Glee Care Ltd

Glee Care Ltd-Nuneaton

Inspection report

15 Marlborough Road
The Rear Annex Office Building, Queens Road Area
Nuneaton
West Midlands
CV11 5PG

Tel: 07533119755
Website: www.gleecare.co.uk

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 14 June 2017 and was announced. We gave the provider 24 hours' notice of our inspection. This was to make sure we could meet with them, the registered manager and talk with staff on the day of our inspection visit.

Glee Care Limited, Nuneaton is registered to provide personal care and support to people living in their own homes. The director of Glee Care Limited, who we refer to as the provider in our report, told us they did not currently have any people that used their service who lived in Nuneaton, Warwickshire. The provider told us they had three people that used their service in Leicestershire. During our inspection, we found there were four people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider's they are 'registered persons.' Registered persons have a 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 our inspection there was a registered manager in post who was also the provider; with their husband who was director of Glee Care Limited. Both the registered manager and director told us they also undertook most of the care visits to people that used their service.

The service was last inspected in November 2016. We found the provider had not made the required improvements identified to them at an earlier inspection, which was undertaken at their previous office site, (February 2016) and continued to be in breach of the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In November 2016, we rated the service 'inadequate' and placed them in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time frame. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

We met with the provider to discuss our concerns and have since kept the service under review. We notified the local authority commissioners about the serious concerns we had found that related to the safety and quality of care that people received. The provider was asked to submit an urgent action plan to us to tell us how they were going to mitigate risks to people, which they did.

Following our November 2016 inspection, the local authority told us they were no longer commissioning

services for people from the provider, and the provider told us they had no people using their services. In March 2017, the provider contacted us to say they had a small number of people now using their service. At this inspection, we checked on the improvements that had been made.

At this inspection we found insufficient improvements had been made to remove the service from special measures. We found continued breaches of the regulations that related to people's safe care and in the governance of the home. The provider and registered manager had not always openly communicated with people and their relatives in a transparent way which had led to misleading information being shared about which registered service was providing a person's care and support. This was a continued breach of the governance of the service. The provider had not displayed their inspection rating from their November 2016 inspection which was a breach of the regulations.

At this inspection, we were not able to assess some parts of the key questions we ask. This was because at the time of our inspection people receiving care and support from the provider's service, did not require staff to support them, for example, with their medicines or food and drink preparation.

Improvements had been made to ensure staff were safely recruited and received an induction and training for their job role. Staff knew people well and how to meet their needs and worked in line with the requirements of the Mental Capacity Act 2005.

People and their relatives told us that staff were had a kind and caring approach to them when undertaking care tasks. Staff knew how to promote people's independence and maintain their privacy and dignity. However, we found the registered manager and provider had not always been transparent with people or their relatives about which care provider was undertaking calls to them.

We found the registered manager and provider had not demonstrated a caring approach to one person in receipt of their care. This person had no care plan or risk assessments completed by the provider.

Most people had an individual plan of their care needs and knew who to contact if they had any concerns of complaints about the service they received. People told us they were happy with the care and support and staff arrived when expected.

Feedback was sought from most people from the provider as a part of their quality assurance procedures. There was a small staff team which felt supported by the registered manager.

The provider had not implemented all of their quality assurance systems and processes because they had only recently started to provide a service to people again. We were therefore unable to assess the effectiveness of audit processes.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks associated with people's care were not always assessed by the provider. Where risk assessments had been undertaken, some were generic and did not relate specifically to the individual and how to minimise risks of harm from potential falls.

The recruitment of new care workers ensured they were of good character. Staff were trained and had the skills they needed to keep safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider and registered manager did not always work in line with the requirements of the Mental Capacity Act 2005 because consent was not always obtained from people.

Staff worked within the principles of the Mental Capacity Act. People and their relatives told us they felt staff had the skills they needed for their job role. Staff had an induction and training so they had the knowledge they needed to meet people's needs effectively.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The registered manager and provider had not always been transparent with people or their relatives about their care provider undertaking their calls.

People and their relatives told us staff treated them with kindness. People's privacy and dignity were maintained and staff showed them respect. Staff promoted people's independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The provider had not consistently shared information with people on how to raise concerns or make a complaint. People did not always have an individual plan of care undertaken by the provider and agreed with them.

People received their visits at the agreed times and felt the care and support given to them met their needs.

Is the service well-led?

Inadequate

The service was not well led.

The provider and registered manager had not always undertaken arrangements with people that used the service in an open and transparent way. The provider had not displayed their Care Quality Commission inspection rating as required. There were quality assurance procedures in place and feedback was sought from most people that used the service.

Glee Care Ltd-Nuneaton

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 was planned to check whether the provider was 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.

Before this inspection visit, we reviewed all the information we held about the provider. This included information shared with us by people, the local authority and statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send to us by law. Prior to this inspection, Warwickshire local authority told us they had not commissioned services for people from this provider since our last inspection in November 2016.

We did not ask the provider to complete a Provider Information Return (PIR) prior to this inspection. The PIR 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 did not request this form because the inspection date was brought forward in response to the provider informing us they were providing care and support to a small number of people. During this inspection, we gave the registered manager and provider an opportunity to supply us with information, which we then took into account during our inspection visit.

The inspection took place to follow up on five previously identified breaches in the regulations. The office visit took place on 14 June 2017 and was announced. We gave the provider 48 hours' notice that we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with staff.

We spoke with two people that used the service and two relatives via the telephone. We met and spoke with two care workers, the registered manager and director of Glee Care; who we refer to as the provider in our report.

During our inspection visit, we looked at three people's care records to see how their care was planned and delivered. We looked at the recruitment records for two care workers and their training to check whether they were safely recruited and trained to deliver the care and support people required. We looked at other

records related to people's care and how the service operated including the provider's quality assurance systems and processes.

Requires Improvement

Is the service safe?

Our findings

When we last inspected the service we found it was not safe. The provider's recruitment system did not ensure people who used the service were safe. Staff did not have the skills and knowledge to keep people safe and risks associated with people's care were not consistently well managed. When people were supported with their medicines, records were inaccurate which meant we could not be sure if people had received their medicines as prescribed. This was a breach of the regulation relating to the safe care and treatment of people and we rated this key question 'inadequate.' At this inspection found some improvements had been made. However, the provider and registered manager had overlooked their responsibilities, as providers of a service, to consistently undertake their own risk assessments to ensure they kept people safe.

At our last inspection we found risks associated with people's care were not always well managed. At this inspection, we identified one person that had no individual risk assessments or plan of agreed care. We discussed this with the registered manager and they told us, "This person has a care plan from another provider and we work from that, but we have not done our own assessments for this person." We discussed this with the registered manager that as Glee care Limited had now taken over the provision of this person's care and support and managing the staff providing this, that they needed to undertake their own assessment to ensure the care provided was safe and meeting the person's needs. The registered manager added that they believed they may have made a 'mistake' in not undertaking risk assessments for this person.

Three of the four people receiving a service from the provider had risks associated with their care assessed. However, we found these were generic risk assessments and did not tell staff how to minimise identified risks. For example, one person's falls assessment stated they were 'at risk' of falling and 'tripping.' Their risk assessment stated, 'the use of a rotunda (stand aid hoist) can remove the need for manual handling and lower the risk of injury'. Whilst this information is correct, there was no actual detail about how to use the equipment to maintain the safety of the person when supporting them to transfer from their bed to chair and minimise the risk of them falling or tripping. Whilst staff knew how to keep people safe, information was not always available to refer to, if needed, so that a consistent approach was taken.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people and their relatives spoken with told us they felt safe with staff supporting them. One person told us, "I feel safe with them, they look after me well."

Staff told us they had received training in how to safeguard people from abuse. Whilst staff could tell us what constituted abuse and that they would report this to the registered manager, they were unsure how to report concerns to external agencies, such as the CQC or local authority, if needed. One staff member told us, "I think we did cover that in the training session but I have forgotten." Improvement had been made to the information that staff could refer to; that reminded them how to report any concerns. We also saw staff

meeting minutes, dated February 2017, had discussed reporting concerns with staff. The registered manager told us they would remind staff again about how to 'whistle-blow' and the information they could refer to if needed.

Staff told us how they safely used equipment and minimised risks so that they maintained people's safety. One staff member told us, "I only support three people so have got to know them well, I know how to keep them safe."

Staff knew how to record accidents and we saw forms were available to them. Staff felt they had the knowledge they needed to deal with emergencies that might arise and told us they would always phone for professional help and follow the instructions given to them.

Improvements had been made to the provider's system of recruitment. The registered manager showed us staff employment records and we saw checks had been undertaken to ensure staff were of good character. Disclosure Baring Service (DBS) checks had been completed before staff members worked unsupervised in people's homes. The DBS helps employers to make safer recruitment decisions and prevent unsuitable people from working with people using the service.

At this inspection, we were unable to assess whether improvements had been made in medicine administration records. This was because none of the people that received a service were supported, by staff, with their medicines.

Requires Improvement

Is the service effective?

Our findings

When we last inspected the effectiveness of the services provided to people, we found care staff did not always have the skills and knowledge they needed for their job role. The provider's induction process and training given to staff was not effective. This was a breach of the regulations, and we rated this key question 'requires improvement.' At this inspection, we found some improvements had been made. However, we found improvements were needed by the provider and registered manager consistently gaining consent from people.

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. Where people lack mental capacity to make particular decisions, any decisions must be made in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us if they had any concerns under the MCA they would seek further guidance to ensure they acted in accordance with the requirements of the Act. However, we found the provider and registered manager did not always act in line with the requirements of the Act. We found consent had not been sought from one person or their relative for Glee Care Limited to provide their care and support. When we spoke to this person's relative, they told us, "[Name] is my provider." The name given to us was not Glee Care Limited but that of a different provider registered with CQC. This person and their relative were unaware that Glee Care Limited were providing their care and support because this had been transferred by one registered care provider to Glee Care Limited without the person's consent.

This was a breach of Regulation 11 of the Health and social care act 2008 (Regulated Activities) Regulations 2014

Staff had received training about the MCA. One staff member told us, "It's about people making decisions and what should happen if a person lacks mental capacity. We can't decide for them, it is about what is in their best interests." Staff described their care practices to us and how they gained consent from people before undertaking personal care tasks. The examples we were given were within the principles of the MCA.

The registered manager told us no one had their liberty restricted under DoLS and if they had concerns about anyone's safety and wellbeing in the community they would contact the local authority.

People and their relatives felt staff had the skills and knowledge they needed to meet their care and support needs. One person told us, "I have two carers come, they know exactly what to do and how to support me." Another person's relative said, "My family member has to wear surgical stockings and a splint for support on their ankle. They know how to put these on. I feel they have the right skills and we are happy with them."

One staff member told us, "When I started, I did some shadow shifts with the manager before I went to people's homes on my own. I also had induction training with a training company that the manager arranged for me." We saw the induction training day covered nine different topics and asked how the staff member had felt covering this amount in one day. They told us, "I had done care work before, so for me it was a like a refresher and okay. If I had been new to care work, it might have been too much in one go to cover all we did." Both staff members told us that the registered manager had undertaken competency assessments on them before they supported people alone. We asked the registered manager if they thought the one day induction training may potentially be too much if staff were new to working in the care sector, and they told us it was something they would consider on an individual basis for new starters.

Care staff members were able to give us examples of how they would apply their knowledge from training to the care and support they gave to people. For example, one staff member told us, "I learnt about dementia and the different types. I had not realised how it can affect people's communication and this has helped me understand [person's name] more."

Two care staff members told us the registered manager had arranged for them to enrol on the Care Certificate, one told us, "We've just enrolled this month on the care certificate and will start the modules soon." The registered manager said they had spoken with Skills for Care for guidance about the care certificate following our previous inspection, although enrolments had been delayed due to the two staff members being at university and not undertaking care shifts earlier in the year.

Improvement had been made to training records which now recorded what training staff had undertaken. One staff member told us, "I am doing IT at university and as well as covering some care shifts, I help in the office with some of the computer work." The registered manager added that their son; this staff member's computer knowledge had enabled improvements to be made to records.

At our last inspection, we found that people did not always receive adequate support from care staff to meet their nutritional needs. At this inspection, we were unable to assess this area because people receiving the service had not requested support with their food and drink. However, the registered manager told us they would ensure greater detail was included in people's care plans so staff knew what support people required.

People told us they managed their own healthcare requirements or had help from their relatives. Staff told us they would report any concerns about a person's health to the registered manager and also to the person's relatives. Care records contained details of people's healthcare professionals, such as their GP. The registered manager told us, "We include that information just in case we need to contact the person's GP or district nurse on their behalf."

Requires Improvement

Is the service caring?

Our findings

When we last inspected whether the service was caring, we received mixed feedback from people. People felt staff showed them kindness and encouraged them to be as independent as possible. However, people did not always feel they were treated with respect or that their dignity was maintained. We rated this key question as 'requires improvement.' At this inspection we checked whether improvements had been made and found, overall, they had. However, we found the registered manager and provider had not consistently demonstrated a caring approach toward people or their relatives. The registered manager had not always been transparent with people about which care provider was undertaking their visits to them; to provide care and support.

The registered manager left one of the four people in receipt of care and support from them without risks assessments or an agreed plan of care. This potentially failed to support this individual to receive personalised care to meet their needs and assist them to maintain their independence.

Despite there only being a small number of people using the service from March 2017, the registered manager and provider had not formally checked with one of the four people if they were happy with the care by including them in quality audits.

People and their relatives gave us positive feedback about staff and told us they felt all staff had a caring approach. One person said, "I find them very kind and caring." A relative said, "The staff are excellent. We've had experiences of using other services and these, so far, are the best. I am always at home when staff come to my family member and I see [name] is treated with kindness by them."

People felt respected, one person told us, "We've got to know each other and have a chat. I never feel ignored by them or anything like that, I think they are good."

Staff knew how to maintain people's privacy and dignity. One staff member told us, "I never stare at a person's body when I am supporting them with personal care tasks. I make sure I have the equipment needed, like a towel to cover them, so we can get on with things and I make sure the door is closed." People felt their privacy and dignity was consistently maintained by staff. One relative told us, "I am always there when they support my family member and if I felt they did not do things right, I'd say something."

People told us the support they received helped them to be as independent as possible. One person told us, "I used to have more visits each day, but my leg injury has improved, so I've reduced the times they call on me. When they are here, they don't just do things for me, I do what I can with a bit of support with things I can't manage myself."

Staff told us they supported people to make their own decisions and provided support to them in a way they wanted. One staff member told us, "There is one person I support that cannot make their own decisions because they live with dementia, so I always check with the person's husband how they want me to do things."

The registered manager and care staff understood the importance of keeping people's personal information private. One staff member told us, "I would not discuss people's private details with anyone." Care records were kept securely at the Glee Care office so that they could only be accessed by those with authority to do so.

Requires Improvement

Is the service responsive?

Our findings

When we last inspected whether the service was responsive, we found people's experiences were mixed and the service was not consistently responsive to people's individual needs. People's requests and complaints were not always listened to or acted upon in a timely way and the system to manage complaints was not effective. Information in people's care records was not always personalised to them, with inconsistencies in the level of information recorded. We rated this key question 'requires improvement' and on this inspection we checked to see whether improvements had been made. Overall, we found they had. However, we were unable to assess some areas of this key question.

Overall, we found improvement had been made to the information shared with people telling them how they could contact the registered manager to raise any concern or complaint they had. Most people had received this information, one person told us, "The manager, who also is the care worker who provides my daily support, gave me an information sheet about Glee Care and that has all the contact numbers on. I'd phone if I had any complaints but I haven't so far."

However, we identified one person and their relative who had not been given any information about Glee Care from the provider or registered manager and was not aware of the provider's complaints policy. This person told us, "I'd phone [name] if I had any concerns." However, the person they told us about operated a different care service to Glee Care Limited.

The registered manager told us they had not received any concerns or complaints since our last inspection, so we were unable to assess the effectiveness of the system for handling complaints.

We were told a number of verbal compliments had been received although these had not been recorded. However, people made positive comments to us about the responsiveness of the service in meeting their needs.

Overall, people told us they were visited by the same staff and these were the registered manager and director of Glee Care. One person told us, "Most of the time, the carers I have are the owners of the service. I've had a couple of others, who told me they do care work during their summer holidays (from university). They are all pleasant and I am happy with them." One person's relative told us, "They are so patient with my family member, not rushing them and giving them time; doing things at their pace."

People told us they always received their calls as expected and had never experienced a missed call. One relative told us, "If they are going to be five or ten minutes late, they phone me. But, generally they are here on time." The registered manger told us that most of the calls were attended by themselves or their husband; the director of the Glee Care. The registered manager added, "We do not have any call monitoring system in place at the moment to check staff are at people's homes, but it is something we would put into place if we have more staff and the business grows."

We asked to look at the four people's care records, however, only three sets of records were available. Of

those three, we found improvement had been made to information. Tasks that staff needed to undertake were described in detail and personalised. For example, one personalised entry told staff, "since I cannot lift my leg, be gentle" and, "get the small pillow from the living room and place between my other bed pillows for extra support for me."

Staff knew people well and how to respond to their needs. Two staff members, who worked for Glee Care during their university holidays, were able to describe the support people they visited needed.

The calls undertaken by Glee Care were, overall, short calls of thirty minutes that focused on specific personal care tasks where support was required by people. People felt the length of their duration of their visit was adequate. One person said, "If I needed more, I'd request it." All of the people, at the time of our inspection, paid for their care themselves and knew they could either increase or decrease the duration of their visits.

Inadequate

Is the service well-led?

Our findings

When we last inspected the service we found it was not well led. The provider and registered manager had not ensured effective quality assurance processes were in place to assess and monitor the quality and safety of the service people received. Staff did not feel supported by the provider. People and their relatives felt improvements were needed in the leadership of the service. This was a breach of the regulation relating to the governance of the service. We rated this key question 'inadequate.' At this inspection, we found some improvements had been made, however, further improvements were needed to meet the regulations.

We found the provider was not displaying their inspection rating at their office and it was not on their website information. The regulation for a provider to display their inspection rating says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises and on their website. The registered manager informed us that 'no-one' visited their offices so had not thought it necessary. The registered manager said they were aware that their CQC rating should be on their Glee Care website, and told us this was something they would arrange to be done.

This was a breach of Regulation 20A of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection in November 2016, we notified the local authority about the serious concerns we had related to the safety and quality of care that people received. The local authority decided not to commission (purchase) services for people from the provider and alternate service providers were found for people. The registered manager told us they no longer had any people using their service and we asked them to inform us if this changed.

In March 2017, the provider informed us they had a small number of people that had decided to purchase care and support directly from them. At this inspection, the registered manager informed us that their friend operated a separate registered service to people, supporting them in their homes. The registered manager told us, "My friend knew we had no clients so offered us four of theirs." The registered manger told us they decided to temporarily work as a care worker for their friend's registered care business and provide support to the four people.

Individual meetings took place in March 2017 between people and their existing provider and their care worker; who was also registered manager for Glee Care, to ask if they would be willing to transfer to Glee Care as their registered care provider. Three of the four people agreed to this and signed new contracts, but one person declined. However, we found that unknown to this person and their relative, Glee Care continued to provide care and support. We discussed our concerns about this arrangement with the registered manager and they told us this person was not 'officially their client' because the person had not wanted to transfer to Glee Care. We were told, by the registered manager, this was because the person and their relative were happy with their existing provider (not Glee Care Limited) and did not want any change. This was not an open and transparent way of working, we found the provider had misled people and their relatives about which registered provider actually delivered services to them.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people and their relatives knew who the registered manager was and told us if they had any concerns they felt they could raise these with them. One relative said, "The manager is the one that comes on most of the care shifts to my husband, if I had anything I needed to discuss with them, I would do so."

Staff felt supported by the registered manager. One staff member told us, "I feel supported and despite the registered manager being my mum and the director being my dad, we all work well together. I feel I could raise any concerns if I needed to." Another staff member told us, "The manager is supportive to me, I worked alongside them to get to know the job and people." Team meetings and one to one staff supervision meetings were recorded and recorded that the provider and registered manager had shared details of our last inspection with staff and outlined how they intended to improve.

The registered manager showed us some systems and processes used to monitor the quality and safety of the service. These included 'feedback surveys' to gain people's views, we saw these had been completed by people and their relatives in June 2017. The registered manager told us they had not yet analysed the feedback. However, we saw only positive comments had been made and included, "They are always on time" and, "carers are excellent."

Three sets of care records showed the registered manager had spoken with people and their relatives to review their care and ask if they were happy with the service they received. Comments recorded were positive and included, "happy with the quality of care given."

There was a system in place for recording accidents and incidents. However, we were not able to assess any accident analysis system because the registered manager told only one accident had occurred since our last inspection and this had been reviewed on an individual basis.

The registered manager told us there were no audits for us to look at because they had not yet started to do these. They added, "We have only had a small number of people using the service from March 2017 and have focused on checking they are happy with what we are doing. When we have more people, we will start to do other quality audits."

Following our feedback to the registered manager, they told us they would take action on issues identified to them. However, it was a concern that the provider had not already given consideration to this. They told us they would contact the provider whom they had accepted a subcontract from to provide the care and support to one person; without their agreement or knowledge. The provider also told us they had put their CQC rating onto their website; "gleecare.co.uk" that offers services in Nuneaton and Leicestershire, we checked this and saw a link had been created to their CQC inspection report.

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 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager did not always seek consent from people or their relatives before providing care and support to them.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always assess the risks to the health and safety of service users receiving care. The provider did not always detail actions to mitigate any such risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always assess, monitor and mitigate risks relating to the health, safety and welfare of service users. The provider did not always securely maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care provided.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had not displayed their CQC

inspection rating from November 2016 on their website or at their office location.