

Barnsley Disability Services Limited

# Barnsley Disability Services 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Barnsley Disability Services Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. At the time of the inspection the agency was supporting 18 people and employed 15 care staff.

There was a manager at the service who was 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.

The visit to the agency office took place on 11 May 2017. The registered manager was given short notice of the inspection, because the location is a domiciliary care service and we needed to be sure the registered manager would be available.

The service was last inspected on 13 October 2016. The overall rating was requires improvement and a requirement notice was issued for regulation 18, staffing and a warning notice for regulation 12 safe care and treatment and regulation 17 good governance. Concerns in staffing related to staff receiving adequate supervision and appraisal, concerns about safe care and treatment was related to full and complete risk assessments and management of medicines and for good governance it was about the systems and processes in place to ensure staff received adequate supervision and appraisal, that full and complete risk assessments were in place and that medicines were managed safely. We checked and found that whilst there had been some improvements there were still some areas that required further improvement to meet regulation 17. You can see what action we told the provider to take at the back of the full version of this report.

Staff had received training so they had the skills to carry out their role and this was updated regularly. Staff had also received an annual appraisal. Observations of their work practice had commenced, but individual supervision meetings had not taken place, which meant there was no formal arena for staff and manager to discuss work performance and personal development, in accordance with the service's own policy.

We found there were arrangements in place to ensure people received medicines at the right time.

Care records reflected the care delivered to people and the care and support they described to us.

Risk assessments had been reviewed to assess identified risk relevant to the health, safety and wellbeing of people, for example, supporting people with their finances, medicines, where people used staff transport and equipment. However, these required further improvements as some of this information was generic and contradictory.

Quality assurance systems had been improved, but these required further improvement to ensure

compliance with the service's own policies and procedures and that safe systems of work were in place for the management of people's finances.

There was a strong person centred and caring culture at the agency. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff. People had confidence in the service. Staff and people who used the service told us they thought the service was well-led.

Staff told us they worked as part of a team, that Barnsley Disability Services Limited was a good place to work and staff were very committed to providing care that was centred on people's individual needs.

Staff had a good understanding of what to do if they saw or suspected abuse or if an allegation was made to them.

There were sufficient staff to meet people's needs and provide a regular team of care staff to people who used the service. Recruitment information required improvement to demonstrate those staff were suitable to work with people who used the service.

People told us the service provided good care and support. They told us the staff were caring, kind and respected their choices and decisions. Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

People told us staff sought people's consent to care and treatment, but we found records were not available to support legal requirements when decisions were made in people's best interests.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

People and relatives told us when they raised any issues with staff and the registered manager; their concerns were listened to and acted on.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## 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.

Further improvements were required with risk assessments as some information in them was generic.

There were sufficient staff to meet people's needs and provide a regular team of care staff to people who used the service. There were some gaps in the information and documents required for those staff to demonstrate they were suitable to work with people who used the service.

People had confidence in the service and felt if they reported any concerns they would be acted on, but improvements were required with the records around financial transactions.

We found there were arrangements in place to ensure people received medicines at the right time.

### Is the service effective?

**Requires Improvement** ●

The service was not effective in all areas.

Staff felt supported. Training, observational supervision and appraisal were carried out, but staff were not provided with an individual formal arena to discuss their performance and personal development.

Staff sought people's consent to care and treatment, but there was no supporting documentation to show legal requirements had been followed where decisions were made in the best interests of people.

People were supported with their health and dietary needs, where this was part of their plan of care or in an emergency.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively about staff and said they were kind, caring, respectful and knew them well.

Staff spoke with pride about the service and about the focus on promoting people's well-being. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individual.

Staff were very respectful of people's privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records reflected the care delivered to people and the care and support they described to us.

People and relatives told us when they raised any concerns with staff and the registered manager; their concerns were listened to and acted on.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

There were systems in place to assess and monitor the quality of service provided, but further improvement was required to achieve compliance with the service's own policies and procedures and regulations.

The vision and values of the agency were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

# Barnsley Disability Services 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The visit to the agency office took place on 11 May 2017. The registered manager was given short notice of the inspection, because the location is a domiciliary care service and we needed to be sure the registered manager would be available.

Two adult social care inspectors carried out the inspection.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We contacted commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection the agency was supporting 18 people who required personal care. We visited four of those people's homes. At three homes we met and spoke with the person who used the service. At another home we met the person who used the service and two of their relatives. A staff member was present at one home supporting the person who used the service for a period of time during one of the visits. We telephoned three other people who used the service and were able to speak with two of them.

The service employed 15 care staff. We telephoned eight of those staff and were able to speak with four of them to obtain their views and experience of working for the agency. We also spoke with the agencies financial controller.

During the inspection we reviewed the feedback received from people and/or their relatives and staff. We also spent time looking at records, which included nine people's care records, four staff records and other records relating to the management of the service, such as quality assurance and policies and procedures.

# Is the service safe?

## Our findings

We checked systems were in place to protect people from bullying, harassment, avoidable harm and abuse that may breach their human rights.

Discussions with people confirmed they felt safe in their homes when care staff were there. Where people were able to describe why they felt safe they commented, "I can trust them, particularly [member of staff]. It's their general attitude", "They're always polite, I've never had any problems" and "They're good at what they do." A relative we spoke with said, "[Relative] never shows any body language to indicate they are worried and I'm fairly confident with the staff."

Discussions with staff identified they had a good knowledge relating to safeguarding and were confident any concerns reported would be acted on. We were able to confirm this as one staff member told us they had reported an incident and we found the registered manager had forwarded those concerns to the local safeguarding authority.

Another staff member said, "It's about making sure everything is done for the person to keep them safe. You're looking to see if there's any differences and if you suspect abuse report it to the manager. If it's the manager go elsewhere, such as CQC, I wouldn't think twice."

At the last inspection we issued a warning notice for good governance as there were no governance arrangements in place to monitor financial transactions staff carried out on behalf of people.

Since the last inspection the registered manager had implemented a system to safeguard people and staff when financial transactions took place and when staff were bought a drink by people when they supported them on a social outing. This included identifying the actions staff needed to take within risk assessments and implementing a financial transaction sheet for staff to record the financial transaction or gift. This information was generic, which meant person centred information was not available for staff to show how this might be different for each person. There were also gaps in the process that could be exploited. For example, there was not always confirmation a receipt had been obtained to verify the expenditure, as this was retained by the person and/or what the purchase had been for and for one person where money was transferred from one place to another this did not always tally.

Our findings meant complete records were not in place to evidence safe systems of work in regard to people's finances and was a continued breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked systems were in place for the recruitment of staff to ensure fit and proper persons were employed.

We checked three staff recruitment records. For one staff member full information had been obtained in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. However, for one member of staff a check of the person's conduct in employment with two previous employers concerned with the provision of health or social care to children or vulnerable adults was not in place. We raised this with the registered manager for them to act on. This had also been raised as a concern at the last inspection. For another member of staff there was not a full employment history and information the staff member was medically and physically fit for the role they were to perform.

Our findings meant information and documents were not in place to evidence fit and proper persons were employed and was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We found there were sufficient numbers of staff employed to meet people's needs.

In our discussions with people we found they received a consistent team of care staff, who came at the right time, stayed for the required time and completed all the tasks they were asked to do. People told us and we saw when we visited them they had a rota telling them which staff would be supporting them and at what times. Comments included, "It's not often they're late and they've never missed a visit" and "They arrive at a similar time and stay their time. They always announce who they are and nine times out of ten, they're happy." One relative felt it was a minor irritant they had to chase which care staff were coming and at what time and sometimes when staff were late they did not always get a telephone call.

People told us there was an 'on-call' system for any out of hours concerns or emergencies and we saw details about this in people's homes. One person described how they had rang the out of hours, because they had, had an accident and the service responded to it. They said, "They nearly always answer and if not, they ring back."

Staff confirmed what people told us and they visited the same people, which helped ensure continuity of care.

At the last inspection we issued a warning notice in respect of the governance arrangements in place for the registered manager to ensure risks to people were managed, so people were protected, whilst at the same time respecting and supporting their freedom and also, that safe care and treatment was provided for people.

On this inspection we found improvements had been made to people's safe care and treatment and a system had been put in place to monitor when equipment was used in the safe moving and handling of people, the equipment was safe for staff to use, for example, the equipment had been serviced. Likewise, a system had been implemented to assure the registered manager and staff had appropriate insurance in place when they used their cars to take people on outings.

However, we found some assessments undertaken to assess and identify risks to people who used the service and to care staff who supported them contained contradictory information. For example, in one moving and handling risk assessment identified the person 'self-transfers', but then one staff supported.

When we spoke with people and their relatives they were confident care staff were competent and aware of risks that may be presented and managed these well.

In our discussions with staff they confirmed risk assessments were always available in people's homes and if

there were any concerns they would be reported and acted on.

At the last inspection we issued a warning notice in respect of safe care and treatment in the management of medicines and good governance as systems and processes were not operating effectively to ensure medicines were managed safely. We found improvements had been made with the safe handling, management and administration of medicines.

People and relatives we spoke with did not raise any concerns relating to medicines. One person told us staff took their medicines out of the monitored dosage system as they couldn't do that, put them in a pot and then gave it to them. They also said staff asked if they required their pain relief.

In people's records we found staff had a medicine plan which informed them of medicines to be administered to the person and a medication administration record to record when they had administered the medicines.

In our discussions with staff they were knowledgeable in the processes to follow to administer medicines safely. Comments included, "The of the level of assistance is detailed in the care plan. There's a medicines record where we record the assistance we've provided. We receive training and are observed to check we're doing it right" and "We receive training and the level of assistance people require is identified in the care plan. If you're giving medicines you always check the dosette box against the medication sheet to confirm those to be given and then sign after they've taken it."

People's medication administration records (MAR) were now collected on a regular basis from their homes, which meant any errors could be identified and acted on by staff in the office to ensure people were receiving their medicines safely. We found this had been effective in practice. A more detailed audit and formal process to demonstrate the action taken, would benefit any continued discrepancies by the same person. However, consistency was required in the way staff record when a person does not require their medicines prescribed as required, as some staff recorded a code whereas other staff put a line through the record.

We found where improvements were required, for example, omissions in records these were addressed.

## Is the service effective?

### Our findings

Ensuring staff had the right knowledge and skills to carry out their roles and responsibilities, meaning that people received effective care had been a breach of regulation at the previous inspection. The registered provider had sent us an action plan about what action they would take to meet the regulation. This included that each staff member would have an annual appraisal, quarterly supervisions and spot checks if concerns were raised. In addition the care certificate would be completed within a reasonable and achievable time. To monitor this a matrix was implemented and the registered provider liaised with their training provider for regular updates. We checked those improvements had been made.

Our discussions with people and their relatives identified they felt staff were well trained and competent. One person and their relative explained a situation where they had, had a choking episode whilst out with staff and that staff dealt with it perfectly and it was a fairly new member of staff. Another person said, "The carers have all the training they need." We also saw when staff were assisting people to eat, they applied the good practice shared at their training, such as sitting with the person and conversing with the person during the meal.

When we spoke with staff they told us they received training relevant to their role and they felt competent in their role. One staff member said, "I've completed all the mandatory training and [the service] will arrange additional training, for example, tissue viability. It's an area I'm interested in, making sure skin stays in tact." Likewise another member of staff shared they were progressing to the next National Vocational Qualification in Health and Social Care after their appraisal.

The service had a training matrix to monitor the training staff had received, when training was due for renewal and identify where staff needed further training dependant on the needs of the person they were providing care to, for example, people whose skin integrity could be compromised. We found staff had received a variety of training relevant to their roles including understanding their role, personal development, duty of care, equality and diversity, working in a person centred way, communication, privacy and dignity, handling information, fluids and nutrition, safeguarding adults, mental capacity, basic life support, health and safety, infection control, medication, tissue viability, manual handling, catheter care, epilepsy and cerebral palsy.

The service enrolled staff on the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care staff. We saw where new staff had commenced employment and were required to complete the care certificate, this had been undertaken in a more timely way.

The service had a policy and procedure in place for the supervision and appraisal of staff. 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.

Staff members we spoke with told us they felt supported in their role and they had regular observations of their work. Discussions with the registered manager confirmed this was identified as a supervision, which is contradictory to the supervision policy. We discussed with them that this did not provide staff or themselves with an opportunity to discuss in private, in a formal way and further personal development or improvement required. In addition, the registered manager told us these supervisions were carried out quarterly. We checked and found from the system implemented by the registered manager to monitor supervisions that 12 of the 16 staff had received a supervision observation.

Appraisals of staff had been undertaken. We checked and found from the system implemented by the registered manager to monitor appraisal that 13 of the 16 staff had received an appraisal.

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

Staff told us they received training, but some were unclear as to how this might impact them in their role, however, they showed a passion for upholding people's rights and supporting people to make their own decisions.

Equally, when we spoke with people they told us staff listened to what they needed and they always consented to the care they received. They told us staff checked with them to ensure they were happy with the support being provided. This was confirmed by people's relatives. Comments included, "They always do what I want, I'm the boss. I choose which shops I go to and what to buy" and "They always listen and let me decide."

On visits to people we observed staff provided people with opportunities to make choices. For example, we overheard staff offering choices of dessert and waiting until the person made the choice.

People's care records we looked at contained information about people's capacity to make decisions about their life without judgement of others. However, for one person we found a family member had Power of Attorney for the person's finances, but there was no mental capacity assessment or best interest decision recorded in the care plan for the management of this person's finances and the care plan contained contradictory information, identifying the person had capacity to make decisions.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet where this was part of their care plan.

We checked and found people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred whilst staff were at a visit. All the care files we examined contained a risk assessment of the action staff needed to take in the event of an emergency.

## Is the service caring?

### Our findings

During our visits and discussions with people and their relatives we identified positive caring relationships had been developed between people who used the service and staff, with staff supporting them to express their views and be actively involved in making decisions about their care, treatment and support.

People and their relatives told us staff were familiar and knowledgeable about their individual needs, their life histories, their likes and dislikes and particular routines. They gave examples of how staff treated them with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure they were afforded dignity when staff were providing personal care.

There were positive comments about staff. People and relatives said, "[Relative] feels free to say anything. [Relative] is fully confident with all the care staff. [Relative] has a good relationship with staff. He's intelligent and they acknowledge that. Staff are polite. I'm happy with everything. Nothing could be done better", "To have that bond is good", "They treat me alright, so it's alright. We have a bit of fun", "They're absolutely fantastic. I get on great with them all. They're all outgoing, always got a smile on their face. You can have a laugh and a joke, talk with them. They're always polite, never any problems", "Staff treat [relative] as an equal. In fact one member of staff said I've had a lovely day when [relative] took me to [place removed to protect person's identity]. We said [staff member] should speak at training sessions" and "I get on with them alright. They're excellent. They all look after me and are very, very caring, helpful and we have a good relationship. It's all about me and they're asking me all the time what I want, although they know just what I want. It just flows."

People were provided with information to explain the standards they could expect from care staff working for the agency.

In our discussions with staff, it confirmed what people and their relatives had told us, as they demonstrated concern for people's well-being in a caring and meaningful way and they were passionate about their role. They demonstrated how thoughtful they were when describing the person, whilst at the same time being mindful of maintaining people's confidentiality. Comments included, "I love it. It's more than just providing care tasks, it's about building relationships", "It's about looking after people so they can live independently and developing positive relationships with them. I know you're not supposed to get too attached, but you do. I have a good rapport with the people I visit and treat them like my own family" and "Enabling people to live in their own homes as independently as possible, showing compassion and treating people as you'd want to be treated."

Staff knew the people they supported well and were able to talk about people in terms of their relationships with them, their preferences and the care and support tasks they undertook.

Staff were able to explain how they maintained people's privacy, for example, by giving them their privacy whilst they went to the toilet.

## Is the service responsive?

### Our findings

At the last inspection we issued a warning notice in respect of the governance arrangements in place for the registered manager to check that accurate and complete records were in place to demonstrate people received personalised care that was responsive to their needs.

We found and staff confirmed care plans and risk assessments were always in place and provided them with the information they needed to be able to care for people.

When we examined people's care plans we found they had been reviewed and were more consistent in the detail of the action to be taken to meet people's needs and risk assessments, although some contained contradictory information. Likewise daily records contained more information to evidence the care delivered was in accordance with the plan of care.

In our discussions with people we found they received personalised care that was responsive to their individual needs and preferences. People told us staff were knowledgeable about their needs, preferences and interests, as well as their health and support needs, which enabled them to receive a personalised and responsive service. This was confirmed by their relatives. Comments included, "We arrange the care [relative] requires including social arrangements, such as meeting their many girlfriends, going to the pub and bowling. We have good liaison with the service, they're flexible. There's give and take in terms of increasing care. We're involved in the care plan and it's worked out with [manager] so there's a variation of life skills", "I'm fully involved in my care plan and risk assessments. They listen to what I need. I have extra hours I can fall back on when I need. They all tidy up after themselves. New staff are introduced and shadow other staff so they know what is required. [Manager] listens if the new staff is not suitable [personality]", "We're involved in reviews. They always make sure [relative] meets a new member of staff. [Manager] is good at looking at family and [relatives] preferences and ideas, but the same can't always be said of care staff, but we're happy in the main" and "If I have to go to hospital, they see to me, because they're flexible with their times. They respond in an emergency. I had to ring once and they came to sort me out. They've been good to me. As long as they do their job, that's all I'm bothered about."

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

We looked at the systems in place to deal with complaints and found these were appropriately managed. We saw the registered provider had a complaints procedure in place and the service had received one complaint since our last inspection. This had promptly been addressed by the registered manager. This told us the registered manager acted on complaints when a complaint was made to them.

We found the service carried out observations of staff in people's home to ensure they had responded to people's needs as identified. In addition, people told us they were sent surveys to provide them with an opportunity to provide feedback about the service, so the service could assess any improvements that might be identified. We saw the summary of these at the agency office.

When we spoke with people and their relatives they told us they would know how to complain, did not have any complaints about the service and felt confident they would be listened to and their complaint acted on. Comments included, "No, I've never had need to complain, but I know who I could go to and who I'd trust", "I do know how to complain, I'd ring [manager]" and "I've never had to complain, but I've got a form if I need to."

## Is the service well-led?

### Our findings

There was a registered manager in post at the service. 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.

At the last inspection the registered manager demonstrated she understood her responsibilities for sharing information with the Commission in regard to statutory notifications. A notification is the action that a registered provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The registered provider's certificate was displayed in the agency office, as was the outcome of the last inspection. The registered provider did not have a website where their rating required displaying. The outcome had also been shared with people who used the service and staff members.

The service had a Statement of Purpose and required all the information required by the regulations.

When we spoke with people, their relatives and staff we asked them their opinions of the management and leadership of the agency and if the service delivered high quality care. Comments included, "Yes. I can't fault it. They've helped me and [relative] through illness. They're always there. [Relative] adores them", "Yes. They're approachable. I've no concerns. I love it"; "I have trust and faith in [manager]. It's brilliant. Support is there and they're always contactable. Person centred care is promoted and [manager] is all about the person and goes above and beyond to ensure people are happy", "From my experience, [the manager] does a good job", "I've been very surprised at how good a company [manager] has, as you hear bad reports about care companies in the community. [Manager] is very approachable. [Manager] always says please and thank you. In my mind manners stand for a lot and it makes a difference. I love my job and [manager] makes it easier. I love being with people. You want them to be treated right. They all have capacity and for me it isn't just about the physical tasks, it's about their mental health as well", "For me it's well led, I get seen to", "[Manager] can do the job really well" and "Well, you don't hear anyone moaning."

Staff received an employee handbook, which had just been updated and included information they might need to access whilst working such as their roles and responsibilities and relevant policies and guidance.

Team meetings were being held on a more regular basis. The purpose of staff meetings is to inform employees, exchange information and collaborate business goals. We saw this had been used to effect any required change in the last two meetings when medication checks, mealtimes, CQC update, uniform, lanyards and finance sheets had been discussed.

There was a quality assurance policy in place, which identified how the service would assess and monitor the quality of the service provided. This included an annual visit to service users to review the care plan and effectiveness of care staff, regular supervision meetings between manager and care worker, annual survey of



service users and relatives that will be published and checks on records and timesheets.

We found annual visits to people were carried out, as was the annual survey and checks on timesheets.

Supervision of staff in people's homes was taking place on a regular basis, but the opportunity to meet privately to discuss performance and development was not offered in a formal way, in accordance with the service's own policy.

The outcome of the inspection is that the service is in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance and fit and proper persons employed.

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 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not established and operating effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not all available for each person employed.