

IRC Care Services Limited

# IRC Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 21 September and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults with disabilities. At the time of our inspection IRC Care were supporting 46 people.

There was a registered manager in post who supported us during the 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 our inspection on 23 February 2017 we found that quality assurance checks were not being regularly completed and that records management was inconsistent. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good. At this inspection we found there had not been sufficient improvements in these areas and the service continued to breach this regulation. In addition, we identified a further two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance processes were not always effective in ensuring that any shortfalls in the service were identified and acted upon. No audits were completed which meant areas which were in need of improvement such as staff spot checks and training had not been identified. Spot checks on staff performance were not completed regularly in order to monitor staff competence. Staff did not receive induction and training in line with the providers policy and the supervision of staff was not completed at the stated intervals.

Not all staff we spoke to were knowledgeable about safeguarding processes. Some staff were unable to tell us the different types of potential abuse people may experience and were not aware of how to report concerns to outside agencies.

Although risks to people's safety were managed well, staff did not always receive guidance on the action to take when supporting people with specific health conditions. Care records did not always contain personalised information about people and their backgrounds. There was little information within people's care records regarding the care they wished for at the end of their lives. We have made recommendations regarding these areas of people's care.

Sufficient staff were employed to meet people's care calls. People and their relatives told us that on the whole staff arrived on time and stayed for the planned duration of the call. Safe recruitment practices were followed to ensure staff employed by the provider were suitable to work at the service. Staff were supported by an on-call service which provided assistance when working out of hours. The provider had processes to

follow in the event of unforeseen circumstances occurring such as severe weather or IT failure.

Accidents and incidents were recorded, reviewed and action taken to minimise the risk of them happening again. Safe infection control procedures were followed and staff had access to personal protective equipment. Environmental risk assessments were completed which considered risks to both staff and people receiving care. Where people required support with their medicines this was provided safely and records were clear. Where required people were supported to access healthcare professionals and guidance provided was followed.

People's needs were assessed prior to people receiving a service to ensure they could be met. Care plans contained details of the care people required and staff recorded this had been completed at the end of each care call. Where people's needs changed, responsive action was taken to provide them with the support and equipment required to provide their care. People's legal rights were protected as the service followed the principles of the Mental Capacity Act 2005. Staff consulted people about their care and ensured they gained people's permission prior to supporting them. Where people required support with meal preparation choices were offered and staff were aware of any specific dietary needs.

People were supported by caring staff who knew them well. Staff visited the same people regularly and were familiar with their needs. People were offered choices and felt in control of decisions regarding their care. Staff ensured that people's independence was promoted. People were treated with dignity and their privacy was respected. Staff understood the importance of respecting people's cultural and religious needs.

People, relatives and staff told us the registered manager was approachable and took action when required. Feedback from people and their relatives was sought on an annual basis and action taken to minimise any concerns raised. Staff told us they felt able to make suggestions and felt valued. Regular staff meetings were planned and staff were encouraged to work together as part of a team. The provider had a complaints policy in place and records showed that any concerns had been investigated and acted upon. Records were securely stored and were in the process of being transferred onto an electronic system.

We have identified 3 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## 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 always safe.

Staff were not consistently able to demonstrate their knowledge regarding identifying and reporting potential abuse.

Risks to people's safety were addressed although additional guidance regarding specific healthcare needs was required. We have made a recommendation regarding this.

There were sufficient staff employed to cover care calls and safe recruitment processes were followed.

People were supported safely with their medicines.

Accidents and incidents were monitored and action taken to reduce the risk of them happening again.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not receive induction, training and supervision in line with the providers policy.

People's needs were assessed to ensure they could be met and care was provided in line with the principles of the Mental Capacity Act 2005.

People had access to healthcare professionals as required.

Where people required support with food preparation this was provided in line with people's needs and preferences.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by regular staff who knew them well.

People treated people with kindness and their dignity and privacy were respected.

Staff supported people to maintain their independence.

People's religious and cultural needs were respected.

### Is the service responsive?

The service was not always responsive.

People's care plans did not always contain information regarding the persons background or end of life wishes. We have made a recommendation about this.

Care plans contained information about people's individual needs.

There was a complaints policy in place and people told us they felt any concerns would be acted upon.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Quality assurance systems were not used to ensure shortfalls in the service were identified and addressed.

Spot checks of staff practice were not regularly completed.

People were asked their opinion of the service they received on an annual basis and action taken to address any concerns.

Staff felt valued and supported.

**Requires Improvement** ●

# IRC Care Services Limited

## **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.

This inspection took place on 21 September 2018 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. The inspection involved two inspectors.

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 4 staff members, the registered manager and the provider. We spoke with 4 people and 2 relatives on the telephone. We also visited 2 people in their home to gain their views on the service they received. We looked at the care records of six people who used the service, three recruitment files for staff and staff training records. We looked at records that related to the management of the service including, medicines records, audits, risk assessments and meeting minutes.

# Is the service safe?

## Our findings

People told us they felt safe with the support provided by IRC Care Services. One person told us, "They have been really good and I know they are keeping an eye on me." Another person said, "They make me feel safe by locking the door in the evenings." One relative told us, "They are very gentle with me."

Procedures to ensure staff understood their responsibilities in protecting people from the risk of abuse were not robust. Two of the four staff we spoke with were able to describe the different types of abuse and signs which would alert them to possible concerns. One staff member repeatedly told us there was no abuse happening to people and the second staff member was unable to answer the question at all. Although all staff stated that they would report any concerns to the management team immediately, they were not all aware they were also able to share information with external bodies such as the local authority safeguarding team or the police. Training records showed that not all staff had completed safeguarding training on a regular basis. The providers PIR (Provider Information Return) stated, 'Undertaking regular monitoring, spot checks and quality assurance processes also helps us to detect an early stage of care provision failure, at the same allows us to rectify any potential safeguarding issues.' During our inspection we found there was a lack of monitoring, spot checks and quality assurance processes taking place which meant these were not effective measures to safeguard people. The registered manager was aware of the procedures to follow should they need to report safeguarding issues.

The failure to ensure that systems and processes were in place to safeguard people from potential abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety had been identified and plans were in place to minimise these risks. However, we found areas where the information available to staff could be more detailed. Risk assessments covered areas including the environment, moving and handling and skin integrity. Risk assessments were detailed and contained guidance for staff to follow. For example, moving and handling risk assessments included details of the specific tasks where people required support, how they were able to help, how many staff were required and the equipment they used. However, we found that although people's specific health conditions were referred to within risk management plans there was not always sufficient guidance provided for staff. For example, details of how to care for people with diabetes or provide catheter care were in place but did not guide staff on how to identify and act on concerns. Although staff were able to describe to us the action they would take should concerns arise, guidance needs to be available for staff to refer to. The provider was in the process of moving to an electronic monitoring system and were transferring people's records. The systems flagged any significant risks which staff needed to monitor closely.

We recommend the provider ensures that risk management plans provide guidance on the action staff should take in relation to supporting people with specific health concerns.

Systems were in place to monitor accidents and incidents and ensure appropriate action was taken. Staff were aware they needed to record any accidents or incidents. Records confirmed that staff ensured any

concerns were reported in a timely manner. Staff told us that they would immediately inform the office of any incident or health care need. One staff member told us, "If something urgent happens or something goes wrong we must tell the office, ring them as soon as we can. If we find someone on the floor we ring and ambulance, make them comfortable and then ring the manager." The registered manager had ensured that action was taken following incidents and accidents to minimise the risk of reoccurrence. One person's records showed that following a fall a referral had been made to the occupational therapy team for an assessment of equipment which may be of benefit to the person.

There were sufficient staff available to ensure people's support calls were met. People told us that staff arrived on time and stayed for the allocated time. One person told us, "They are punctual. They always make sure everything done before they go. If they've done everything I usually tell them to head off." Another person told us, "I like my care at a certain time and they do that for me. I can't complain at all." One relative told us, "They do their best to be here at the times stated. If not, they usually call." The provider had an electronic staff rota system which required staff to log in and out of each care call. We observed this was monitored in the office and staff were contacted to discuss any variance to the scheduled calls. The system sent an alert if staff did not arrive to a call. This was monitored from the office or via the on-call system. The registered manager told us this system had increased the efficiency when planning the rota and reduced the risk of care calls being missed.

Safe recruitment processes were followed to ensure that suitable staff were employed. Each staff member was required to complete an application form and undergo a face to face interview to ensure they had the skills required for their role. Records showed that prior to staff commencing work the provider obtained two references, proof of identity, health screening information and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People received their medicines in line with their prescriptions. One person told us, "They always make sure I've had my medication, I haven't missed any at all." Records showed that staff responsible for supporting people with their medicines had received training. The registered manager informed us that they had recently started using electronic medicine administration records. This enabled office based staff to review medicines records for accuracy at any time. In addition to standard information relating to the person such as known allergies, GP and date of birth, records also guided staff on how the person preferred to take their medicine and the support they required. The MAR record was linked to the staff monitoring system. This meant staff were unable to log out of a care visit before they had completed the MAR record. The registered manager told us this had led to a reduction in missing signatures from people's records. Where people were prescribed PRN medicines (as and when required) guidance was in place regarding how and when these should be administered.

People were protected against the risk of infection as safe infection control processes were followed. Staff had received training in infection control and people we spoke with told us staff always used appropriate protective equipment such gloves and aprons. One person told us, "It's important to me that they're clean. They understand that." Another person told us, "They've got rubber gloves and they wear aprons." Staff told us that they were able to collect supplies from the office or these would be left for them at people's houses. They confirmed that they were never left without the equipment they required.

The service operated an on-call service which meant staff had access to support when required. One staff member told us, "They're very nice when you call and will always give advice or come and help. They answer the phone straight away or call back within a few minutes. The provider and registered manager had developed contingency plans to ensure people continued to receive a service in the event of unforeseen



circumstances. This covered areas including IT concerns, extreme weather conditions and staff sickness. This meant people would continue to receive uninterrupted care.

## Is the service effective?

### Our findings

Staff had not all received an induction or regular training in their role to ensure they supported people in an effective way. The registered manager told us that all new staff completed an induction on the eLearning system which was equivalent to the Care Certificate. (The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.) They would then sign off their competency assessments in the required areas. Records showed that not all new staff had completed the training required and there was no evidence that staff competency had been assessed. The providers policy in this area stated the service would, 'Support all employees to complete the Care Certificate. Providing access to either internal or external resources to do so.' We found the provider was not working in line with this policy. The registered manager maintained a training matrix which showed gaps in staff training in areas including safeguarding, fire, dementia care, dignity, end of life care and food hygiene.

Staff did not receive regular supervision to support them in their role. Staff told us the registered manager and provider were supportive in responding to any issues which arose. However, records showed that staff did not receive regular supervision to monitor their performance and professional development. The provider policy stated, 'Every employee will be invited to a supervision session with their line manager or supervisor at least four times each year and more often if there is a need.' Records showed that no staff had received supervision within the last year. There was no system in place to track supervision and to ensure staff received these meetings regularly.

Failing to ensure that staff received induction, training and supervision in line with the providers policy was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to receiving support people received an assessment to ensure their needs could be met. One person told us, "They came to speak to my brother and myself. They were very understanding and haven't let us down." A relative told us that they found the assessment process reassuring, "Before we started the care we met the manager. This situation was all completely new to me but I didn't feel like I wanted to go with anyone else." Assessments covered a range of information relating to the person's needs, preferences and personal circumstances. Areas covered included social needs, involvement of other agencies, communication, health care needs and mobility. In addition, an assessment of the environment was completed to ensure that people had the equipment required and any hazards to the person or staff member were discussed.

People were supported to access health care professionals where required. Staff told us that where people's needs changed or if they felt unwell they would discuss this with the office. Referrals and appointments would then be made with relevant healthcare professionals. Records confirmed this was the case. Appointments had been made for people to see their GP and receive visits from district nurse. Where it was felt that people would benefit from additional moving and handling equipment referrals were made to the occupational therapy team. There was also evidence that where people required the time of their visit to be changed in order for them to attend appointments this was done.

Where required, people were prepared food in line with their preferences and dietary needs. People told us that staff offered them choices of the food available and prepared it to their liking. One person told us, "They do it very nicely and always ask if it was enjoyable." Another person told us, "They check I've got my cup of tea and my food. They are good." Staff were aware of people's dietary needs and preferences such as one person requiring a vegetarian diet. Guidance was available to staff on prompting people to drink adequate amounts to stay hydrated, particularly during the hot weather. One staff member told us, "I always leave them with a drink beside them and a cold drink for them to have later. It's very important."

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. People's ability to make decisions regarding their care was assessed during their initial assessment and recorded within their care file. At the time of the inspection all people receiving care were able to give their consent and no restrictions regarding their care were in place. Staff were aware of the need to gain consent from people prior to supporting them with their care. One staff member said, "I always ask the, first what they would want and if there's anything they don't want. You come to an understanding with people because we work with them for so long." People we spoke with confirmed that staff gained their consent to provide care. One person told us. "They say to me, 'can I do this or that?' and I say yes."

## Is the service caring?

### Our findings

People told us that they were supported by caring staff. One person told us, "They go out of their way to do things, to be careful. They're very friendly. I wouldn't be able to cope with them if they were just functional." Another person told us, "I'm very happy with the lady I've got. She really looks after me." A third person said, "Yes, they're caring, I always give them a hug before they leave to thank them for what they do." One relative told us, "I could not wish for better. They spend time with him, they talk to him, they're patient."

People were supported by kind staff. During the inspection, we visited people in their homes and observed pleasant interactions between people and staff. One staff member when entering someone's property called out and greeted them warmly. At another person's house the registered manager took time to talk about their concerns regarding how their laundry was being done. There was a friendly exchange and it was clear they knew each other well. People told us that staff respected their property. One person said, "They always leave things clean and tidy up." Another person told us, "She broke a glass the other day and she brought me one from her home. She's very considerate like that." There was evidence that staff supported people with individual concerns outside of their support plan when required. For example, helping people to fill in forms, ordering meals and dealing with post.

People were supported by regular staff who they were able to develop a relationship with. The rota showed that people were consistently supported by the same staff and people confirmed this was the case. One person told us, "Now and again I have different carers if one is off sick or on holiday, but most of the time it's the same person." Another person said, "The scheduling is consistent. I really like (staff member). I don't open up to many people but (staff member) sits with me and I can really talk. I feel as though they like coming her." Staff spoke fondly of the people they supported regularly.

Staff respected people's privacy and dignity. People and relatives told us that staff conducted themselves in a respectful manner. One person told us, "They are very respectful. I couldn't cope if they didn't treat me a person." Another person said, "I don't ever feel embarrassed or that I'm worried about my dignity." One relative told us, "They don't make him feel like a child." Staff told us they ensured people felt comfortable when providing their care. One staff member said, "Before I go in I will knock on the door and shout my name so they remember and don't feel embarrassed if they've forgotten. When we go to the bathroom I make sure the door is shut and keep them warm and covered."

People's cultural and religious needs were respected. The registered manager was knowledgeable about people's religious and cultural needs and how people's support was planned around this. One person required support with a specific item of clothing which staff had learnt to support them with. Another person had specific times of prayer and they service ensured that their support was planned around this.

Staff supported people in a way that encouraged them to develop independence. People told us that they felt involved in decisions regarding their care and were encouraged to maintain skills. One person told us, "They will discuss things rather than just do them. They encourage me but they're not pushy." Another person said, "They do things how I like them, they listen to how I want them done and I can show them. I do

things for myself and they do the bit's I can't." One relative told us, "They let him help with his towelling after his shower." Care plans recently completed on the electronic system gave guidance to staff on the support people required and what they were able to do for themselves. Staff told us they understood the importance of maintaining people's independence. One staff member told us, "I ask if it's okay to help them and assist with whatever their needs are. I don't do the things they can do though. It's not about rushing and they like to do what they can." Records from the registered manager confirmed that people were supported to book their own appointments rather than staff doing this for them and were encouraged to take walks in their local area to maintain their mobility.

## Is the service responsive?

### Our findings

People told us the support they received met their needs. One person told us, "(Staff) does exactly what I want. She's very polite, friendly." Another person told us, "They do what I ask them. They are flexible too. I had a hospital appointment early and they came at 5am to help me get ready." A third person told us, "They always say to me if I'm not happy with anything I should get on to them."

Care plans did not always contain person-centred information about people. The registered manager told us they were in the process of moving over to an electronic records system. They had been in the process of transferring records for some months. They acknowledged that this had taken longer to complete than anticipated. This had led to some inconsistencies regarding how records could be accessed and the level of detail contained within care plans. Whilst we found examples where care plans contained lots of detail on people's backgrounds and routines, others contained very limited information for staff. Information regarding people's personal history can be useful to staff in establishing trusting relationships with people. However, the impact of this was reduced as people received their care from consistent staff members. We also found a lack of detail regarding people's end of life care. At the time of our inspection no one was receiving end of life care. We discussed this with the registered manager and provider. They told us they would ensure that these areas were addressed and that all staff completed end of life care training.

We recommend the provider ensures care records are managed consistently, that personalised information is available to staff and that the care people want at the end of their life is considered.

Where fully completed, electronic records provided staff with detailed information regarding people's needs and preferences. This included information relating to nutrition and hydration, mobility, personal care, communication and decision making. This information was then summarised for staff and provided guidance on the persons desired outcomes and goals. Staff were required to acknowledge each element of people's care had been provided or record the reasons why this had not happened. There was also personalised information about the persons background, preferred language, family involvement, pets and the type of visits they received. Staff we spoke with were able to describe the care people they supported required and to tell us about the persons family circumstances and personal history. Staff were aware of the times people preferred their care and any personal preferences. One person preferred their support very early in the morning. Staff were aware this was very important to the person, "I am always there early. I know it will upset their day if I am late." Another person had requested that staff wore shoe covers when they entered the house. We saw that staff understood the persons request and wore the covers as soon as they entered the house.

People's care records were updated when their needs changed. Care records showed that people's care was periodically reviewed or adjusted where required. One person told us that due to a series of health appointments they had requested their care now be provided at a different time and this had been implemented. Another person's records showed that due to changes in their needs they now required two staff to support them. The registered manager had discussed the persons changing needs with the relevant professionals involved to ensure their needs were met.

People's complaints were responded to appropriately. People and relatives, we spoke with told us they had never made a complaint to the service but felt the office staff would respond to any concerns. One person told us, "They ask if everything is okay which makes you feel as though you can tell them if things were wrong." Another person we visited told us they had a complaint regarding their laundry. They told us they were going to speak to the registered manager, "I don't like to but I know if I tell him then it won't happen again." The complaints log evidenced that where concerns had been raised these had been fully investigated and responded to in line with the providers policy.

## Is the service well-led?

### Our findings

At our last inspection in February 2017 we had found gaps in the monitoring of the quality of the service and that records were not consistency managed. The registered manager was new in post and gave assurances that systems to monitor and develop the service would be implemented. At this inspection we found that the required improvements in governance of the service had not taken place.

People and their relatives told us they felt the service was managed well. One person told us, "I have nothing bad to say about IRC. I have a good rapport with (registered manager). He has a sense of humour which is very important." Another person said, "I'll probably not even read your report as I'm so happy with the service." One relative said, "I could not possibly manage without the assistance I get from IRC."

Despite these comments we found there was a lack of management oversight of the service. As part of the PIR we asked how the provider assured themselves about the quality of care practice. They told us, 'Ensure that quality assurance procedures and monitoring tools are operational and effective. For example, carry out regular survey and feedback, spot checks and staff appraisal which provides me with sufficient information to measure or check if the service user is getting the care that they require and if we are meeting their needs and expectations.' However, we found that spot checks to monitor the care which staff provided were not taking place regularly. Records showed that spot checks had last been completed with four staff in March 2018. Prior to this no staff had received a spot check since May 2017. This meant the provider was unable to assure themselves that staff were demonstrating the visions and values of the service when supporting people. We discussed this with the registered manager and provider. The registered manager told us the implementation of electronic records had been their main focus and had proved more time consuming than anticipated. This meant they had been unable to complete more regular spot checks. The provider stated they believed that more spot checks had been completed and were unaware of these gaps.

Quality audit systems were not embedded into practice in order to monitor the quality of the service people received. There were no systems in place to audit care records which meant that concerns highlighted during the inspection had not been identified. Reviews of staff induction, training, supervision and spot checks had not been completed which meant the registered manager and provider were not fully aware of the gaps in staff competency assessments and the support staff received.

The failure to implement effective quality assurance systems was a continued breach of was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked for their views of the service provided. An annual survey was sent to people and their relatives. The results were on the whole positive with the majority of people saying they were happy with the service and that staff were approachable and kind. Although there was no evidence the provider had completed a full audit of the results they had identified the negative comments related to timekeeping. In order to address these concerns, they had introduced the electronic rostering and monitoring system. This meant they were able to address any repeated concerns with staff members or change travel times to give staff more time.



The service worked alongside external agencies to ensure people's needs were met. The providers PIR stated, 'IRC Care Services Ltd values a multidisciplinary team approach in which various health and social care professionals liaise with each other to provide specific service to patients/service users. This contributes massively in terms of achieving positive outcomes and effective implementation of changes to care plans'. We found this to be the case during our inspection. Records showed that the service liaised with a variety of social care and healthcare professionals in order that people received a holistic service. In addition, the registered manager attended Surrey Care Association meetings to gain information regarding current developments and plans within the area.

Staff told us they felt supported and valued by the registered manager and that any suggestions made were listened to. One staff member told us, "I'm okay with them and they are okay with me. If I have any problem I go and see them in the office and we can sort things out together." Another staff member told us, "They are helping us work as a team when we need two staff. If we ring they answer and help us." Records showed that staff meetings were held every three months and were well attended. Areas discussed included discussion regarding people's specific needs, IT systems, staff conduct, rotas and any updates to policies or procedures. The registered manager and provider told us this was a good time to bring staff together as a team with the aim of promoting a positive culture within the service. Food was provided to ensure there was also a social aspect to the meetings where staff could get to know each other better.

People's confidential records were stored securely. Care records which were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cupboards in the 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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to ensure that systems and processes were in place to safeguard people from potential abuse
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to implement effective quality assurance systems
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure that staff received induction, training and supervision in line with the providers policy