Day and Nite Services Ltd

Day and Nite Services (Kingston)

Inspection report

Unit 31
Kingspark Business Centre, 152-178 Kingston Road
New Malden
Surrey
KT3 3ST

Tel: 02089497179
Website: www.dayandniteservices.co.uk

Date of inspection visit:
03 July 2018
16 August 2018
20 August 2018

Date of publication:
18 October 2018

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

This inspection was conducted over three days on 3 July and 16 and 20 August 2018.

Day and Nite (Kingston) is a home care agency. It provides personal care to people living in their own homes in the community. At the time of our inspection this agency was providing a home care service to approximately 180 mainly older people, four younger adults and two children living in the south London Boroughs of Kingston-upon-Thames, Wandsworth, Merton and Sutton. Most people using the service were living with dementia, while some people also had physical disabilities or complex health care needs associated with old age or mental ill health. Both the children using the service had a learning disability or autistic spectrum disorder. In addition, five people received a 24-hour home care service from this agency and had live-in care staff.

Approximately fifteen percent of the 180 people currently using the service did not receive a regulated activity from Day and Nite (Kingston). The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service continues to have a registered manager/owner in post, although this individual was no longer in operational day-to-day charge of the agency following the appointment of a new manager in January 2018. The new manager has not yet applied to the CQC for us to consider registering them as the service's new manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, 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 service's last CQC inspection, which we carried out in July 2017, we found the provider had improved the way they notified us about incidents involving people using the service. We rated the service 'Good' overall, although we had also received some mixed feedback from people about staff sometimes missing their scheduled visits or being late.

At this comprehensive inspection although we continued to rate the agency 'Good' for the key question, 'Is the service caring?', we found some aspects of practice had deteriorated. Consequently, the overall rating for the service and the three key questions, 'Is the service safe, effective and responsive?' have been downgraded from 'Good' to 'Requires improvement', while the key question, 'Is the service well-led?' remains 'Requires improvement'.

This was partly because the risk management plans that were in place to help staff take the appropriate action and prevent or deal with risks people might face were not always sufficiently detailed. This meant the provider had not done all that they could to mitigate identified risks and keep people safe.

Staff did not have all the right knowledge and skills to effectively carry out their roles and responsibilities. For example, staff who supported children had not received any child protection (safeguarding) or learning disability/autism awareness training. In addition, staff who supported adults living with dementia, mental ill health or behaviours that challenged the service had also not completed relevant awareness training in the areas outlined above.

Furthermore, although governance systems were in place to monitor the quality and safety of the service provided; we found they were not always operated effectively. For example, essential information obtained through these governance processes was always evaluated. This meant the provider did not always reflect on their practice to learn lessons and consider how they might improve the home care service they provided.

These shortfalls represent three breaches of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

In addition to the breaches described above, we found other issues of concern during our inspection.

The provider did not always work in partnership with other external agencies and professional bodies. Community social care professionals told us in the last 12 months the registered manager/owner had not always worked in a collaborative or cooperative manner with them. However, people receiving a home care service from this agency, their relatives and external health and social care professionals all spoke positively about the leadership style of the new manager and were confident they could work collaboratively with them.

We continued to receive mixed feedback from people, their relatives and professional representatives about staff not always turning up on time for their scheduled visits. The new manager confirmed that as discussed at the service's last inspection the provider had recently installed an electronic call monitoring (ECM) system. The system logged the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a call. The new manager was confident the ECM system would help them address the ongoing issue regarding staff's time keeping.

Staff had opportunities to review and develop their working practices, although most staff appraisals of their overall work performance in the last 12 months were well-overdue.

Although people had been given essential information about the service, we found the service users' guide, the provider's complaints procedure and people's care plans were not always available in easy to understand pictorial formats for children or adults with learning disabilities. This meant children and adults with a learning disability might not always be able to understand the information, which could limit their opportunities to be actively involved in making decisions about the home care and support they received.

Each person had been given a copy of their care plan, although the information they contained could be made more person centred and provide clear guidance for staff about people's individual needs, strengths and preferences.

The negative comments made above notwithstanding, we found the provider had improved their arrangements for notifying us without delay about incidents involving people using the service, which we identified as an issue at their last inspection. The new manager demonstrated a good understanding of their incident reporting responsibilities.

Staff continued to treat people with dignity. Most people and their relatives typically described the staff who worked for Day and Nite (Kingston) as "kind" and "respectful". During our inspection we observed staff on scheduled visits interact extremely well with people they were supporting. People received continuity of care and support from staff who were familiar with their needs and preferences. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

The provider also continued to have robust systems in place to identify, report and act on signs or allegations of abuse or neglect. Most people felt their family members were safe with the staff who visited them at home. Staff recruitment procedures remained safe and continued to minimise the risk of people being cared for by unsuitable staff. Where the service was responsible for this, medicines continued to be managed safely. People remained protected by the prevention and control of infection.

The manager and staff continued to adhere to the Mental Capacity Act (2005) code of practice. Staff also took account of people's food and drink preferences when they prepared meals.

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

Some aspects of the service have deteriorated and are no longer safe. Consequently, the rating for this key question has been downgraded from 'Good' to 'Requires improvement'.

Although the provider assessed the risks people might face, staff did not always have access to sufficiently detailed risk management plans to help them prevent or appropriately deal with these identified risks.

In addition, we continued to receive mixed feedback from people, their relatives and professional representatives about staff not always turning up on time for their scheduled visits.

There were robust procedures in place to safeguard people from harm and abuse.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Where the service was responsible for this, medicines were managed safely and people received them as prescribed.

Is the service effective?

Requires Improvement

Some aspects of the service have deteriorated and are no longer effective. Consequently, the rating for this key question has been downgraded from 'Good' to 'Requires improvement'.

This was because staff did not have all the right knowledge and skills to effectively carry out their roles and responsibilities.

Furthermore, although staff had opportunities to review and develop their working practices, most had not had their overall work performance appraised for well over 12 months contrary to recognised 'best' practice.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to meet their nutritional needs.

The new manager was knowledgeable about and adhered to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service continues to be caring and therefore their rating for this key question remains 'Good'.

We observed staff interact with people they supported in a kind and caring manner. People told us staff treated them with respect.

Staff ensured people's right to privacy was maintained, particularly when they provided personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Requires Improvement

Some aspects of the service have deteriorated and are no longer responsive. Consequently, the rating for this key question has been downgraded from 'Good' to 'Requires improvement'.

Each person had been given a copy of their care plan, although the information they contained could be made more person centred and provide clear guidance for staff about people's individual needs, strengths and preferences.

Children and adults with a learning disability could not always access information they might find useful because it was not available in easy to understand formats.

The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement

Some aspects of the service continued not to be well-managed. Consequently, the 'Requires improvement' rating previously given for this key question remains unchanged.

This was because information gathered through the providers governance systems were not always analysed. This meant the provider did not reflect on their practice or learn any lessons from complaints, safeguarding incidents and people's views, which limited their ability to improve.

The provider did not always work in partnership with other external agencies.

The negative comments described above notwithstanding, the provider had improved their arrangements for notifying us about incidents involving people using the service. The new manager demonstrated a good understanding of their incident reporting responsibilities.

Day and Nite Services (Kingston)

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was brought forward by 18 months in response to the higher than expected number of safeguarding alerts received by two local authorities about the quality and safety of the home care service their clients received from Day and Nite (Kingston). The information shared with the CQC regarding the safeguarding alerts indicated potential concerns about the way this home care agency was being managed.

This inspection was conducted over three days on 3 July and 16 and 20 August 2018, and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure the new manager would be available to speak with us during our inspection. The inspection team consisted of an inspector and two experts-by-experience. The experts-by-experience had personal experience of caring for older people who are living with dementia.

Before the inspection, we reviewed the Provider's Information Return (PIR). This is a self-assessment document we require providers to complete and send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of our inspection we made telephone contact with 13 people using the service and 14 relatives. On the second day we visited the agency's offices and spoke face-to-face with the new manager, a senior care coordinator and a field supervisor. In addition, we looked at various records including care plans for 15 people, 13 staff files and a range of other documents that related to the overall management of this

home care agency. On the final day we visited people at home and in-person with two people using the service and two of their relatives, a visiting district nurse and two care staff who worked for the agency.

Furthermore, we received email feedback about the service from three external health and social care professionals including a local authority safeguarding lead, a commissioner and an occupational therapist.

Requires Improvement

Is the service safe?

Our findings

The provider continued to identify the risks people's might face, but risk management plans to help guide staff and make it clear how they should prevent or appropriately manage these identified risks sometimes lacked detail. Most people said staff followed their risk management plans and kept them safe, although we received some mixed feedback from several community social care professionals concerned about the providers risk management arrangements. One professional told us, "Risk assessments are poor…They are just an exercise in ticking boxes. They lack detail and are not person centred", while another said, "When risks were rated medium or high, there was no information available for staff on what needed to be done to eliminate or reduce the identified risk."

The comments highlighted above notwithstanding, we saw some measures were in place to help staff reduce identified risks to people's health, safety and welfare. For example, we saw moving and handling risk assessments included risk management plans associated with falls prevention, the safe use of mobility hoists and peoples home environment. However, several care plans we looked at did not include sufficiently detailed risk management plans. For example, one person's care plan clearly identified they might exhibit challenging behaviours whilst they were out with staff in the local community, but no guidance was available for staff to follow in relation to the action they needed to take to prevent or appropriate manage this identified risk. This meant the provider had not done all that they could to identify and manage risks to people and staff to ensure they were sufficiently protected from the risk of injury and harm.

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

The provider continued to have systems in place to identify, report and act on signs or allegations of abuse or neglect. Most people's relatives told us they also felt their family members were kept safe by the staff who regularly visited them at home. However, community social care professionals representing two local authorities expressed concern about the high volume of safeguarding alerts they had received about this home care agency in the past 12 months. One community professional told us, "We've had a number of safeguarding raised in relation to the quality of care provided by Day and Nite (Kingston) in the past year, most of which have been concerned with staff missing calls or being really late." Another community professional told us, "There's been a high number of safeguarding made about this agency recently with a similar thread emerging of missed or late calls."

At our last inspection we also received mixed comments from people and their relatives about staff's time keeping and missed scheduled visits. At this inspection we continued to receive mixed feedback from people and their relatives about staff not always turning up on time for their visits. Typical remarks included, "I'm not particularly happy with staff's time keeping. It's very variable. Sometimes they come on time and sometimes they don't", "At first my carers didn't turn up on time. I reckon they use to be running late at least two or three times a week, but now they're better" and "When it comes to my [family member's] evening calls they [staff] keep coming late, which is dangerous for someone with my [family member's] health condition."

We discussed this ongoing staff time keeping issue with the new manager who confirmed as agreed at the services last inspection the provider had now installed an electronic call monitoring (ECM) system which had gone 'live' in June 2018. The system logged the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a scheduled visit. The new manager acknowledged the office based staff were still getting to 'grips' with the new technology, but was confident this new monitoring tool would enable them to keep a closer eye on staff call times and eradicate this ongoing issue.

Maintenance records showed specialist medical equipment used by staff on scheduled visits, such as mobile hoists, were regularly serviced in accordance with the manufacturer's guidelines.

The provider's staff recruitment procedures remained robust. The provider operated staff recruitment procedures that enabled them to check the suitability and fitness of all new staff they employed. This included checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks. The new manager told us they planned to carry out disclosure and barring service (DBS) checks at least once every three years on all existing staff to reassess their on-going suitability to work with people receiving a home care service.

Where the service was responsible for this, medicines continued to be managed safely. Care plans contained detailed information regarding people's prescribed medicines and how they needed to be administered. There were no gaps or omissions on medicines administration record (MAR) charts maintained by staff, which indicated people received their medicines as prescribed. Care staff had completed training in the safe management of medicines and their competency to handle medicines safely continued to be routinely assessed.

People were protected by the prevention and control of infection. We saw the provider had an up to date infection control policy and procedures. Records showed staff had completed up to date infection prevention and control training. Care staff told us they were always given ample supplies of personal protective equipment (PPE) when they were required to provide people with personal care, which included disposable gloves, shoe covers and aprons.

Requires Improvement

Is the service effective?

Our findings

Staff did not have all the right knowledge and skills to effectively carry out their roles and responsibilities. New staff received a thorough induction that included shadowing experienced staff on their scheduled visits and completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff also received an employee handbook and there was a well-equipped training room where all staff could practice using various moving and handling equipment. Existing staff received ongoing training the provider considered mandatory.

However, although the service supported children and adults with a range of care needs, records indicated staff were not sufficiently trained to meet the care needs of children with a learning disability or autistic spectrum disorder or adults living with dementia, mental ill health or behaviours that challenged the service. In addition, staff who regularly supported children had not completed any child protection (safeguarding) training. This meant staff might not have the right mix of competencies to effectively perform their roles and responsibilities.

This training shortfall represents a breach of regulation 18 of the HSCA (Regulated Activities) Regulations 2014.

Staff had opportunities to review and develop their working practices. Staff routinely had individual or group supervision meetings with their line manager, which records showed had improved in the last six months under the leadership of the new manager. However, we found most staff member's annual appraisal of their overall work performance was well-overdue, contrary to recognised best practice and the provider's staff appraisal policy.

We discussed this staff support issue with the new manager who told us they were aware most staff appraisals were overdue, which they planned to address by the end of 2018. The new manager also told us staff would benefit from having their work performance appraised annually as it would give them the opportunity to reflect upon their working practices and training needs. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care. However, if they had any concerns regarding a person's ability to decide they would

work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act (2005).

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific health care needs and preferences. Staff had received basic food hygiene training.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This meant others involved in person's care and support had access to essential information about their health and well-being. When staff had concerns about a person's health and well-being they notified the managers and senior staff so that appropriate support and assistance could be sought from the relevant health care professionals.

Good

Is the service caring?

Our findings

People were supported and treated with dignity and respect. Most people and their relatives typically described the staff who worked for Day and Nite (Kingston) as "kind" and "respectful". Feedback included, "My regular carers are absolutely wonderful…I can't fault them", "They [staff] treat my [family member] very, very well. They ask how she's doing every today and often go beyond what they're meant to do. She's [staff] always smiling and has a heart of gold" and "The staff are all caring, and so patient with my [family member]. They're amazing." In addition, the provider had received several compliments from people and their relatives. One relative wrote, "I'm very happy with the home care service my [family member] is being provided by Day and Nite."

During our inspection we observed three members of staff on scheduled visits interact extremely well with people they were supporting. For example, we saw these staff speak in a warm and friendly manner to one person who they clearly had a good relationship with. Staff also spoke about people they supported in a caring and respectful way.

Relatives told us their family members received continuity of care from the same designated individual or group of staff who were familiar with their family member's needs. People told us they could state if they preferred to be supported by a member of staff of the same gender. The registered manager gave us a good example of how they had met the expressed wishes of one person who had said they only wanted male care workers to provide their personal care.

Staff communicated with people in appropriate and accessible ways. People's care plans contained information about their personal communication styles and preferences and how individuals made choices and decisions about the care and support they received. The manager told us the staff team spoke a variety of different languages, which meant staff could be suitably matched with people whose first language they understood.

The provider had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality training was mandatory as part of new staff's induction and guidance on the provider's confidentiality policy was included in the employee handbook.

People were supported to be as independent as possible. Care plans contained information about people's level of dependency and the specific support they needed with tasks they couldn't undertake independently, such as getting washed and dressed or shopping. Staff gave us examples of how they supported people to do as much as they could and wanted to do, such as managing their own medicines or washing themselves.

Requires Improvement

Is the service responsive?

Our findings

People were given essential information about the service. People and their relatives told us they had been given a 'Service Users' guide, which set out the agency's aims and services they provided, and a copy of their care plan.

However, several community social care professionals told us their clients could not read or understand their care plan. One professional remarked, "My client's needs means they are unable to understand their written care plan." We found there were no easy to understand pictorial or large print versions of people's care plans, the 'Service users' guide or the provider's complaints procedure. This meant children or adults with a learning disability might not be able to easily access the essential information contained in the documents, which might limit their opportunities to be actively involved in making decisions about the home care and support they received.

We discussed this communication issue with the new manager who agreed where appropriate easy to understand pictorial and large print versions of these documents should be available for children or adults with a learning disability or specific communication needs. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

People received home care and support which met their personal care needs. However, although most people told us they were happy with their care plan, several community social care professionals expressed being concerned their client's care plan was not particularly person-centred. One social care professional remarked, "Care plans are not sufficiently person centred, as they don't always consider my client's wishes regarding how they would like to be supported, what foods they like and the name they preferred to be called", while another said, "My client's care plan does not accurately reflect the daily personal care needs the agency had agreed to provide."

We discussed this issue with the new manager who acknowledged care plans could be improved to make them more person-centred. They told us they were in the process of reviewing care plans with everyone using the service so care plans could be updated to include more detailed information for staff to follow about people's individual needs, strengths and preferences. The manager also said the updated care plans would include more detailed information about how people preferred staff to deliver their personal care. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

Care plans continued to be reviewed bi-annually, or much sooner if there had been changes to people's needs or choices. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

The new manager told us that no one currently using the service required support with end of life care. Care plans contained a section where people could record their wishes during illness or death if they wished and staff had received end of life care training.

The provider had suitable arrangements in place to respond quickly to people's concerns and complaints. People said they knew how to make a complaint about the service if they needed to. The provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. We saw a process was in place for the manager to log and investigate any complaints received. Records indicated all the complaints the provider had received in the last 12 months had been dealt with.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the provider had improved the way they notified us about the occurrence of any significant incidents involving people using the service. Nonetheless, we continued to rate them 'Requires Improvement' for this key question, 'Is the service well-led?' because we wanted to see if they could maintain this improvement over a more sustained period. At this inspection the service's new manager demonstrated a good understanding of their legal responsibilities to submit statutory notifications to us without delay. Our records also indicated the provider continued to notify us without delay in relation to the incidents described above.

The provider had systems in place to monitor the quality and safety of the home care service they provided. The office based managers and senior staff regularly carried out spot checks on staff during their scheduled visits to assess their care and support practices. We also saw the provider used an electronic system to review staff training, which automatically flagged up when staff's knowledge and skills would need to be refreshed. Furthermore, the provider had a contract with an independent care consultant who carried out annual audits of the agency.

The provider also gathered the views of people receiving a home care service from them and their relatives. They used a range of methods to obtain these views, which included regular telephone contact, visiting people at home and stakeholder satisfaction surveys.

However, we found no evidence to show how the information gathered through their governance systems was used by the provider to reflect on their working practices and if any lessons could be learnt. This lack of analysis meant the provider was failing to consider how they could improve the service they provided. In addition, the provider had failed to take appropriate action to deal with a number of issues we identified during our inspection including, the higher than expected number of complaints and safeguarding incidents raised about staff time keeping, insufficiently detailed risk management plans, no easy to access information for people with communication needs, gaps in staffs training and overdue staff appraisals.

These governance issues represent a breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014.

The provider did not always work in partnership with other external agencies and professional bodies. Community social care professionals representing two different local authorities told us the registered manager/owner had not always worked well with them in a collaborative or cooperative manner during the last 12 months. Typical feedback we received from these social care professionals included, "We've had a number of complaints of which quite a few from both service users and our own staff have been about the registered manager's 'abrupt' management style", "Our safeguarding team have found communication with Day and Nite and the registered manager/owner to be difficult at times" and "The registered manager isn't always willing to communicate with us. We were disappointed they didn't co-operate with the requests we made, which meant we weren't always assured improvements were happening and the service."

These negative comments described above notwithstanding, the service had a new manager who has been in operational day-to-day charge since January 2018. People receiving a home care service from this agency, their relatives and external social care professionals spoke positively about the leadership approach of the new manager. Typical feedback included, "The new manager seems very nice and easy to get along with", "I often just pick up the phone and speak to [name of new manager] and she always gets back to us" and "[name of new manager] works well with us, she is always professional and never defensive." We discussed the registered manager situation and lack of partnership working with other professional bodies with the 'new' manager. They confirmed they had been in operational day-to-day charge of the agency for the last six months and planned to submit their registered manager application to the CQC for us to process. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

The provider valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions to the managers through regular individual and group meetings.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care was not always provided in a safe way because the provider did not do all that was reasonably practicable to mitigate the risks people using the service might face. This was because risk management plans were not always in place or sufficiently detailed to enable staff to follow this guidance and take appropriate action. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate governance systems effectively to routinely assess, monitor, and mitigate the risks relating to the health and welfare of service users, or improve the quality and safety of the home care service people received. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff they employed had received all the appropriate training and professional development they needed to enable them to effectively carry out the duties they were employed to perform. Regulation 18(1)(2) (a)