

Enterprise Care Support Ltd

# Enterprise Care Support 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 responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Enterprise Care Support Limited is a domiciliary care agency providing personal care to older people living in their own homes. The service specialises in providing care at home to people whose first language may not be English.

At the time of our inspection 80 people were receiving a personal care at home service from this provider and ten others did not receive any personal care. The Care Quality Commission (CQC) 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

Most people receiving a care at home service from this agency and their relatives told us they were generally happy with the overall standard of the service they or their loved one received from Enterprise Care Support Limited.

However, we found evidence during our inspection of multiple breaches of regulation and the need for this provider to make improvements.

The service was not always safe. This was because the provider did not always ensure people's medicines were always managed appropriately and we found numerous errors with documentation.

In addition, we received mixed feedback from people about staff time keeping, with a number of peoples' relatives and community social care professional's expressing dissatisfaction with staff arrival times and missed visits. We discussed this staffing issue with the provider at the time of our inspection who assured us they had plans to address this ongoing issue by introducing an electronic call monitoring system by June 2022, which would help improve how they coordinated and monitored staffs' scheduled call visits. Progress made by the provider to achieve this aim will be monitored by the CQC.

The service was not always responsive. People's complaints and concerns raised about the standard of care they or their relatives received from this provider were not always well-managed. For example, we found the provider did not always investigate, respond well or learn lessons when complaints were raised. This meant people had been placed at unnecessary risk of being harmed.

The service was not always well-managed. The provider had failed to always notify the CQC without delay of the occurrence of incidents that had adversely affected the health, safety and well-being of people using the service. This placed people at risk of harm because the CQC was not aware of how the provider had managed such incidents and were keeping people safe.

Furthermore, the provider did not always operate their governance systems effectively because they had failed to identify and/or take appropriate action to address a number of unsafe practices and issues we

found during this inspection.

People were kept safe from abuse and risks they might face were suitably assessed and managed. People received continuity of care from a regular group of staff who were familiar with their personal needs and wishes, and whose fitness to work in adult social care had been thoroughly assessed. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.

Assessments of people's support needs and wishes were carried out before they started receiving any support from this provider. People received personal care from staff who had the right mix of knowledge, skills and support to perform their roles and responsibilities well. 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.

Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required.

People's care plans were person-centred, which helped staff provide them with the individualised home care and support they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

Most people receiving a care at home service, their relatives and staff were complimentary about the way the registered manager/owner ran the service, and how approachable they were. The registered manager promoted an open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of home care.

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 good (published 26 October 2018).

Why we inspected

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

We received concerns in relation to staff missing or being late for their scheduled visits, staff training and poor record keeping. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

When we inspected we also found there was a concern with how the provider managed complaints and concerns, so we widened the scope of the inspection to include the key question of responsive.

For the key question of caring, which was not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of

this inspection.

We have found evidence that the provider needs to make improvements. Please see the relevant key question sections and what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enterprise Care Support Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches in relation to how this provider manages complaints, their governance systems and record keeping 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 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** ●

# Enterprise Care Support 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. Experts by Experience are people who have personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Enterprise Care Support Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in their offices to support the inspection.

Inspection activity started on 6 April 2022 and ended on 20 April 2022. We visited the provider's offices on 20 April 2022.

### What we did before the inspection

We reviewed information we had received about the service since their last inspection which we used to plan our inspection. This included telephone and email feedback we received from five people, four relatives, four local authority social care professionals and six carers, about their experiences of using, working with or for this care at home agency.

We also looked at information the provider sent us in their provider information return (PIR). PIR is a document providers' are required to complete and send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke in-person to the registered manager/owner.

Records we looked as part of this inspection included, eight people's care plans, seven staff files in relation to their recruitment, training and supervision, and multiple medication administration record (MAR) sheets. A variety of other records relating to the overall management and governance of the service were also read.

After we visited the providers offices we continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff duty rosters.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- We were not assured staffing was always well-coordinated and monitored by the provider, but we were assured their staff recruitment systems were safe.
- We received mixed feedback from people using the service, their relatives and community social care professionals with about half the people we contacted expressing concerns about staff sometimes missing scheduled visits, not always arriving on time or not staying for the agreed length of time on each call. Comments we received included, "My [family members] carers are never late", "I have two carers who come in twice a day, but they often only stay for half the time they're meant too" and "My clients carers call times can vary wildly. Staff sometimes go in late, don't stay for their allocated time or miss calls all together".

We discussed these staffing issues with the provider who acknowledged the service had experienced difficulties coordinating staff visits due to various workforce pressures caused by the COVID-19 pandemic. The provider assured us they planned to take action to address this ongoing issue by introducing an electronic call monitoring system by June 2022, which would improve how they coordinated and monitored staff visits. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- People told us they received continuity of care from a regular group of staff who were familiar with their needs and wishes. One person said, "I have the same carer [staff] all the time who lives locally. They know what I need and like", while a relative commented, "My [family member] has established good relationships with her carers [staff] as we usually get the same ones, which is great".
- Staff rotas we looked at reflected the dates and times staff were scheduled to visit people at home to provide them personal care.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. These checks included proof of prospective new staff identity, previous employment, their character, and right to work in the UK. Peoples employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- We were not always assured people received their medicines safely and as prescribed. This was because we found a number of omissions on Medicines Administration Records (MAR) sheets which staff had failed to sign and date when they had administered peoples prescribed medicines. This meant medicines records were inconsistently managed and were not effectively audited for errors.

We discussed these medicine's recording issue with the provider who agreed to remind staff about their responsibility is to appropriately maintain MAR sheets and refresh their safe management of medicines training. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- Where staff were responsible for helping people manage their medicines, people told us they received their medicines on time. For example, a relative said, "My [family members] carers are good at helping her to take her medicines when she needs them."
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered and managed.
- Staff received medicines training as part of their induction. Staffs competency to continue managing medicines safely was reassessed at least annually.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues they might raise with the provider would be appropriately dealt with. One person said, "I do feel safe with my regular carers [staff]", while a relative remarked, "Yes, I feel my [family member] is safe while she's in their [staff] care and I'm sure staff know what to do if they think anything 'dodgy' is going on."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing, is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction, and they knew how to recognise and respond to abuse they might encounter, including reporting it. One member of staff told us, "If I were to witness any abuse or neglect, I would report it to my manager [registered] straight away, and the police if needed...I would also document it all."

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date risk assessments and management plans that covered their personal and health care needs.
- Assessments were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face. One person remarked, "I think my carers [staff] are very good at identifying any risks I might face and keeping me safe from anything bad happening at home."
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks. One member of staff said, "Before attending to my clients [people using the service], we must first familiarise ourselves with their care plan and know how to keep them safe, especially if they're in danger of falling, developing pressure sores or choking, for example." Staff told us risk management plans were easy access and follow.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. A relative told us, "The carers [staff] always wear their PPE correctly", while staff said, "There's always enough PPE available, such as gloves, aprons and masks, which we're told to always wear on our visits".
- We were assured staff had received up to date infection prevention and control and PPE training.
- We were assured the provider was accessing testing for people using the service and staff. A relative said, "I

know the staff are tested for COVID-19 regularly."

- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider regularly monitored accidents and incidents. Systems were in place to investigate any accidents and incidents involving people using the service.

# 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 received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a care at home service. A relative told us, "There was an assessment of my [family members] needs and wishes prior to her being taken on by this provider by both social services and the manager [registered], who came out to see us at home."
- Staff were aware of people's individual support needs and preferences.

Staff support: induction, training, skills and experience

- People received personal care at home from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- People described staff who provided them with care at home as competent. One person told us, "I am confident with the care they [staff] provide me with and they do seem very capable of doing a good job." Another relative added, "They [staff] all seem very well-trained, including the new staff who I know have to complete an induction course...They [staff] do a good job."
- Staff had received the training they required to meet the needs of people they supported. This included an induction programme which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained up to date and relevant. For example, one member of staff said, "At the beginning before we can look after a client on your own, we were given all the training we needed, which is still refreshed every year."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular supervision and work performance appraisal meetings with their line managers. Staff told us they received all the support they needed. For example, one member of staff said, "I do indeed feel very supported by the managers", while a second commented, "We have regular supervision and carers meetings to go through the company procedures...I do feel we get all the support we need from our bosses".

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 consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care. For example, a relative remarked, "They [staff] always ask for my [family members] permission very politely before they start doing any of her personal care with her."
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- Staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training. One member of staff explained, "I always get my clients consent before I start supporting them and respect their decision if they refuse their personal care that day."

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us they were satisfied with the quality of the meals and drinks they were offered. One person said, "They [staff] do make some of my meals, which are always very good and normally exactly what I asked for."
- Care plans included nutritional risk assessments about people's dietary needs and preferences. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition to ensure these individuals ate and drank sufficient amounts.
- Staff had received basic food hygiene training as part of their induction.

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

- People were supported to stay healthy and well.
- Care plans detailed people's health care needs and conditions and the action staff needed to take to keep people fit and well.
- Staff ensured timely referrals to the relevant community health care professionals were made as and when required. One person told us, "If I need them [staff] to, they'd always call the doctor for me", while a relative said, "The staff are very good at keeping us informed about the condition of our [family members] health and wouldn't hesitate to call the doctor, district nurse or ambulance if that's what she needed".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- We were not assured processes were efficient enough to ensure complaints were recorded, investigated and outcomes communicated accordingly, in line with the organisation's policies and procedures.
- The provider was not always properly logging, investigating and responding to people to let them know the outcome of complaints they had raised. For example, the provider was unable to show us any recorded evidence that concerns raised by a relative about staffing missing or being late for their scheduled visits had not been investigated and the complainant informed about the outcome of that investigation including, any action the provider had taken to improve.
- Most people told us they had never had to make a formal complaint about the standard of care they or their loved one received from this provider however, we did receive mixed feedback from people who had raised a complaint about them. Several relatives and community social care professionals we contacted said they were dissatisfied with how the provider had dealt with their complaint they had raised about this provider. For example, one relative remarked, "I called [name of the owner/manager] to formally complain about all the missed and late visits we had one week, as well as how long they [staff] were spending on my [family members] call, but I never heard anything back from them." A local authority commissioner added, "Feedback I have from my monitoring officers about Enterprise Care is that they are not always that quick to respond to queries raised about quality of care they provide our clients."

We found no evidence that people had been harmed however, the providers failure to effectively manage complaints had placed people at unnecessary risk of being harmed. This represents a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed investigations into all the outstanding complaints described above had now been completed, action taken to resolve the concerns raised and the complainants notified about the outcome of these enquiries.

- The provider had a complaints procedure which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns. The procedure was made available to people using the service and their relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences, including if English was not a person's first language, was clearly identified in their care plan.
- The provider was aware of their responsibility to meet the AIS. The registered manager told us their staff team was ethnically diverse and consequently spoke many different languages that British Asians might speak, such as Gujarati, Urdu, Tamil, Punjabi, Hindi and Bengali. This meant staff could be matched and communicate effectively with people and their families who spoke the same language and shared a common cultural heritage.

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

- People received personalised care that was tailored to meet their individual needs and wishes.
- People had care plans in place that included information about an individual's likes and dislikes, and daily routines. A relative remarked, "They [staff] ensure my [family member] follows her agreed daily routines and help her to get up at a certain time, eat breakfast, have a bath and go for a walk. We have complete confidence in the staff to meet our [family members] needs and to follow all the instructions set out in her care plan."
- Any changes to peoples' needs and wishes were updated in a timely manner in their care plan.
- People told us they could always discuss the care they or their relative received with the registered manager and their care givers. This was confirmed by staff who told us they actively encouraged people to make decisions about the personal care and support they received. For example, one member of staff said, "I always make sure I offer the clients [people using the service] support a choice about what they wear, and eat and drink every day, so they can decide how they want me to help them."

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.
- The registered manager told us the service would liaise with various external health care professionals, including GPs, district nurses, palliative care nurses and staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.

# 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 the last inspection this key question was rated as good. At this inspection this key question has changed to 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; continuous learning and improving care

- The provider did not always operate their governance systems effectively. This was because the provider had failed to identify and/or take appropriate action to address a number of unsafe practices and issues we found during this inspection. This included not always investigating, learning lessons and letting complainants know about the outcome of concerns; and, not having effective systems in place to help them coordinate and effectively monitor staffs scheduled call visits.
- In addition, the provider did not always maintain accurate and complete records they were expected to keep. For example, recorded evidence regarding the outcome of complaints and concerns the provider told us they had investigated were not always made accessible on request during this inspection. We also found a number of omissions on MAR sheets where staff had failed to sign and date when they had administered peoples prescribed medicines. A community social care professional also told us, "Enterprise Care staff hardly make any notes on their care calls to my clients [people using the service]."

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, the providers governance systems were clearly not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and represents a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to fulfil their regulatory responsibilities to notify the CQC without delay about certain incidents that adversely affected the health, safety and well-being of people using the service. This was because a number of safeguarding incidents involving people using the service had occurred in the last 12 months, which the provider had failed to notify the CQC about in a timely manner. All the community social care professionals who represented various Local authorities told us they were aware of a number of safeguarding incidents that had happened in the last 12 months, which our records showed the CQC had not been notified about by the provider.

We discussed this issue with the provider at the time of our inspection. They acknowledged there had been a number of failures lately where incidents that should have been reported to the CQC without delay had not. They agreed to develop an action plan to improve how they would keep us informed about such incidents in

a timely way in future.

- The provider displayed their rating as required in their offices and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The registered manager/owner had a clear vision that she shared with staff. The registered manager told us they routinely used in-person and virtual meetings and training to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a care at home service, their relatives, and staff.
- The provider used a range of methods to gather views about what the agency did well or might do better. For example, people had ongoing opportunities to share their views through regular telephone and in-person home monitoring visits, and were encouraged to complete annual satisfaction surveys.
- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone, social media and email contact.

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local authorities.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. One member of staff told us, "We work closely with GPs and community nurses to ensure the health care and wellbeing of people we support remains good." A second member of staff remarked, "We work with tissue viability nurses all the time for clients[[people using the service] who are at risk of developing pressure sores and always follow their wound care advice".

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	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>People who use the service had been placed at unnecessary risk of harm because the provider had failed to ensure they always operated an effective complaints system that recorded, investigated, took appropriate action and responded to complainants in a timely way. Regulation 16(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight systems were not always effectively managed and records they were expected to keep were not always appropriately maintained. Regulation 17(2)(a)(c)</p>