

Supreme Care Services Limited

# Supreme Care 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Supreme Care Services is a domiciliary care agency providing personal care and support to people in their own homes. Not everyone who used the service received personal care. At the time of the inspection 315 people were receiving personal care. The Care Quality Commission 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

Some people told us that their care was delivered on time, and they had no concerns with staff calls, however one person told us "the service was unreliable, as their care staff are late." We reviewed the monitoring call systems, which showed late calls were recorded and actions taken for example the office called the person to inform them that their care staff were running late and offered another staff, which people declined as they wanted their regular staff. However, we found that people did not always get their visits at the agreed time.

People and their relatives told us they felt safe with the care staff who visited them. Staff were recruited safely. People were protected from the risks associated from the spread of infection. Medicines were managed safely. People had risk assessments to protect them from harm.

People's needs were assessed before they used the service. The service worked together with healthcare professionals to ensure people's needs could be met. People were supported with their nutritional and hydration needs. Staff were supported with training and supervision.

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.

Staff demonstrated they knew people well and understood the way people wanted to be cared for. Staff obtained people's consent before delivering care. Staff understood how to provide personalised care. Care records were in place and contained information about people's preferred method of communication.

We found that people's crisis plans were not always personalised in some areas. We have recommended the provider review their crises plans.

We found that the provider's monitoring systems did not always pick up some errors in people's care files and review notes. We recommend the provider refers to current guidance in relation to their quality monitoring system.

The registered manager spoke positively of their plan for improving the service to ensure they gave people

good quality care. Staff told us they felt supported by the management team.

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 and update

The last rating for this service was Requires Improvement (published 27 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. Although we found some improvements at this inspection, the provider remains in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led key question sections of this full report.

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

We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to staff deployment due to late calls at this inspection.

Please see the action we have told the provider to take at the end of this report

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.  
Details are in our well led findings below.

**Requires Improvement** ●

# Supreme Care Services Limited

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 4 inspectors, and 2 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The provider was given 15 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 the 9 November and finished on the 28 November. We visited the location's office.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We spoke with 5 care staff, the registered manager and the branch manager as well as the nominated individual. We reviewed a range of records. This included people's care and support records and people's medicine administration records. We looked at staff files in relation to recruitment and staff training records. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports. We also reviewed the action plan from the last inspection.

### After the inspection

Our experts by experience made calls to 9 People and 2 relatives and we also called 8 care staff. We also continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection this key question was Inspected but not rated. At this inspection the key question was rated 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

At our last inspection the provider did not have effective systems to protect people from abuse. This was a breach of Regulation 13 Safeguarding service users from abuse and improper treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- People we spoke with told us that they felt safe, comments included, "I'm quite happy, there are no problems. "I would speak to the office if I had a problem, but I have no cause to," "no problems, [I'm] safe and well cared for."
- One relative told us, "We feel our [person] is very safe and so well looked after."
- The provider reviewed their safeguarding training since the last inspection, all staff had attended safeguarding training.
- Staff were able to tell us what action they would take if someone was being abused, comments included, "I Would report any suspected abuse to the manager and if no action taken would report to CQC and social services." If the [person] was being abused at the time that I Identified this, I would call the police immediately. I would also report to my manager verbally and complete a report." "I can whistleblow to CQC or the local authority to report safeguarding concerns."
- The provider had reviewed their safeguarding policy since the last inspection to ensure that it was in line with legal requirements.
- The registered manager had created a safeguarding and statutory notifications log to ensure referrals were made in a timely manner and lessons could be learnt from events.

Staffing and recruitment

- At the last inspection we recommend the provider reviewed staff punctuality. At this inspection we reviewed the call monitoring system and identified there had not been improvement to staff punctuality, we reviewed the call monitoring system and identified call visits were not taking place at the planned time. The provider told us that they monitor live information and contact carers to determine why they are not logged in for the visit. The registered manager stated that this was due to the staff time over running from last visit or due to public transport. People were offered another staff; however, people refuse this as they would rather wait for their permanent care worker.
- One person also told us "the staff are unreliable. I ring the office and they say they Will turn up."

The above issues meant the provider had failed to ensure there was a system in place for the effective

deployment of staff. This meant people did not always receive care in a timely manner. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out checks on all staff before they started working at the service. These included employment references, proof of identification and right to work in the UK. Disclosure and Barring Service (DBS) checks were carried out. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- The majority of people told us they had regular and familiar care staff and cover arrangements were in place, however we received mixed feedback about this. For example, comments included, "There are enough carers and if there are any changes the office will ring.", "There does seem to be enough staff and if there are any changes the office will let us know they are good at keeping us informed", "I would speak to the office if I had a problem but I have no cause to.", "I haven't had a missed call and my carers come on time.", "I know who is coming as I have regular staff.", and "They are all right but unreliable. I ring the office and they say they will turn up soon."
- Staff told us that they felt that there were suitable numbers of staff to meet people's needs. One staff said, "The office assess how many staff are needed to support the [person] and if we feel another staff is needed due to manual handling, I would speak to the manager who would re assess the [person]."

#### Assessing risk, safety monitoring and management

- Individual risk assessments and risk management plans for people were in place and reviewed, which assisted staff to reduce the risk of avoidable harm.
- People's care plans had information and guidance for staff, on how to manage and support people with their anxieties and mental health.
- Risks were identified at the initial needs assessments carried out by the registered manager, this included falls risks, manual handling, eating and drinking and skin integrity.
- Environmental risk assessments were also completed that identified risks to people living in their own homes and for staff working at the property, for example, trip hazards and risks for staff using equipment, such as hoists.

#### Using medicines safely

- People received their medicines safely as prescribed. The provider had a medicines policy in place for staff to follow and the staff completed competency assessments and training before they administered medicines to people.
- People received support with their medicines. One person told us, "No problems with my [medicines], the carers organise everything with the doctor and keep us informed." Another person said, "All the medicine is put out in order and the carer make sure that [person] takes it, it is delivered, and the carers are on top of all that."
- The provider had an effective auditing system in place for medicines. These were done to ensure errors or concerns were identified and addressed appropriately.
- We reviewed medicine administration records (MAR) for 5 people and saw these had been correctly completed.

#### Preventing and controlling infection

- There were appropriate systems for preventing and controlling the spread of infection. These included staff training and information for staff to follow. Audits and checks were carried out by the provider to ensure that staff were following up to date guidance.
- We were assured that the provider was using PPE effectively and safely. Staff told us they had enough supplies of PPE and stocks were maintained. Spot checks carried out by the management team which



showed staff were compliant.

- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

● There were processes in place for reviewing and learning from things that went wrong within the service. For example, the branch manager told us, "Since the last inspection we have implemented and updated our incident and accident forms to help analysis and review learning, when things went wrong."

● We looked at the complaints log, which had actions that were taken to address the complaints and concerns that were raised to the provider.

● The branch manager showed us the safeguarding alert forms, and investigation reports that were completed and actioned appropriately.

● Staff also confirmed that they receive updates by the management team on any changes as part of lessons learned. One staff said, "We receive additional training if identified. We also discuss learning in supervision which helps with development."

# 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 and choices were assessed. Assessments were carried out before a person began using the service to ensure that their needs could be met.
- People told us that staff were kind and compassionate. Comments included, "[Staff] know how to care for me.", "The staff know what they are doing.", and "[Staff] ask me what I need, they know what they are doing and know me well."
- Staff demonstrated that they knew people well and were focused on people's personal preferences. Comments included, "I follow the care plan; however, I always check with the [person] how they want their care given as [people's] likes and dislikes can change." and "I always ask the [person] how the [person] would like their care delivered."
- The branch manager told us staff received training in equality and diversity. They told us, "As a provider we have reviewed our diversity training to ensure that all staff are clear of the importance of equality and diversity." The training matrix confirmed this.

Staff support: induction, training, skills and experience

- There was an induction programme in place for all new staff, which included all mandatory training such as, first-aid, manual handling, infection control, safeguarding, food hygiene and medicines. Staff also completed the Care Certificate. The Care Certificate is a set of standards that outline the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- People told us they felt staff were trained and were skilled to provide the care that was needed, for example, one person told us, "[Staff] have been well trained, and they listen."
- Staff spoke positively about the induction programme and training that is provided and felt supported by the management.
- Staff told us they receive supervision every month, which consists of one to one meeting in the office and discussed different topics, such as, training, development and reviewing any concerns regarding the [person] that we are supporting. Comments also included by staff, "The provider carries out spot check at the [person's] homes to check how things are going." I feel supported by my manager and listened to."

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

- People were supported to eat and drink enough to maintain a balanced diet. For example, one person told us, "[staff] support me with breakfast and my lunch."
- Care plans contained information about people's dietary needs and preferences, likes and dislikes, including diets due to health reasons.
- Staff understood the signs to look out for if a person were to become malnourished or dehydrated, for

example one staff told us, "When I support a [person] with making food I always check that they have enough food in their cupboards and fridge, also I would observe if the person has lost weight or if they are looking unwell."

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

- Staff understood the importance of supporting people to access their healthcare practitioners. For example, one staff told us, "I supported a [person] recently to access support from their community mental health team, as there were signs that the [person] was going into crisis. The team asked me to call for an ambulance."
- People told us that they were supported by staff to access health care professionals, comments included, "I had a fall and they rang an ambulance for me." and "The carers organise all [appointments]."
- The registered manager told us they worked jointly with other health and social care professionals, when needed and would highlight any changes to a person's needs with the GP or any other relevant health care professionals.

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 MCA 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 decisions 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 that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

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

- People's consent to care and treatment was recorded, in care records.
- People told us staff got consent before they gave care to them. Comments included, "When the carers arrive they always say what they are going to do and if it is ok.", "The carers explain very carefully, and they do ask.", and "[Staff] ask my consent, they don't tell me they ask me."
- Staff understood their responsibility to gain consent before delivering care. Comments included, "To respect people's decisions,", "We cannot force [people] to do something.", and "It's important that we ask for consent before support is given."
- Staff were able to explain the process they followed if a person didn't have capacity to make decisions, for example, one staff said, "If a [person] has been assessed that they don't have capacity to make a decision, a best interests meeting would be arranged with professionals and people that know the person well like family or close friends and the local authority to support with the decision."

# 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 our last inspection this key question Inspected but not rated. At this inspection the rating for this key question is good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind and compassionate. Comments included, "Very kind and caring and they always listen.", "The carers are really good and attentive and listen to us,", and "Kind and compassionate."
- Staff knew people well and were focused on people's personal preferences. Comments included, "Treating people with dignity and respect is very important as well as giving [people] their privacy as we are going in to [people's] homes." and "It's important to give [people] privacy and respect. I always develop a good communication and relationship in order to provide effective care."
- The registered manager told us staff received training in equality and diversity. which gave staff the knowledge and skills to meet people's needs within the EDHR framework. Staff and training matrix confirmed this.

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

- People were supported to make decisions and choices for themselves. For example, one person said, "I choose to have female carers and I'm involved with my care plan."
- Relatives told us staff supported people to express their views. Comments included, "Very kind and caring and [staff] always listen and we feel we can talk to them.", "The carers are really good and attentive and listen to my [relative] and to us.", and "[staff] took time at the beginning to understand my [relative] and his needs but we feel much more confident now about leaving [my relative] with staff as they have tried so hard to get to know him."
- Staff told us how they supported and encouraged people to express their views. Comments included, "I always ask the [person] how they would like me to support them before giving care." and "It's important to give [people] opportunities to make decisions for themselves and how they wish to live their life."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. Comments included, "[Staff] know me well and treat me with dignity and respect.", "[Staff are] very good, we get on well [staff] gives me dignity.", "Always respectful and polite [staff] ring the doorbell first before they let themselves in.", "[Staff are very kind] I can wash myself and look after myself and do my own meals.", and "[Staff] know me well as I have the same ones they try to keep me independent by encouraging me."
- People's care plans held information regarding the areas the person needed support and the areas that they were independent and no support was required.
- People's personal information was kept secure and the management team understood the importance of

keeping documents and care records secure to ensure people's confidentiality was maintained.

- Staff understood how to promote people's privacy and dignity. One staff said, "I always close doors and curtains before I give any personal care, and I give the [person] time in the bathroom by themselves to give privacy."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were in place and had information about their support needs and how they wanted these to be met. People also had a crisis plan in place. Crisis plans had emergency information in them such as staff to contact 111, GP or 999 and report to the office. However, there was a lack of guidance for staff to identify the signs of the person's health declining.

We recommend the provider consider current guidance for staff to follow in supporting people in crisis.

- People told us staff supported them with their care in the way they chose. Comments included, "The carers listen and ask me what I want and are always wanting to be as helpful and as kind as possible.", "If anything needs to be changed we can talk to the office and also the carers they always want to help", "I only have female [staff], they know what to do and [staff] ask what I want them to do for me.", "[Staff] do things at my speed.", and "Before any task [staff] seek my agreement and they talk me through it."
- The registered manager told us that they are in the process of reviewing the formats of care plans to ensure that they are all person-centred.
- Staff told us they had access to people's care plans, and a copy of the plan was kept in the person's home.
- Staff knew people well and were flexible in delivering care. A staff member told us, "I always try to be flexible in giving care to ensure [people] have choices on how they want to be helped."

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were communication care plans in place that described people's communication style and support needs. For example, in one person's care plan, it stated that staff need to speak slowly when communicating with the person due to language barriers.
- The registered manager told us they worked with people and other professionals, to support people with their communication needs, for example referrals would be completed and sent to the speech and language team.
- Staff demonstrated a good awareness about the communication needs of people at the service. For example, 1 staff told us, "I support [people] with broken English as their first language is not English, it's important to speak slowly and sometimes using pictures helps. I'm also able to speak the same language to

some of the [people] that I support, which the [person] feel they can talk to me."

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

- People were supported to pursue social and leisure interests to help prevent isolation and improve people's mental health and wellbeing. For example, 1 staff told us "I support [people] to go shopping and accessing the community, also I have supported a [person] to access social clubs so they are able to meet new people."
- People's interests, likes, and dislikes were recorded in their individual care plans.
- Staff understood the importance of developing people's relationships with friends and families to help prevent social isolation.

Improving care quality in response to complaints or concerns

- Systems were in place for acting on complaints.
- The provider had a complaints folder, where actions and improvements were recorded that took place from the outcomes of investigations.
- People told us that they knew how to make a complaint or raise concerns if needed. One person said, "We have not had to make a complaint, but we would talk to the carers and then the office if we were worried about anything we know they would try to help us."
- The provider had policies and procedures in place to process complaints. This gave guidance for people and staff on how to make a complaint.

End of life care and support

- The service was not supporting any person with end of life care at the time of inspection.
- The provider had an end of life care policy which gave guidance to staff about how to provide this type of care.
- Staff received training on how to support people with end of life care.

# 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.

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

At our last inspection we rated this requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider did not have effective systems to assess and improve the quality and safety of the service including the quality of people's experience of the service. This was a breach of Regulation 17 Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The majority of the people we spoke with spoke positively about the service they received. Comments included, "Always wanting to help and listen.", "The office keeps us informed.", "We don't want to change anything at the moment, everything is going well. We are very happy with everything; carers are very attentive.", "I'd recommend them, they couldn't make things better I wouldn't change my carer-she is a Diamond.", and "I don't know who the manager is, but I would still recommend them."
- There was a positive culture within the team. Staff comments included, "I absolutely feel supported.", "Good communication with line management and can raise any concern or worry which is responded to.", "The service run well. I feel supported." and "The agency has opened my eyes to what good care is, and I've learnt about legislation and procedures which I didn't in my previous job."

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 clear of the requirements of the duty of candour. The registered manager told us, "As the manager it's my responsibility to be open and honest to [people] when things went wrong and to look at how we can reduce the risk from any re-occurrence."
- Staff were knowledgeable about their responsibility in reporting any concerns. For example, one staff said, "As part of the induction the management team talks about the importance of being open and to report any concerns. I have always worked on the basis of reporting any concerns when something hasn't gone to plan."

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

- The provider had systems and processes in place for monitoring the quality of the service. The systems



consisted of weekly and monthly audit of care visits, monthly, medicines audit and care plan an overall annual quality assurance.

- The provider had noted late calls through their call monitoring system; however, these issues continued and had not been fully addressed. The actions recorded have not resulted in a sustained improvement and there is not enough assurance that these concerns are being managed effectively.
- There was mixed feedback from people regarding the managers being clear of their roles. For example, one person said, "The manager was off hand, but I'd recommend them."
- The provider's systems did not always pick up some errors in people's care files and review notes. For example, on the first day of the inspection we identified that 1 person's review document had the wrong person's name recorded. Also, the mental capacity assessments for 2 people were not fully completed on the form and some areas were blank. The registered manager carried out an audit of the identified concerns that we raised to them and they rectified them by day 2 of the inspection.

We recommend the provider refers to current guidance in relation to their quality monitoring system.

- The provider had up to date policies and procedures which reflected good practice guidance and legislation.
- Staff performance was monitored by the management team. Staff understood their roles and responsibilities within the service and felt supported by the registered manager.

Continuous learning and improving care

- Since the provider's last inspection, the registered manager had completed an action plan that identified the areas that needed improvement, which had been addressed and completed.
- The registered manager told us due to the pandemic, they have needed to engage with people and families in a different way than they did prior to the pandemic. Therefore, the manager told us, "We are in the process of reintroducing drop-in meetings, where people can come into the office and have tea and a chat on how things are and if there is anything we can do differently to improve the service."
- There was oversight of accidents and incidents in the service to safeguard people and to identify any actions to help prevent a recurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager asked for feedback on the service they provide from people and their relatives.
- Care plans showed that joint partnership working was taking place to review people's health and wellbeing.

Working in partnership with others

- Staff worked in partnership with external professionals, when people requested or when it was identified that support was needed in this area, such as the GP, mental health team, opticians and pharmacies and hospital teams.
- The registered manager and staff were clear about the importance of working with external health professionals when needed.

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 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there was a system in place for the effective deployment of staff. This meant people did not always receive care in a timely manner. This was a breach This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.