R & K Domiciliary Care Ltd

Caremark (Gedling & Rushcliffe)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced inspection of the service on 12 September 2018. Caremark (Gedling & Rushcliffe) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Caremark (Gedling & Rushcliffe) receives 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 consider any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection, 33 people received some element of support with their personal care. This is the service's second inspection under its current registration. At the previous inspection, the service was rated as 'Requires Improvement' overall. At this inspection, they have remained at this rating and we identified one continued breach of the Health and Social Care Act 2008 (Regulated Activities).

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

The risks to people's health and safety had been assessed but the recorded assessments were not personalised and did not always reflect people's individual care needs. Most people were satisfied with the punctuality of the staff, however records showed there were times when calls were regularly late. There had been a high turnover of staff however this had now stabilised and staff retention had improved. Staff were recruited safely and people were supported appropriately with their medicines. Staff were aware of how to reduce the spread of inspection. The registered manager investigated accidents and incidents; however, their decisions were not analysed and reviewed by the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however, the policies and systems in the service did not always support this practice. People had care records in place. These were not always developed in line with current legislation and best practice guidelines. Staff received an induction and training programme, however some staff required refresher training which had not yet been arranged. People felt staff understood how to support them in their preferred way. Where needed, people were supported with their meals, however nutritional assessments were generic and not personalised to people's needs. Other health and social care agencies were involved where further support was needed for people.

People felt staff were kind and caring, treated them with respect and ensured their dignity was maintained. People liked the staff and their independence was encouraged. People were involved with decisions about their care. People's personal data was protected in line with the current legislation.

People's needs were assessed prior to commencing with the service. This enabled staff to have the information needed to support them effectively. People's records were person centred and informed staff how to support people in their preferred way. People felt staff responded to their complaints effectively, records viewed confirmed this. People's diverse needs were discussed with them during their initial assessment. End of life care was not currently provided by the service.

Some improvements had been made to the quality assurance processes since our last inspection. However, they were still not fully effective in identifying areas of risk within the service. The registered manager received limited input from the provider to ensure they were held accountable for their decisions and the effectiveness of how the service was managed. The registered manager now had administrative staff in place, which meant they could delegate some responsibilities and focus on managing the service. The registered manager carried out their role in line with their registration with the CQC. Notifiable incidents were reported to the CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments did not always reflect people's individual needs. People were happy with staff punctuality, however records showed further improvement was still needed. Staff were recruited safely and people were supported appropriately with their medicines. Staff were aware of how to reduce the spread of inspection. The registered manager investigated accidents and incidents; however, there was limited provider oversight of these decisions.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's views were respected; however, the principles of the Mental Capacity Act 2005 were not always appropriately applied. People had care records in place. These were not always developed in line with current legislation and best practice guidelines. Some staff required refresher training. People felt staff understood how to support them in their preferred way. People were supported with their meals; however nutritional assessments were generic and not personalised to people's needs. Other health and social care agencies were involved where further support was needed for people.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring, treated them with respect and ensured their dignity was maintained. People liked the staff and their independence was encouraged. People were involved with decisions about their care. People's personal data was protected in line with the current legislation.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to the commencing with the

service. This enable staff to have the information needed to support them effectively. People's records were person centred and informed staff how to support people in their preferred way. People felt staff responded to their complaints effectively, records viewed confirmed this. People's diverse needs were discussed with them during their initial assessment. End of life care was not currently provided by the service.

Is the service well-led?

Requires Improvement

The service was responsive.

People's needs were assessed prior to the commencing with the service. This enable staff to have the information needed to support them effectively. People's records were person centred and informed staff how to support people in their preferred way. People felt staff responded to their complaints effectively, records viewed confirmed this. People's diverse needs were discussed with them during their initial assessment. End of life care was not currently provided by the service.

Caremark (Gedling & Rushcliffe)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

The inspection team consisted of an inspector, an assistant inspector and an expert by experience. The expert by experience had experience of caring for someone who has used this type of service. The expert by experience and the assistant inspector carried out telephone interviews with people prior to the office-based inspection. They attempted to speak with 26 people or relatives. They managed to speak with 10 people who used the service and six relatives. The inspector visited the office location to see the registered

manager, office staff and to speak with care staff. The inspection report was partly informed by feedback from the telephone interviews.

During the inspection, we spoke with two members of the care staff, a care coordinator, a field care supervisor and the registered manager.

We looked at records relating to five people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

Requires Improvement

Is the service safe?

Our findings

The risks to people's health, safety and welfare had not always been suitably assessed or reviewed to ensure the care provided for them was appropriate to their needs. We found most risk assessments that were in place were generic and not individualised to people's needs. For example, we found people with varying levels of mobility had the same risk assessment in place. Whilst these risk assessments did consider the general risks in relation to people's mobility, they did not include personalised, additional information that would further support staff with reducing the risk to people's safety. We saw similar examples of generic risk assessments in other areas of care and support including medicines, nutrition and skin integrity. This placed people at risk of not receiving the required, individualised support needed to keep them safe.

Most of the people we spoke with told us staff arrived on time for their call. However, we received mixed feedback from people when we asked them whether the staff who called were the ones they expected. One person said, "No, (I'm not always aware of who is coming). Some of them have been here once before. So, no, we don't really know, but they all seem nice people, they are very helpful." Another person said, "There is a small group who come. I do get a list but there can be quite a few changes. It's not a problem for me and they always stay the full length of time." However, some did say they knew who was coming and this rarely changed. One person said, "We get a printed sheet; a timesheet, we get it at the beginning of the week. Normally they come in a pair, and that is when I get introduced."

We looked at daily log books for four people to establish whether staff arrival times matched what had been agreed in their care records. We found that whilst staff did arrive on time for some calls, others were late and in some cases as much as an hour late. This could place people at risk of not receiving food, personal care or medicines when needed.

The registered manager told us that between the months of January and May 2018 there was an unusually high turnover of staff. This had resulted in difficulties in staff arriving at people's homes on time and providing people with the staff they expected. They told us this had also meant that they had to cover some shifts, removing them from their managerial responsibilities. We were informed this has now been addressed and a stable team of staff was now in place. The registered manager expected to see further improvements in punctuality and consistency of staff with improved staff retention.

Records showed robust recruitment processes were in place to ensure that people were supported by suitable staff. Prior to commencing their role, checks were carried out on staff's work history, their identification and whether they had committed an offence that would prohibit them from working with vulnerable people. Once these checks had been completed, they were then able to work alone with people. This process reduced the risk to people's safety.

We saw the registered manager had processes in place to investigate allegations of poor practice and saw these had been acted on. Prior to this inspection, we were informed by a member of the local authority safeguarding team of a substantiated safeguarding incident that had been investigated. They told us they felt the person had not received the appropriate level of support. We will continue to monitor this service

along with colleagues from the local authority safeguarding team to ensure people remain safe.

Most of the people we spoke with told us they could manage their own medicines. Those who needed the support from staff told us they were satisfied with the support they received. One person described the procedure staff followed to give them their medicines in their preferred way. Another person told staff always checked they had taken their medicines.

There were processes in place to ensure people received their medicines safely. Care plans detailed how people preferred to take their medicines. However, risk assessments in relation to medicines were not individualised to each person's needs. This meant the risks to each person had not been appropriately assessed.

People's medicine administration records were completed accurately to show when people had taken or refused to take their medicines. Staff who administered medicines were trained and had their competency to do so reviewed regularly. This meant people received their medicines as required.

People felt safe when staff supported them. One person said, "Oh yes, certainly I am safe, I trust them all they are all lovely people." Another person said, "They make sure I am safe they will use the shower chair when I am showering, that way I cannot slip". A third person said, "They don't rush me, they keep me safe." A fourth person said, "They are all aright. I feel safe with them. They are usually pretty organised for example they will get everything ready in the shower before they take me there."

People knew who to report concerns to if they felt unsafe or had concerns to raise. One person said, "For a start I would ring the office number." Another person told us if a staff member had made them feel unsafe they would, "Tell them to go, or ring the management." Records showed people were provided with emergency contact details if they needed to speak with a member of staff and this included an out of hours number to call which was managed by the registered manager and other nominated staff. This helped to contribute to people feeling safe.

Staff spoken with could explain how they would act on any concerns they had about people's safety. One staff member said, "I would speak with my manager, or report it to the CQC if I needed to." Staff had received safeguarding adults training and were aware of the provider's safeguarding policy. The registered manager had a good understanding of their responsibility to ensure the relevant authorities were notified of any concerns about people's safety. This reduced the risk of people experiencing avoidable harm.

Most of the people we spoke with told us staff had personal protective equipment such as gloves and aprons to help reduce the risk of the spread of infection. One person said, "Yes, they wear gloves and aprons." Another person said, "Gloves and aprons – yes. They are all suitably dressed in their navy-blue tops (uniforms)."

We noted staff had received training on how to reduce the risk of the spread of infection. Staff spoken with told us they always had sufficient amounts of personal protective equipment such as gloves and aprons to assist them to reduce the risk of the spread of infection.

The registered manager had effective process for the monitoring of accidents or incidents that had occurred. When an incident took place, this was investigated and appropriate action was taken. This included the registered manager making recommendations on how to reduce recurrence. We did note that when reviewing incidents, the actions of the registered manager were not reviewed or discussed with the provider. This meant the registered manager was not held accountable for the decisions they made.

Requires Improvement

Is the service effective?

Our findings

The registered manager carried out assessments of people's needs prior to commencing with the service. The protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific care need. However, records showed that the registered manager had not always ensured that current legislation and best practice guidelines had been considered when forming people's care records.

Records showed people had conditions such as paranoid schizophrenia, chronic heart conditions and arthritis; with others living with dementia. However, there were limited examples that professionally recognised best practice guidelines had been used to assist the registered manager with forming care plans. The registered manager told us they would make improvements by reviewing current plans to ensure professional guidance was in place and make amendments to how they carried out their initial assessments with people. This is important to ensure that people received the most up to date support for their health conditions.

Most people told us they were happy with the way staff supported them, with people informing us staff helped them manage their health conditions effectively. One person said, "Yes all of them do, unless it is a new carer. Most of them know what to do. You get into a routine." Another person said, "I think they are pretty well trained. They seem to know what they are doing." A relative said, "I do feel they have enough training. [Family member's name] is very happy with them, they use [name of equipment] and all the staff are very competent with it."

Records showed staff had completed a detailed training programme that the provider had deemed mandatory for them to be able to complete their role effectively. This included training and regular refresher courses in areas such as moving and handling and safeguarding. We did note that four of the 19 staff employed by the service required refresher training to be completed. This training, deemed mandatory by the provider, is needed to ensure staff knowledge is up to date and reflects current best practice. At the time of the inspection this had not been arranged. The registered manager assured us the staff were competent in their role, but would ensure this training was completed.

Staff told us they felt supported by the registered manager and records showed staff received regular supervision of their role. This ensured staff performance was regularly monitored and any areas for improvement addressed, before this could impact people. The registered manager told us staff were also encouraged to complete professionally recognised qualifications such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

People felt staff respected their wishes and asked for consent before providing care and support. One person said, "They did in the first place, they ask consent. They ask each time, if they can sit down, they are very polite." Another person said, "Yes, I think they do. They ask you what I'd like to wear. I always have a

shower. I think they constantly talk to me throughout." A third person said, "I can organise myself really but the staff will always ask if I want a shower. They mainly do domestic stuff, but they will always check if I need anything getting, like a cuppa or breakfast."

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 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. We found overall they were, but it needed to be made clearer who had the authority to sign care records, showing care was agreed by the authorised person.

In each of the care records that we looked at, reference had been made as to whether people had the capacity to make decisions about their care. MCA assessments had been completed where needed and relatives had been involved and consulted where appropriate. We did note on one occasion that a person who had been assessed as having capacity to make decisions had their care records signed by a relative. The registered manager assured us the person had given their relative consent to do so on their behalf, but this was not made clear in the person's records. The registered manager told us they would review the way consent was recorded to ensure people's wishes were accurately reflected.

Most people told us they could make their own meals or had the support of relatives to do so. A small number of people received support from staff and were happy with the support received. One person said, "I might have a frozen meal, I ask them [staff] if they will do it for me, and they are always happy to do so. They always give a choice." Another person said, "Sometimes they prepare a meal for me. They will cook it from scratch it's pretty good. They will do what I want, it's ideal." A relative said, "They will see to [family member's] meals if I'm not around. They will ask what they fancy and do a breakfast, or a sandwich for lunch. They always make sure [my family member] has a drink available."

We noted in people's care records that assessments of people's nutritional needs had been completed. However, like the other risk assessments in people's records these were not individualised and did not consider people's individual health needs. The registered manager acknowledged this and told us they would include these assessments with the overall review of risk they would be carrying out following this inspection. We did note that people's preferred meal times and their food and drink likes and dislikes and had been recorded. This enabled staff to support people with meals in their preferred way.

People told us they could make their own appointments to see other health and social care agencies when needed. However, some did say that staff had supported them to do so when they have needed them to. One person told us their care staff member had contacted the appropriate agencies when they had had a fall and welcomed their support.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and changing health and social care needs. We did advise the registered manager that the current approach to assessing the risks to people's health was not effective. This could impact people when transitioning to other health and social services as their records may not reflect their current health needs. The registered manager advised they would be reviewing this process to ensure these records did reflect the current risks to their health and safety.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them. They welcomed their friendly and caring approach when providing them with care in their homes. One person said, "I get on with them very well, even the ones that I perhaps hadn't seen before, they always seem very nice." Another person said, "They are all lovely people." A third person said, "I would say they are kind and caring. We have a laugh at times". Staff spoke passionately about the people they supported. They told us they had formed positive relationships with people and they enjoyed their role.

People felt they could contribute to decisions about their own care and staff respected their decisions. One person said, "I tell them what tasks I want them to do and they do them for me." Another person said, "Oh yes, the staff are supportive of my decisions, if I want to do something myself then I would do it myself." People's care records showed they had been involved with decisions about their care. Where able, people had signed their care records to say they agreed to the care provided. We also noted people were regularly asked for their views about their care via telephone monitoring calls, giving people the opportunity to make changes if needed.

People and relatives told us staff treated them, or their family members with respect and dignity and respected their right to privacy. One person said, "Yes, they treat me with respect. In my bathroom, we shut the door, yes, they protect me dignity." Another person said, "They are all very respectful, very courteous, very nice, very nice young people, they are all pleasant." Personal care is carried out privately, and in a dignified way." A third person said, "They do treat me with respect and will always ask if there is anything else they can do before they go. I get on really well with some of them."

Staff had completed equality and diversity training and people's care records showed people's diverse needs had been discussed with them during their initial assessment. This included people's chosen religion. The registered manager told us that people had not expressed a wish to be supported in a specific way that considered their diverse needs. However, the registered manager told us they discussed this with staff to enable them to act on any changes to people's wishes. This would ensure people were not unknowingly discriminated against because of their choices.

People told us staff encouraged them to do things for themselves which helped maintain their independence. One person said, "I need them to help me stay as independent as I can. I don't want to give my home up. They all treat me nicely. I have a good rapport with some of them."

People's care records contained guidance for staff to support and encourage people to lead independent lives wherever possible. Care plans clearly identified the support people needed with daily living tasks, including support needed with personal care. We checked people's daily record logs and found staff supported them in line with their personal choices, respecting people's right to do as much for themselves as possible.

People's care records were stored within the service's office to ensure confidentiality and privacy were

respected. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Good

Is the service responsive?

Our findings

Some of the people we spoke with told us they had been involved with the forming of their care plans and agreed to the care and support provided by staff. Others could not recall whether they had been involved. One person said, "Yes, I had input as much as the manager came down and drew it all up in front of me and asked me all the questions." Another person said, "I have a care plan, it was discussed with me at the start and [my family member] signed it. I do believe it was updated not long ago." Another person told us they occasionally checked their daily records to see what staff had written when they had attended their home. They said, "I do look at my book from time to time and it does reflect what they have done for me. Some of the carers are extremely good, although some I would say are more natural carers then others."

The registered manager ensured people's needs were assessed and care plans put in place to enable them to receive the care and support they needed from staff. These care plans considered people's personal preferences and described for staff, in detail, how each person would like to be supported. Personalised information included, people's preferred call times, the support they would like with meals and personal care. Also included was information about people's life history, their background and their hobbies and interests, which informed staff about things other than care, that were important for people. This helped staff provide person centred care and support for people.

The registered manager understood the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. They told us they had 'easy read' versions of some policies and procedures. They told us moving forward they would like to make some documents such as the service user guide and their care plans available in larger fonts. This would empower people, ensure they were treated fairly and without discrimination.

People and relatives told us they knew how to make a complaint and most felt their concerns were responded to appropriately. One person said, "I have all the information about this down in the book including the telephone number. I have had no cause to complain." Another person said, "I would ring the office is I was worried about anything. I find them helpful."

Records showed people were given a copy of the provider's complaints policy and emergency numbers to call if they needed to speak with someone about any concerns they had. We looked at the log of formal complaints made. We found these had all been responded to in line with the provider's complaints policy. However, we did note that when mistakes had occurred, people or relatives were not always offered an apology. The registered manager assured us that apologies were offered verbally, but agreed this should also, always be done in writing.

People had not been offered the opportunity to discuss their wishes for the end of their lives. Although end of life care was not currently provided at the service, opportunities to support people to think about this may have been missed. The registered manager told us this was a difficult and sensitive subject to raise with people. However, they agreed that during a person's initial assessment and at subsequent reviews, a

respectful conversation could be had to discuss this.

Requires Improvement

Is the service well-led?

Our findings

During the last inspection on 9 August 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities). We noted systems were not in place to ensure that when people started to use the service, risks to their safety were appropriately assessed. Care plans were also not always in place to enable staff to support people effectively. One of the main factors for this was because the registered manager had limited support with administrative/office based duties which impacted on their ability to carry out their role effectively.

During this inspection we checked to see whether improvements had been made. We found some improvements had been made, but we identified other areas of concern.

The registered manager now had more staff to support them with carrying out administrative tasks. This included a full-time care coordinator and a part time administrator. This has led to an improvement in the time taken to assess people's needs and ensured detailed care plans were in place. However, the quality of the risk assessments that were in place was variable with many of these assessments generic in content. They did not always reflect people's individual needs and the risks to their safety.

There were other areas during this inspection which we identified as needing improvement. Staff punctuality, ensuring authorised people signed care planning documentation and using professionally recognised best practice guidelines to inform care planning. We also noted the registered manager's performance was not monitored by the provider. There was limited input from the provider in ensuring the service complied with the fundamental standards.

This meant the overall rating for this service remain as Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding.' Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement or Inadequate' on two consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

This was continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

Most of the people we spoke with told us they were happy with the quality of the service provided and would recommend the service to others. One person said, "I would recommend them. I am quite happy with the service I am getting." Another person said, "Oh yes definitely, my experience is that they have all been wonderful to me." A third person said, "I would recommend them on the whole they are keeping me independent."

Most of the people we spoke with told us they were satisfied that when they contacted the provider's office, their concerns were listened to and acted on. One person said, "Yes, the communication is sufficient, they have always dealt with me there and then." Another person said, "Oh yes, when I must ring then, they will deal with is straight away."

However, a small number of people did tell us that office based staff did not always respond to their queries or concerns appropriately. One person said, "I can't fault the carers some of them have clearly put themselves out to help us. However, I don't find the company at all organised. I have been on the phone on numerous occasions trying to sort out [issue] to the point where I have just given up as they are not listening or trying to help." The registered manager told us that now they have more office based support this should see a continued improvement in the way people's queries and concerns were handled.

People told us they were unsure whether they had been asked to provide formal feedback about the service. However, records showed that people did receive regular telephone calls to discuss their care needs and to help staff to make changes where people needed them. The registered manager told us they used this feedback to help them to identify any trends and to act on them. For example, punctuality was a theme and this enabled the registered manager to discuss recruitment and staff retention with the provider to help improve arrival times.

Most people told us they knew who the registered manager was. Those that did know her, spoke highly of her. One person said, "I know the manager. She is very approachable and easy to get hold of if I need to." Another person said, "I know the name of the manager she has been a few times to care and whilst she's been here we've talked about how things are going. I wouldn't hesitate to tell her if I wasn't happy."

The registered manager was aware of their responsibilities to ensure the CQC were always informed all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and in their office.

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 Effective systems or processes were not always in place to enable the registered person to assess, monitor and improve the quality and safety of the services provided. The systems or processes did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.