

Capital Homecare (UK) Limited

# Capital Homecare (UK) 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

Capital Homecare (UK) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 207 people were using the service.

### People's experience of using this service:

Some people were not supported by effectively deployed staff to keep people safe and to meet their needs in a timely manner. The quality assurance system was not robust; as the provider had not always identified some of the issues we found at this inspection, in relation to staff deployment, late calls, call monitoring and management of people's medicines about recording.

At our last inspection we recommended the provider giving sufficient care tasks details and guidance for staff in the care plan, alongside people's choices and preferences. At this inspection we found the provider had made sufficient improvements. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. People were protected from the risk of infection. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support.

Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs had been completed to ensure these could be met by staff. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

There was a management structure at the service and staff were aware of the roles of the management team. They told us the registered manager was supportive and approachable.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 01 October 2021). At that inspection we found breach of regulation in relation to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in relation to detailed care plans with sufficient guidance for staff. However, we found the provider was in breach of regulation 18 and remained in breach of regulation 17. The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

#### Why we inspected

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

#### Enforcement and Recommendations

We have identified breaches in relation to staffing and good governance. At our last inspection we recommended that the provider keeps a record for administration of PRN (as required) medicine on each occurrence where a member of staff has supported with its use. At this inspection we found the provider had not made sufficient improvements.

#### 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** ●

# Capital Homecare (UK) 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

An inspector and a specialist advisor visited the service on the first day. Two Expert by Experience made phone calls to people and their relatives to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors returned to the service on the second day to complete the inspection.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or the registered manager would be in the office to support the inspection.

Inspection activity started on 16 March 2023 and ended on 03 April 2023. We visited the location's office on 21 and 29 March 2023.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and their 16 relatives about their experience of the care provided. We spoke with 10 members of care staff, 5 office-based staff, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 16866 calls for 153 people for the period 20/02/2023 to 20/03/2023(29 days), 12 people's care records, 11 staff recruitment records and a variety of records relating to the management of the service, including management of medicines, policies, and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records related to staff training and deployment, care plans and care logs, and quality assurance records were also reviewed.

# 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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Some people didn't always receive the visits on time, to meet their assessed needs in a timely manner.
- We received mixed feedback from people about call timings. For example, A person said, "The carer comes on about the right time, [staff] makes sure I've had some food before my medicines." Another person told us, "The carer is usually on time. I get 3 visits a day and I've not had any missed visits." However, a third person commented, "No the carers are not on time for visits. They can be up to an hour late." A fourth person said, "The carer is mostly on time but can be half an hour late. It's not a problem for me."
- The service maintained an electronic call monitoring (ECM) system to monitor staff attendance and punctuality. We found staff were late for 10% of scheduled calls (1539 calls) by more than 45 minutes and 28% of scheduled calls (4388) were over 15 minutes late. For example, one member of staff was later than 45 minutes, 124 times in 503 visits. Although, we did not find any evidence of harm to people, but this issue required improvement.
- We found some calls were scheduled for staff to be in 2 places at the same time. For example, a staff member was scheduled for to be at 2 places at the same time, their addresses are at 17 minutes' walk away from each other or a 9-minute drive.
- Staff rostering records showed out of 16866 staff calls, 2991 (17.7%) of calls had no travel time allotted between two postcodes, which impacted on staff ability to arrive promptly.
- ECM system and process in place were not effective. For example, we found 1297 calls were not logged. There were 622 "reasons" given for some of these, the most common being "carer not logging in/out". That still means a large proportion of calls we don't know whether they happened and or whether people received the care they were supposed to.

We found systems and processes were not robust enough to demonstrate staff deployment was effectively managed. This placed people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We brought the above concerns to the attention of the registered manager, who told us how and by when they planned to make improvements. We shall look at this at our next inspection.
- Notwithstanding the above, people and their relatives told us, they had consistently regular staff attending them, to give personal care.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

## Using medicines safely

At our last inspection we recommended that the provider keeps a record for administration of PRN (as required) medicine on each occurrence where a member of staff has supported with its use. At this inspection we found that the provider had made some improvements, but further improvements were needed.

- People and their relatives gave positive feedback about the medicine administration. For example, one person said, "Yes, they [staff] give my medicines. I don't think there are any problems. They check that I've taken them." Another person told us, "She [staff] gives my tablets morning and night."
- Notwithstanding the above feedback, we found medicines were not managed safely at all times. Staff completed medicine administration records (MAR) as required, to ensure people received their medicines as prescribed. However, some people's MAR chart were left blank on some occasions. For example, 1 person's specific medicine was not signed for all of February 2023, and another medicine from 9th to 12th February 2023 with no explanation on the MAR. Another person's medicine was not signed for 13th, 14th, and 31st January 2023 and for one more medicine for 24th to 31st January 2023 with no explanation on MAR. We raised the above issues with the medicine's coordinator. They told us, GP had stopped for some people and some others have refused. However, documentation failed to reflect these changes.
- Some people were prescribed PRN (as required) medicine, but it was not clear if they received their medicines when required. There was a PRN sheet accompanying the MAR for recording, but in some cases was left blank. The medication coordinator told us, staff have been informed to complete the PRN sheet with details of reasons for administering PRN medicine for pain relief, but staff had not completed it. Although, we did not find any evidence of harm to people, but this remained an issue.
- Monthly medicines audits were routinely carried out, but did not pick up the above issues we identified. We have further reported on this matter under the well-led section of this report.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.

## Assessing risk, safety monitoring and management

- People were protected from avoidable harm. The registered manager and senior staff completed risk assessments and risk management plans that included guidance for staff, where appropriate specialist input was sought. For example, about hoisting, moving and handling, falls, showering and bath.
- People and their relatives felt safe when receiving care from staff. One person said, "Yes, I'm absolutely safe. They [staff] help me with bathing, I have no falls or bruises." One relative told us, "Yes, the care is safe. It's very good. Two ladies [staff] come to change, lift and move my [loved one] into the chair, and my [loved one] has no bed sores."
- Risk assessments were reviewed periodically or as and when people's needs changed. The registered manager monitored them to ensure they remained reflective of people's current needs.
- Staff knew how to respond to people's risks and needs.

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

- People were protected from the risk of abuse. One person said, "Yes, they [staff] treat me well." One relative told us, "100%. They [staff] are very respectful and they go above and beyond."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistle blowing and said they would use it if they needed to.



### Preventing and controlling infection

- People were protected from the risk of infection. One person said, "[staff] wears gloves, apron, and mask. [Staff] is more worried about me getting an infection as [staff] visits other people too." One relative told us, "Yes, they [staff] do wear (COVID) kit. Once they've finished with their gloves, they don't use the same ones and dispose of them in bins."
- Staff understood the importance of effective hand washing, using personal protective equipment, such as aprons and gloves and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training, to ensure they knew how to prevent the spread of diseases.

### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff knew how to complete accident and incidents records, as well as details of who they would notify, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them. A person told us, "When they [staff] come, they ask me what I would like them to do." A relative said, "They [staff] come and help my [loved one]. They ask my loved one 'do you want to go to the toilet. My loved one is never forced.'"
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

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

- People's needs were assessed to ensure these could be met by staff. Assessments looked at people's medical conditions, likes and dislikes, physical and mental health, mobility, and nutrition.
- Where appropriate, relatives were involved in assessments and the information was used as a basis for developing personalised care plans to meet each person's needs. A relative told us, "Yes, we have had two assessments done. At first, we had one carer and then later two were needed for visits. Yes, we were asked what we needed, and we let them know." Another relative told us, "We had an OT from the council and with the manager made an assessment. We had a say. They [Office based staff] check it every year and we have been with them for three years."

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. A relative told us, "Yes, they [staff] do. They can lift and handle my loved one safely. My loved one's needs are met." Another relative commented, "They [staff] are very good. They say things only an experienced and trained person would say. Carers are

hands on."

- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff when they started work.
- Staff completed training required to carry out their roles. The training covered areas such as basic food hygiene, health and safety, moving and handling, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The provider supported staff through regular supervision. Staff told us, they felt supported and could approach the registered manager at any time.

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

- Staff supported people to eat and drink enough to meet their needs. One person said, "Anything, I need they [staff] give me. They give me a meal. I can feed myself." A relative told us, "The carer will prepare my loved one's lunch and evening meal. My loved one can eat independently."
- People's care plans included a section on their diet and nutritional needs to ensure their needs were identified and any risks managed.
- Staff told us, people made choices about what food they wanted to eat and that they prepared those foods, so people's preferences were met.

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

- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. A person told us, "1 of the carers will take me to the GP, if I ask. Carer reminds the Pharmacy about my medicines." A relative said, "The family does all of that [healthcare]. The carers let us know if any creams are needed."
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse or GP.

# 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 we rated this key question good. The rating for this key question has remained 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

- Staff treated people with kindness and respect. A relative told us, "Yes, [staff] is very caring and my loved one is happy. They [staff] work slowly with my loved one and does not rush ever." Another relative said, "[name of staff] has waited with my loved one and held their hand while my loved one waited for an ambulance. [staff] will do that every time, as my loved one was going to hospital, quite a bit before."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith, and culture. A relative said, "My loved one does not speak English and the carers speak Somali so that helps, my loved one is comfortable with them. The way they [staff] treat, respect, and they don't let my loved one feel that they're different. Staff don't compromise with my loved one's care."
- The service was non-discriminatory, and staff supported people with any needs they had with regards to their choice of food, disability, race, religion, sexual orientation, or gender. A person said, "I'm a Christian and my carer is a Muslim. They respects my religion and my gender. They [staff] doesn't judge others. They are 100% good with my blindness and my health condition. They are very calm and understanding." A relative told us, "My religion is respected, and I eat specific food and that is what I get."

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

- People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care. A relative told us, "My loved one has a care plan. I was involved, and it has been changed in the last 10 years. The last change was a year ago." Another relative said, "Yes, we have a care plan and needs have changed. My loved one's care plan was recently reviewed with us."
- Staff involved people in making decisions about their care. They told us, people were asked about their choices and preference before care was provided. A person said, "We [person and staff] got to know each other. I have choices, I can make. We sit down and talk about my routines. I tell [staff] what shopping and meals I want, we gel." A relative told us, "Yes, my loved one has a choice of dress. They [staff] ask them to point out what my loved one wants to wear, with meals they will take out a couple and ask what my loved one wants."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected. A person told us, "The door is covered so no one can see. The carer uses a towel to cover me and I only get a lady carer." A relative said, "They [staff] know how to respect an older person. Yes, they cover my loved one in a big towel." Another relative commented, "My loved one is well covered, the door and window curtains are closed and their dignity is

kept."

- Staff told us, they do not share personal confidential information with others and make sure that they cover people with towel when washing and dressing, close the door and window and draw the curtains when giving personal care.
- People were supported to be as independent in their care as possible. Staff told us they would encourage people to complete tasks for themselves as much as they were able to. A person told us, "The carer listens a lot and lets me do what I can. They [staff] will try to let me do things first and will help me if I'm struggling."

# 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 requires improvement. At this inspection the rating has changed to 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

At our last inspection we recommended the provider give sufficient care tasks details and guidance for staff in the care plan, alongside people's choices and preferences. At this inspection we found the provider had made sufficient improvements.

- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, family, and contact details of health and social care professionals.
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff had knowledge of the support people needed when delivering their care.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

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.

- People's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them. A relative told us, "My loved one doesn't speak English and the carers all speak Somali that automatically makes my loved one feel safer."
- Staff we spoke with had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- The registered manager told us, they could produce information in a different format when asked for that met people's needs, for example, for people who required a different font size.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary. A relative told us, "Yes, at the beginning with one of the carers, I was not comfortable with, I called the office and they then sent someone else that was more regular. Another relative said, "Absolutely none, if I had one, I'd go to the manager."

- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.
- The provider maintained a complaints log which showed any concerns raised with the registered manager had been investigated and responded to in a timely manner. The recorded complaints had been minor issues and there had been no repeat complaints after the initial concern was resolved.

#### End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people.
- The registered manager was aware of what to do if someone required end-of life care to ensure people's end of life needs were met.
- The registered manager told us, there was no one that required end-of-life support at the time of our inspection.

# Is the service well-led?

## Our findings

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

At our last inspection, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we found the provider failed to ensure the quality of the service was rigorously monitored. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider had made some improvements, but further improvements were needed to comply with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were audits in place to monitor the quality of service. However, these were not robust enough to identify the issues found during this inspection. For example, the provider audits failed to identify and make improvements in relation to staff deployment, late calls, call monitoring, and medicines management.
- We brought the above concerns to the attention of the registered manager, who told us how and by when they planned to make improvements. We shall look at this at our next inspection.

We found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we found some good practice, care plans were reviewed periodically or as and when people's needs changed and they were reflective of people's current needs with sufficient guidance for staff.
- The registered manager demonstrated a willingness to provide good quality care to people. They had started making improvements. For example, about medicines administration records and the staff deployment review was in progress.

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

- People and their relatives were satisfied with staff team and the registered manager for the care and support they received. People and their relatives commented positively about care staff and the registered manager. A person told us, "Actually, I do think it is well managed. We get what we asked for. I know the manager, he's a really good man." A relative said, "I'm not with my [loved one] everyday but the feedback I get from my loved one is so good. If I have question, I call the office and they are always very helpful and hands on." Another relative commented, They [provider] are very good. They act on things instantly, like



changing visiting times."

- Staff described the leadership at the service as approachable and supportive. A member of staff told us, "Yes, the manager(s) are good, they are helpful. It is easy to get in touch, if you need to speak about a problem or support. I have 1-2-1 meetings. We can come into the office and do training, we do e-learning. I think [Capital homecare] is a good company to work for." Another member of staff said, "The management team are supportive and encouraging. We get lots of training and can talk to our line manager about further training and developing our careers."

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 service had a manager in post who was registered with CQC. They were aware of their registration requirements with CQC.
- There was a clear management structure at the service. Staff were aware of the roles of the management team.
- The service had an on-call system, to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- There was a duty of candour policy. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.
- The registered manager carried out regular incidents and accidents checks, to ensure people's needs were met safely.

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

- The provider sought people's views using spot checks and telephone monitoring. We found the responses were positive. A person told us, "Oh yes, they have asked me. Mostly senior [staff] come around or the manager. They ask me about the service, what I would like and how they can improve." Another person said, "The manager checks with me about the service. It's alright. Everything is good. The office answers quickly."
- Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day to day management of the service, coordination with health care professionals and any changes or developments within the service.

Working in partnership with others

- The registered manager and staff team were committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. For example, they worked closely with commissioners and healthcare professionals.

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  The quality assurance system and process were not effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Some people were not supported by effectively deployed staff to meet their needs in a timely manner.