Everycare (East Surrey) Limited

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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

Everycare (East Surrey) Limited is a domiciliary care agency that was supporting 101 people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Most of the people using the service were older people, some of whom were living with dementia. At the time of our inspection 88 people were receiving the regulated activity from the agency.

People's experience of using this service:
There was a lack of robust quality monitoring of the service provided which meant some shortfalls had not been identified. These included a lack of robust medicines records and ensuring staff stayed the full time expected at a care call. Staff were not supported through supervision or meetings which meant the agency were not following their own in-house policy. People's care records were not always contemporaneous.

Although we were told there were enough staff employed to meet the services care commitments we received feedback from people that staff timekeeping was erratic. Staff told us they did not have travelling time factored into their day which meant they could regularly run late.

People were cared for by staff who had been recruited through a recruitment process and who had undergone appropriate training for the role. Staff maintained appropriate standards of infection control in people's homes and used the necessary personal protective equipment.

People were encouraged to give feedback about their care. People said staff were kind and caring and treated them with respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received the medicines they required.

Staff understood their roles in keeping people safe from abuse. Potential risks to people and staff had been assessed, although some people people's care records required further detail.

Staff monitored people's health and reported any concerns they had about people's wellbeing. Where people had food provided to them by care staff they said they were satisfied with this aspect of their care. Staff learnt from accidents and incidents.

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

Rating at last inspection and update
At the last inspection the service was rated Good. The report of this inspection was published on 15 February 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not consistently 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 consistently well-led Details are in our Well-led findings below.	**Requires Improvement**

Everycare (East Surrey) Ltd

Detailed findings

Background to this inspection

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

Inspection team
Three inspectors carried out the inspection as well as an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type
This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

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

Notice of inspection
We gave the service notice of the inspection because we needed to be sure the provider would be available to support the inspection.

Before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection
The inspection activity started on 19 August 2019 when we announced the inspection. We visited the office location on the 21 August 2019 to see the registered manager and to review care records, documentation and policies and procedures. We checked care records for eight people, including their assessments, care plans and risk assessments. We looked at six staff files and the complaints log, accident and incident records, quality monitoring checks and audits.

On 21 August 2019 we spoke with eight people who used the service and five relatives' by telephone to hear their views about the care and support provided. We also carried out four home visits to people who received care from the agency speaking with five people and six staff. In addition, we spoke with another three staff members as part of the visit to the office as well as the registered manager.

After the inspection
We asked the provider to send us through some documentation following our inspection as they were unable to provide it to us on the day. This included training and supervision information. We also received feedback from one social care professional.

Requires Improvement

Is the service safe?

Our findings

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

The last rating for this service was Good. We found at this inspection this rating had not been sustained as some aspects of the service required improvement. This meant there was limited assurance about safety and an increased risk that people may be harmed.

Staffing and recruitment

● Deployment of staff meant that people could not rely on calls being made at times that suited them. Although the registered manager told us there were enough staff employed to meet the agency's care commitments we received mixed feedback from people around time keeping. Comments included, "I've never missed a call, but if they're (staff) running late they don't always let me know. The carer asks the office to call me, but they don't", "There has been a missed visit", "There is no set time. It does not entirely suit me. They are quite unpredictable", "You cannot guarantee a time", "We do have problems at weekend. They are late. It was two hours the other day" and, "Timekeeping at weekend is the worst. They are all over the place."

● A monitoring system was used to check staff arrived at care calls. The registered manager told us, "Calls are monitored through call monitoring. It's made a big difference. We can see in real time where they (staff) are."

● However, they also told us they did not include travelling time on staff's rota's because they planned care calls to help ensure staff did not have to travel long distances between calls.

● One person said, "You cannot guarantee a time. It depends on what they did previously. I don't mind if they're early, but I do mind waiting." Staff told us, "You need wings to be able to do it (the run) as they think you can. It has a knock-on effect as I'm then late to the next person and the next." A second staff member told us, "I was down on the rota to be in two places at once this morning. I had to call them and tell them to change it." Yet, other staff said, "The runs are well scheduled" and "We're pretty on the ball." This lack of travel time meant people were not always receiving a call when they expected it.

We recommend the registered provider reviews the planning of care calls in order to provide a service that is expected by people.

● We did receive positive feedback from people and staff. This included, "I've never missed a call and they're only late if there's an emergency", "They're always here around the right time" and, "They always turn up morning and evening."

● The provider's recruitment procedures ensured only suitable staff were employed. Prospective staff had to submit an application form and attend a face-to-face interview. The provider also obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

● The registered manager told us that all staff were undertaking another DBS check to ensure the service held the most up to date information about employees.

Using medicines safely

● Although people received the medicines they required, records in relation to medicines did not always follow good practice. One person told us, "[Staff name] does my medicines for me. She makes sure they're organised." A second person said, "The girls always give me my medicines. I never miss them."
● Where people had handwritten changes to their medicine administration records (MAR) these were not accompanied by a double signature to confirm that the person changing the prescription details had transposed the information correctly.
● We found gaps on some people's MAR charts. On one it was recorded that family had administered medicines on these days. However, it was not clear that this was the case for all. It is important for staff to ensure there is a signature or a symbol in each box to indicate who had administered the medicine or whether it had been refused.
● There were no body maps for topical creams (medicines in cream format) to show staff where to apply the cream to the person. Although the impact to people was low because staff knew people well, it is good practice to have a clear indication of where to apply a cream, particularly if a new member of staff was attending to a person.
● In addition, where people had an as required (PRN) medicine these were not accompanied by individual protocols. This is important particularly where people were living with dementia and could not express pain. Following the inspection, the registered manager informed us they were working with the local pharmacy to develop PRN protocols for people.

We recommend the registered provider reviews people's medicine records in order that they are in line with best practice.

Assessing risk, safety monitoring and management
● Assessments were carried out to identify any potential risks to people receiving care, but these were inconsistent. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care.
● However, some of the identified risks to people would have benefitted from further information. For example, one person had heart failure, but this was not mentioned in their care plan. This same person needed to use a wheelchair on occasions and again there was a lack of information to guide staff on when this may be appropriate. A second person was at risk of their skin breaking down but there was a lack of risk assessment around this. However, the impact to people was low as staff knew people and their needs well. We spoke about these to the registered manager who assured us they would review the information.

We recommend the registered provider records detailed information about people, especially in relation to any identified risks.

● Other risks to people were well documented such as one person who used slide sheets for repositioning in bed. Their care plan stated, 'ensure fold bottom of upper silk sheet to stop [name] sliding down the bed'. A second person had detailed moving and handling information.
● People were encouraged to take controlled risks such as one person who walked from one chair to another lined up between the kitchen and the living room in order to remain independently mobile.
● People had access to an on-call phone number should they need advice or support outside of their normal care hours.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe when staff provided their care. One person told us, "[Staff name] makes me feel safe. She always locks the door at night which used to be a big worry for me." Another told us, "Most of the carers make me feel safe. I like them, so I feel safe."

● Staff understood their responsibilities in protecting people from abuse. A staff member told us, "I would report any safeguarding concerns to [registered manager] or the Care Quality Commission."
● The registered manager had worked with the local authority safeguarding team in relation to potential safeguarding concerns.

Learning lessons when things go wrong
● Staff recorded any accidents or incidents that occurred and fed these back to the registered manager, although we found that not all incidents were recorded formally and as such it would be difficult for the registered manager to review the records for themes and trends. We spoke with the registered manager about this and they told us would introduce more formal processes.
● Staff did learn from incidents and processes were changed. For example, following one person's discharge from hospital which had caused some concern, a memo was sent out to staff to remind them to be vigilant and to report any concerns to the registered manager.

Preventing and controlling infection
● Staff helped people keep their homes clean and maintained appropriate standards of infection control. One person told us, "They always wear aprons." Another said, "They always wear aprons and gloves for my personal care." A third person told us, "They leave things how I like it."
● Staff infection control practice was observed during spot checks. A staff member told us, "We have personal protective equipment in the car so it's always available."

Good

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

The last rating for this service was Good. We found at this inspection, the rating for this key question had been sustained. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had an induction when they joined the agency, which included shadowing a more experienced member of staff. New staff were expected to complete the Care Certificate which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. The registered manager told us, "We have two going through it at the moment."
- People felt staff were generally well trained. One person told us, "They know what they're doing when they transfer me." Others said, "Catheter training provided. If two carers come, one will be experienced" and, "The core carers have brilliant skills."
- Staff said the training provided them with the skills they needed to do the job. One staff member said, "I think the training is good. Most of the time we have work books which we do every year. We do manual handling and first aid face to face." A second staff member told us, "The training has been great. When I first arrived the registered manager brought me 18 modules to go through."

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

- People's needs had been assessed before they began to use the service to ensure the agency could provide appropriate care. The assessment formed the basis of the person's care plan. One person told us, "They did an assessment when I first started using the service."
- Assessments covered areas of risk, the person's background, skills and interests, their care requirements and support needs.
- Staff worked from guidance from external agencies, such as the funding authority who had given detailed guidance about the hoist that should be used for one person.

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

- Staff supported people to maintain good health. One person told us, "The carers have said they would help me to appointments if needed." A second person said, "They'll say, 'you're a bit breathless' – my conditions make me very tired – they can tell whether I'm not having such a good day."
- The agency worked effectively with other professionals to ensure people's healthcare needs were met, such as the GP, local pharmacy or district nurse. Staff had referred one person to the occupational therapy team for some equipment for their bed.
- Records showed information was shared with health and social care professionals in order to ensure people's care was tailored to their needs and solutions could be found to address any concerns.
- One person told us, "I can call the office at any time and someone will answer." A staff member said, "Communication between carers and the office is so easy." A second person told us, "The call carers provide

a good standard of care."

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

● People's dietary requirements were checked during their initial assessment and any dietary needs or preferences recorded in their care plans. No one currently being cared for required a modified or specialist diet.

● People were supported to eat sufficient amounts of food and stay hydrated. They said they were happy with this aspect of their care. One person told us, "I buy frozen meals and they give me the choice of which ones to eat each day. They make me a flask of coffee in the morning and they'll do another at lunch time if I need it." A second person said, "[Care staff] makes sure we have something different every day and she's a good cook. She makes sure I have plenty of water if it is hot."

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

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

● The agency was not providing care to anyone who lacked the capacity to make day to day decisions although some people were living with dementia. People told us however they were asked for their consent before care was provided. One person said, "They are chatting all the time and they'd say, 'shall we get you washed?'"

● Staff had an understanding of the need to obtain a person's consent before commencing care. One staff member told us, "It's making sure I give her choices every day. She makes unwise decisions, but it's nothing that will harm her or anyone else." A second staff member said, "We've had training on it in the past. If we go to someone with severe dementia, we know we still have to give them choices. I remind her what she likes if she can't choose to prompt her."

Good

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

The last rating for this key question was Good and we found at this inspection this rating remained unchanged. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff who visited them were kind and caring. One person said of their care worker, "[Name] is very good. When she is not on duty I miss her. I can't do without them. They are so good and would do anything for me." A second person told us, "[Name] is amazing. It means everything to me – she really is a good one." A third person said, "The girls are lovely. We have a good old chat together which is nice" with a further person telling us, "They're kind and compassionate to me."
- Staff demonstrated a compassionate and flexible approach when supporting people. We heard one person had been discharged from hospital without the agency being informed. Staff in the office spent a considerable amount of time liaising with various parties to ensure the person was safe and had all they needed. They offered to provide a care call to the person to assist them with a meal and shopping. One person told us, "It's the little things that matter."
- People told us staff were attentive to them. One person said, "All the carers that come are all excellent." A second person told us, "They take care I don't bash into the hoist." A relative said, "They're good at interpreting his facial expression. They are sensitive to that."

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

- Staff treated people with respect and supported them to make their own decisions. One person told us, "They include me in all the decisions around my care." A second person told us, "We always discuss together about what we're going to eat and she lets me choose what to wear."
- During our home visits, we observed staff asking people what they wished for lunch and giving one person options of where they wished to eat their lunch. A person told us, "They very much listen to me."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. One person told us, "They make sure the blinds are closed when I'm having personal care. They leave me to do the things I can do (myself)." A second person said, "She absolutely respects my privacy and dignity. I really appreciate what she does for me in terms of personal care. She encourages me to walk with my walker and keeps me as active as possible."
- Staff understood the need to ensure people were treated in a respectful manner and to support them in a way to help them remain independent. They told us how they would keep people covered when carrying out personal care. One staff member said, "It's about not getting involved if not necessary, rather than prompting independence." A second staff member told us they told family about specialist equipment so their family member could now feed themselves. One person said, "When I have a bath they don't step in. They let me do what I can."

Good

Is the service responsive?

Our findings

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

The last rating for this key question was Good. At this inspection this key question has remained the same rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- Each person had a care plan, which recorded their needs and preferences and provided guidance for staff about what was needed at each care call. One person told us, "Care plans are detailed." A second person said, "[Staff name] knows all about me. She feels like one of the family."
- There was good detail in some people's care plans such as the person whose family and their pet was important to them. Another person had a condition which caused them relationship hardships and there was good information on how this had impacted on the person. One person told us, "Once a year they ring or visit if I need my care reviewed. It has happened in the last few years, i.e. after an operation."
- We read feedback which demonstrated people received individualised care. Comments included, 'always showers our mother even though this can often be a difficult task to get her to do', '[staff name] sat and ate a slice of cheese on toast with her just to encourage her to eat', 'enjoys me painting her fingernails on a regular basis' and 'she has made me a lovely dinner that I really enjoyed'.
- There was limited information of people's end of life wishes, although we read compliments received by the agency on the care provided during this time. One family member had commented, 'exemplary care provided that gave her mum a dignified death'. A relative told us in relation to the care provided to their family member at the end of their life, "They were excellent. Very, very happy."

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which set out how complaints would be managed. This was given to people and their relatives when they began to use the service. One person told us, "I've never had to complain. I feel if I did need to complain it would be taken seriously." A second person said, "I would feel comfortable if I had to (complain)."
- Since our last inspection, one complaint had been received and we read the registered manager had responded to this promptly.
- The agency had received positive feedback and reviews. These included, 'Every decision of care was carefully thought through with the agreement of relatives/manager and carers' and, 'daughter rang to thank me for providing an amazing service for her mother'.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Each of the people the agency provided care to was able to communicate verbally and as such did not have any specific requirements in this respect.
● Where people did have specific requirements these were recorded in their care plans. For example, we read in one person's care plan tips for talking to the person. It stated, 'I am hard of hearing and wear hearing aids'.

Requires Improvement

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

The last rating for this key question was Requires Improvement because there was a lack of quality assurance within the service. We issued a recommendation to the registered provider in this respect. We found at this inspection this rating has remained the same. 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. Although people's needs were met and people were happy with the care they received from the service there was still a lack of robust quality assurance monitoring and staff did not feel supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; and how the provider understands and acts on duty of candour responsibility

- Quality assurance checks were not robust or always carried out. The registered manager told us a large medicines audit was currently underway and this had identified some shortfalls in the medicines management practices. A staff member told us, "We need to keep on top of it, so it doesn't drift again. It's improved so much." However, the audit had not picked up on the lack of topical cream charts, handwritten entries on MAR charts without double signatures and lack of PRN protocols.
- Some care records were disorganised and not contemporaneous. A staff member said, "We go in and the care plans don't tell us anything about the people we are supporting. I've had to call other carers before." A second told us, "You find out little things about people and tell the office, but you need to tell them enough times before it gets added (to the care plan)."
- One person who was at high risk of inadequate nutrition and hydration's care plan stated, 'prompt me to eat'. Yet there was no further guidance to staff on how this person should be prompted, what to do if the person did not eat and when to report back a concern. A second person was taken shopping by staff and the registered manager to us this could be, "Challenging." The person's care plan had no guidance for staff in the respect of the shopping trips.
- A staff member told us, "We have a routine. It's not clear in his care file, it's the little things that aren't in the care plan that make the difference. Sometimes I end up writing it on there myself." A second staff member said, "I just wrote in the care file myself for one person as it said she could walk independently, but she couldn't."
- The impact to people was low as staff knew people well. Staff we spoke with demonstrated a good knowledge of people and most staff had worked at the agency for a long time.
- There were no formal audits of call times to check staff were staying the full length of time. The registered manager told us, "I did notice a theme with the length of calls and we changed the system in that the minimum call time was 20 minutes. We sent a letter out to all staff in June 2019 informing them of this." However, they had not reviewed the call times since. As a result, when we reviewed the records for seven people we found calls times were not in line with what was recorded in people's care plans. It was unclear whether this was because staff had completed all the required tasks, or they were leaving early. The

registered manager was unable to provide further information to us on this.
● Five people had commented on timekeeping in feedback questionnaires and we received similar comments during our conversations with people and staff. However, the registered manager had failed to respond to these comments.
● Some people and staff felt communication needed to improve. One person said, "I think that's the one thing that could do with tightening up. It's around the communication. They need to let us know what's happening." A staff member said, "Even though they're (management) in an open office, they don't communicate. I feel like there is no confidentiality either."
● The registered manager was not complying with their requirements of registration. We read of at least two potential safeguarding concerns that although, the registered manager had worked with the local authority closely on, they had not submitted relevant CQC notifications. In addition, we read of one accident that should have been reported.

The lack of suitably robust quality assurance monitoring and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support
● The agency was not working in line with their own supervision policy and staff told us they did not always feel supported. Records showed staff were not receiving supervision in line with the policy. The agency's appraisal, supervision and team meeting policy stated, 'Everycare normally conducts two supervisions in the office or by phone and one direct observation and one appraisal per annum and recommends quarterly team meetings as a minimum'. It went on to state, 'the health and social care worker should have one appraisal per annum'.
● The registered manager told us in relation to supervisions, "I supervise new staff as frequently as I think they should have but otherwise I try to do an observed supervision/spot check once a year. Appraisals have been done for office staff but not for care staff. Ideally the formal one to one's should be done 12-weekly. Some staff don't feel they want them and as I'm not concerned about them that's fine."
● One staff member said, "There's no support. We don't have team meetings. I don't really have supervisions, we just have catch ups every now and then." A second member of staff told us, "We don't get regular supervisions, spot checks or team meetings. We never get any feedback. You only ever get a call if there's a problem." A third said to us, "They had one staff meeting a couple of years ago, but nothing since. We don't have supervisions or spot checks."
● The registered manager confirmed that staff meetings had not taken place for over a year. They told us, "We are forming a group where staff can get together." A staff member said, "They're implementing a new focus group where if we have any problems we can sit and talk about them. Essentially it's going to be a staff meeting."

The lack of support, supervision and appraisal for staff as is necessary was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We received positive feedback about the agency, with people telling us, "There is always someone to talk to", "They're very nice to deal with", "The ladies in the office on call are very good" and, "You can leave a message and she'll [registered manager] get back to you."
● 51 people responded to the most recent survey and feedback was positive. The survey covered the caring attitude of staff, how the agency responded to people's changing needs, the quality of care, if people felt safe, the strengths of the agency and any perceived improvements.

● The registered manager said they communicated with staff via letters and gave us examples of information and reminders sent out to staff.
● Spot checks were undertaken at people's homes. A staff member told us, "They came and looked through the books and made sure they were up to date." We read spot checks reviewed a staff member's time keeping, uniform, attitude, and tasks undertaken. Where concerns were identified we read the registered manager had acted. This included giving one staff member further training on using a slide sheet whilst at a person's house.
● Other spot checks took place in the absence of the care worker. This was a person's opportunity to give their feedback on the care they received. A family member of one person had commented during this visit, 'they do everything for mum perfectly'.

Working in partnership with others
● The agency worked closely with the local commissioners. Regular meetings were held to review staff training, new clients, clients in hospital, lost care packages, awarded care packages and new staff.

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 registered provider had not ensured there was good management oversight, contemporaneous records and robust quality assurance processes in place.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure staff received sufficient support, supervision and appraisal.