

Metro Homecare Ltd

Metro Homecare Ltd

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

About the service:

Metro Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to the whole population. Not everyone using Metro Homecare Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection, it was providing a service to 279 people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

People told us they felt safe with the staff. However, some people and their relatives felt weekend and temporary staff did not always know people's needs.

The provider had not always identified risks to people who used the service or put in place guidance on how to reduce risks where these were identified. The provider had not always updated people's risk assessments to reflect their changing needs.

People were at risk because guidance and the potential risks on how to support people with medicines was not always recorded clearly in their support plans.

Staff followed appropriate procedures in seeking people's consent however the provider was not always recording consent in line with the Mental Health Act 2005 (MCA).

The provider lacked robust and effective systems and processes to ensure the quality and safety of service.

People and relatives told us staff were caring and treated them with dignity and respect. They were involved in the care planning process and reviews. People's independence was encouraged and maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and relatives knew how to raise concerns and they told us the service was responsive.

Staff told us they felt supported and were involved in continuously learning and improving care.

Rating at last inspection:

The service was registered by CQC on 27 April 2018. This is the service's first inspection since its registration. This is the first time this service has been rated Requires Improvement.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment, and good governance. Details of action we have asked the provider to take can be found at the end of this report.

We made one recommendation in our inspection report, which we will follow up at our next inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Metro Homecare Ltd

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of four inspectors, one assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Metro Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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

Notice of inspection:

Our inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Our inspection process commenced on 24 April 2019 and concluded on 25 April 2019. It included visiting the service's office and telephoning people who used the service and their relatives. We visited the office location on 24 April 2019 and concluded on 25 April 2019 to see the registered manager and office staff, and to review care records and policies and procedures.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House.

Due to technical difficulties, we did not ask the service to complete 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. However, during the inspection, the service was able to show us all relevant documents and the plans they had in place.

We spoke with 16 people who used the service and five relatives. We also spoke with one social care professional who was visiting a person when we telephoned.

We spoke with the registered manager, the branch manager, the care supervisor, five care coordinators and 11 care workers.

We reviewed 28 people's care records, 12 staff personnel files, staff training documents, and other records about the management of the service.

After the inspection we received feedback from one health and social care professional.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: 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.

Assessing risk, safety monitoring and management; using medicines safely:

- Risks were not consistently assessed and well managed. For example, one person had been diagnosed with a specific heart condition. This information had been provided from the funding local authority support plan. However, the risk assessment did not identify this condition, or provide any information how to support and mitigate the risks for this person. Another example, one person's risk assessment stated they had mental health issues however the risk assessment and support plan gave no guidance on how to minimise the risks for this person.
- The risk assessments were reviewed but did not demonstrate people's changing needs. For example, one person had their needs reviewed. The review recorded the person had a minor allergy to a specific medicine. The review stated, "might pass out" however gave no further information or actions to be taken to mitigate the risk.
- Throughout the risk assessments we saw people had been appropriately assessed of risks associated with their specific medical conditions, allergies and moving and handling needs. However, there was inconsistent information on how to minimise the risks and safely support people.
- There was insufficient information about people's medicines in people's care records to ensure they were supported to take them in a safe way. For example, one person had been identified of needing pain relieving medicine however the support plan gave no further information about this medicine. Most support plans we looked at did not include information about people's specific medicines that would guide staff to administer them safely.
- This meant people were potentially at risk of harm because staff were not always provided with enough information to provide safe care.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt the service was safe. One person told us, "Very [safe]. I trust [staff] completely." Another person said, "I feel totally safe." One relative said, "Yes, [relative] is [safe]."
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Records showed staff were up to date with medicines training.
- Medicine competency checks of staff were undertaken.
- People who were supported with medicines had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- MARs were returned to the office monthly and checked.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm, abuse and discrimination.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff and management, we spoke with had a good understanding of their responsibilities. One member of staff said, "If I see that [person] is having a problem, or negligence from family member or even [staff member] I would report it." Another staff member said, "First I would report to my main manager, then [registered manager]. If nothing happens report to [local authority]."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.
- The registered manager was able to demonstrate the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Staffing and recruitment:

- Through our discussions with the registered manager, staff, people who used the service and their relatives, we found there were enough staff to meet the needs of people who used the service.
- Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One person told us, "[Staff] always come on time." Another person said, "I have a regular [staff member]. They are normally never late." One relative said, "Yes the regular [staff member] will text me if she is running late. It happens once in a blue moon. At the beginning we had a lot of missed calls, when our regular carer was on holiday, weekends and if she was off sick. This has now been fixed." Another relative told us, "[Staff] always let me know if they are going to be late."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "My [people who used the service] are all in the same area so I don't have to travel much." Another staff member said, "[I] don't feel rushed. Able to get to [call visits] on time." A third staff member commented, "All [people] close. Don't feel rushed."
- The provider followed safe recruitment practices.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Preventing and controlling infection:

- Staff completed training in infection prevention and control. Records confirmed this.
- People told us staff used safe infection control processes. One person said, "Staff member always wears gloves."
- Staff had access to personal protective equipment such as gloves and aprons. One staff member told us, "Yeah they provide you with everything [personal protective clothing]. We get it from the office."
- Staff completed training in food hygiene, so that they could safely make and serve meals and clean up after preparation.

Learning lessons when things go wrong:

- There were systems in place to learn lessons when things went wrong and make improvements.
- When accidents or incidents occurred, these were followed up by the service. For example, a staff member had not reported a person had skin redness. Following this, the service had arranged pressure sore training for staff.
- Systems were in place to share lessons learnt with incidents and complaints in staff meetings and supervision sessions.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The service sought information about a person before a new care package commenced. Before admission to the service a needs assessment was undertaken to assess whether the service could meet the person's needs. This included assessments from commissioning bodies, and feedback from people and their relatives. Some needs assessments completed by the service covered significant detail however some lacked important information that would help support the person.
- Staff we spoke with knew people's preferences, likes and dislikes.

Staff support: induction, training, skills and experience:

- One person told us, "My [staff member] is very responsible." One relative said, "[Staff members] do a good job. [Relative] is happy."
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "I had induction for one week. Includes shadowing."
- Training was provided in subjects including safeguarding adults and children, health and safety, privacy and dignity, end of life care, mental health which included the Mental Capacity Act 2005, infection control, fluids and nutrition, dignity and respect, moving and handling, basic life support, equality and diversity, and medicines. Staff also received training specific to the people they were supporting. This included dementia awareness and pressure area care.
- Records showed staff completed The Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Staff told us the training was provided and helped them to perform their role. One staff member said, "Had to go on week refresher training. Class room based." Another staff member commented, "All class based training. This helps with understanding the training and support each other."
- Staff felt supported and received supervision and annual appraisals. One staff member said, "It's a way of discussing any issues [and] concerns about the [people] or staff." Another staff member told us, "I feel supported. [Person] passed away [and] supported by manager and [registered manager]. [Registered manager] calling if need anything. He made sure I was ok."

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

- The majority of people and relatives we spoke with at the service told us staff supported with their meals. People who had support told us that staff offered them choice and gave them the food and drink they wanted.
- One person said, "Yes, [staff] help me with my food, and they ask what I want." Another person said, "[Staff] prepare my food, it suits me perfectly." A relative commented, "Morning [staff] give [relative] breakfast and in

afternoon will make him a snack. They ask what he wants."

- Staff told us where they did prepare meals that they would ensure they followed good hygiene practice. Staff told us they offered people choice of meals.
- Care records did not always reflect people's preferences for food and drink. For example, one support plan stated, "Prepare breakfast and a drink" but gave no other details what the person preferred. Another support plan stated, "Carer should prepare breakfast for client" but records showed minimal information about choices for this person.

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from healthcare professionals this was provided and staff followed guidance set by such professionals. Information was shared with other agencies if people needed to access other services such as GPs, and health and social services. Records of communication and correspondence confirmed this. One health and social care professional told us, "It is a great help that all the carers that the agency sends in speak [specific language]. When I visit this flat I have always noticed how clean it is." Another health and social care professional said, "Communication is good and the [care] coordinators will always deal with queries or concerns, speaking to carers regarding any issues raised."

Supporting people to live healthier lives, access healthcare services and support:

- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin. One staff member told us, "Work with [district nurses] for [people] with diabetes and pressure sores." Another staff member said, "[Person] had a slightly sore [skin], noticed during personal care. Reported to office and they made referral for [district nurse] to visit."
- One person said, "I had a choking fit when the [staff member] was here. She had to phone 999. She waited with me until the ambulance came." Another person told us, "They do [help with health appointments], as I can't always hear on phone what is being said. They will speak to the GP for me."
- Records showed the service worked with other agencies to promote people's health such as district nurses, GPs, occupational therapists and pharmacists.

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

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff asked for their permission and relatives also confirmed this took place.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member told us, "Speak to the [person] continuously [and] let them know what you are doing." Another staff member said, "You ask [people's] permission."
- Mental capacity assessments were not always accurately completed and did not clearly demonstrate if the person had capacity to consent to care and treatment. Some assessments lacked information whilst other assessments had information that was not relevant around assessing someone's capacity to make decisions.

- Some people's care records stated they lacked capacity to make decisions and relatives had signed care records on their behalf. However, people's care files did not always have required documentation to confirm that relatives were legally appointed to make decisions on their behalf.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to record keeping in line with the Mental Capacity Act 2005.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 and their relatives told us that staff were caring. One person said, "I am in love with my [staff]. They are excellent." Another person told us, "Yes, [staff] are kind and caring and do their best." A third person commented, "The [staff] don't rush me. They are kind to me." A relative told us, "The [staff] chat to my [relative] and make sure he is comfortable." Another relative said, "[Staff member] thought [relative] was having a stroke. He stayed with him until the ambulance arrived. He had tears in his eyes. He really does care." A health and social care professional told us, "My interactions with [the service], I have found them to be caring [and] putting the needs of the [people] first."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I like working [with people]. I have passion to work in health and care." Another staff member told us, "With [person] I'm very close. I learn a lot of things from them. I'm a caring person. I support like the way I supported [relative]."
- The service recorded compliments from people and their relatives. These showed they found staff to be caring and kind. Comments included, "I am writing to say thank you for the wonderful care your agency provided me with following my discharge from hospital. [Staff] were invariably punctual, cheerful, friendly and very competent and they transformed what might otherwise have been a very bleak experience" and "[Staff member] has built a fantastic relationship with my [relative]. She has done an excellent job in caring and communicating with her."
- It is unlawful to treat people with discrimination because of who they are. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act.
- People's care records recorded their needs in relation to their gender, and culture and religion. This enabled the service to meet people's needs in relation to their protected characteristics. However, the service did not record people's sexuality needs. We spoke to the registered manager who advised they would start to assess needs in relation to people's sexuality.
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "Everyone who walks through the door is the same to us no matter what with their sexuality or religion." A staff member said, "I treat [LGBT people] the same. I don't see any difference. Treat with dignity. Everyone has their rights."

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "They do [care reviews]." A relative told us, "They did a [care review] recently."

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us their privacy and dignity were respected. One person said, "When they wash me [staff member] is very respectful." Another person told us, "[Staff member] is kind and respectful."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Talk to [people] step by step what you are doing. At the same time, they have to feel very comfortable. You need to reassure them." Another staff member said, "When giving personal care makes sure close the door. If [person] living with somebody, ask them to excuse [themselves] in order to give the person privacy and dignity."
- Staff promoted and encouraged people's independence. A staff member told us, "[Person] uses left hand. Had a stroke. I try to make sure [person] is independent. I don't try to feed. Even if make a mess. I encourage [person]." Another staff member said, "Some [people] are able to do some things. You take your time and encourage them."

Is the service responsive?

Our findings

Responsive – this means that the service met people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The provider was in the process of reviewing the support plans. They had identified they needed updating with more person-centred care information. The provider had a supervisor from another branch who had recently started to review the support plans. The supervisor was also training other supervisors how to review the support plans to reflect the person-centred needs for people.
- Support plans we reviewed were mostly brief and did not contain sufficient information such as detailed likes and dislikes, choices, and preferences to provide person-centred care. However, the recently reviewed support plans contained more comprehensive information.
- This meant the provider's plans did not always give staff detailed information about people's personalised needs.
- People's care files in their home included the service's support plan and risk assessment. The care files in people's homes also included the local authority support plan which gave more detail and what support people needed.
- People and their relatives made positive comments about the regular staff that supported them. However, we received feedback that weekend staff and staff who were not regular to them did not always know the needs of the person. One person said, "I think I would recommend this agency especially for my [staff member] during the week but the care at the weekend is not settled yet." A second person told us, "The [staff member] that comes Monday to Friday is better than the weekend." A third person commented, "The [staff member] at weekends not so sharp." A relative said, "One of the [temporary staff member] is okay. The other is not. [Temporary staff member] has to be told to empty the commode and to wash it out. She has to be told everything."
- This meant people did not always received personalised care from staff who did not regularly support them.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- The care documentation showed that the service identified and recorded communication needs.
- People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the care planning process. Staff were aware some people required culturally specific food and support, and this was reflected in updated care records.

Improving care quality in response to complaints or concerns:

- People's feedback, concerns, complaints and compliments were recorded.
- People and their relatives were aware of how to make a complaint. One person said, "We ring the office [to complain]. They stopped the [staff member] and [they] no longer comes to our house." Another person told

us, "I would ring the office. The only time I did was when [staff member] did not turn up."

- Staff knew how to provide feedback to the management team about their experiences which included supervision sessions and team meetings. A staff member said, "Any complaints [management] take action immediately."
- Complaints were recorded and records showed complaints were generally resolved as per the policy, within 28 working days of receiving the complaint.
- The complaints records contained information about when the complaint was made, the description, actions taken and learning outcomes. Records also showed the provider made improvements to the care quality in response to complaints.
- The provider analysed complaints every three months. Records confirmed this. The analysis looked at themes and lessons learnt.

End of life care and support:

- The provider had an end of life care planning policy and procedure.
- The registered manager told us the service was not providing end of life care at the time of our inspection. Staff we spoke with told us they were not supporting anybody at end of life.
- Records showed staff received end of life and palliative care training.

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had systems in place to check the quality of the service provided. However, these were not sufficiently robust and had not always identified and embedded the shortfalls we found during this inspection in relation to risk assessments and reviews, medicines, consent to care, record keeping and person-centred care.
- As the provider was still in the process of completing the updating of the support plans and risk assessments we were not fully able to assess the quality of the recorded information.
- Records confirmed that regular feedback was being gathered either during face to face reviews or telephone monitoring. People and their relatives were given an opportunity to provide feedback on the service they were receiving. On most occasions, we found that feedback was positive. However, where people had expressed concerns we did not always see evidence of these being addressed or clearly recorded to ensure people were happy with the quality of care they received.
- This meant the quality assurance systems in place could not always assure care and support was being delivered in line with what people wanted.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider invited people, relatives and staff to complete surveys on an annual basis.
- Senior staff carried out 'spot checks' where they checked staff members' performance. This included asking the views of people who received care.
- The provider used an external agency to quality monitor the service. The external agency last audited the service on 28 December 2018. The audit had looked at policies and procedures, audits, training, supervision, notifications, and recruitment.
- Staff spoke positively about the registered manager. One staff member said, "[Registered manager] is understanding and respects us as carers. Anytime we need you can call there is no barrier." Another staff member told us, "[Registered manager] very good."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- People and their relatives told us they liked the service and it was responsive to their concerns and needs. One person said, "I am happy with the [staff], I have no complaints." A relative told us, "The agency gives me

a bit of peace of mind as I am responsible for everything for my [relative]."

- The registered manager demonstrated an understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The registered manager said, "You have to be open and transparent to our [people who used the service] and all our stakeholders"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed of any changes.
- People and their relatives knew how to contact senior staff and the office.
- Communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems. For example, staff meetings were held on a regular basis. Topics included communication, punctuality, staff rotas, missed calls, safeguarding, complaints, spot checks, annual appraisals and training.
- The provider and registered manager asked people and their relatives to comment on the service provided. This was through telephone, face to face reviews and surveys.
- The service had recently started meetings for people and their relatives in their office to share and receive information. Records showed discussions on feedback of the service, complaints, and punctuality.
- The service sent out newsletters to staff and people who used the service to share information. Topics in the newsletter included compliments from people, how to make a complaint, charity work the service is involved with, and upcoming training for staff.

Working in partnership with others:

- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, district nurses, health and social care professionals and others involved in a person's care.
- A health and social care professional told us, "I have only ever had a good experience with the coordinators and always felt my questions or concerns are listened to and dealt with respectfully, I always feel the customers best interest and safety are important to them as they are to me."

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments lacked the detail required to effectively mitigate risks. Medicines were not consistently managed in a safe way. Regulation 12 (1) (2) (b) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons failed to effectively operate systems to assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately maintain contemporaneous records, and evaluate and improve care based on people's feedback. Regulation 17 (1) (2) (a) (b) (c) (f)