stability".

Health and social care professionals we spoke with told us "I find Everycare Bristol responsive and very accommodative of client's needs. They follow the care plan to make the person comfortable. Another comment was "They deal with people in a friendly and professional manner. Sometimes they go in and visit my client to make sure they are alright even when they were not due for a visit. That is remarkable".

Is the service well-led?

Our findings

We identified during the inspection that the provider had not submitted a statutory notification to CQC about a significant incident which had arisen in the service. For example, we identified safeguarding concerns we had not been notified about. A statutory notification is a notice informing CQC of significant events and is required by law. We found the registered manager was aware of their legal responsibilities to submit notifications to CQC. However had the registered manager had no satisfactory explanation for not submitting the notification on this occasion.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

Although the registered provider had systems in place they had not identified all the shortfalls in we had found during our inspection. Registered providers are required to have systems and processes in place to assure themselves that the service people receive meet the regulatory requirements, is safe and of good quality. Robust quality assurance systems should enable the registered provider to identify risks and shortfalls within the service and to take appropriate action to drive service improvements where needed. For example, we saw that the registered manager had not completed quality assurance audits to identify any issues and areas for improvement within the service. Audits had not been completed on medication management, staff supervision and support and some care plans needed to be updated. We also found that audits were not completed in other areas such as reviewing accidents and complaints. This had resulted in required improvements not always having been identified. There were no systems in place to ensure that any identified issues from recruitment checks were followed up, resolved and recorded. These would have helped to ensure that issues and areas for improvement were identified and the quality of service provided to people was maintained and improved. We discussed examples of this with the registered manager and the provider during the inspection and they began to make improvements immediately

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

People and their relatives told us they felt that the registered manager and staff working in the office were in contact with them as much as they would like. One person told us, "Yes the manager calls me from time to time". Another person told us, "Yes the manager had been to see me and she communicates well on the phone. The office staff also calls sometimes". Other comments included "The manager rings up occasionally to check if everything is ok" and "Communication could be better but I am happy". Some relatives told us they had more contact with the managers and felt that the service was well-run. One relative told us, "The manager comes to see mum and the staff in the office also calls. It is easy to talk to them". Another relative told us, "The service is well-run. It is a good service. The manager is very good very approachable". However one relative told us "I have not seen the manager or the office staff as often as I would like just to talk face to face or on the phone would be nice" We discussed this with the registered manager who told us they would ensure that people who used the service were involved in the service and communicated with proactively. They told us they were committed to supporting staff and ensuring people received a good quality service.

People were supported by a motivated and committed staff team who told us that they were well supported by the managers. This was demonstrated in the direct support provided to people. One person's relative told us, "The [care staff] are excellent. They treat [my relative] very well" Another relative told us "Yes they always come in bright and cheerful. No dull moments. Always bubbly. We don't want someone coming here with a sad face. They are always happy".

Staff told us that they were well supported both professionally and also if they encountered any issues in their personal life that impacted on their job. One staff member told us, "I like working here", "I can go to [the manager name] with anything". Another staff told us "I feel supported by the manager. I can call them anytime". Other comments included "My manager is very approachable and supportive. Whenever I have a problem, they are always supportive and never flustered. Staff told us that they felt involved in the service although some told us that communication could sometimes be improved. For example staff told us staff meetings were not regular to enable them to receive regular updates about the service. Staff were happy overall with the support received from registered manager within the service. One staff told us "I feel very supported If I need advice from the manager she will give it to me. Work wise, they are very good never had a problem",

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider was not ensuring that all significant events were reported to the Care Quality Commission as required by law.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider quality assurance had not identified gaps in supervision and care plan reviews
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information was available as required by Schedule 3 of the Regulations before new members of staff started work.