Heathley Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was the first inspection of the service. The inspection visit was on 14 November 2017.

Heathley Care Services provides personal care and treatment for people living in their own homes. On the day of the inspection the registered manager informed us that there were a total of seven7 people receiving personal care from the service.

We found breaches of regulations in this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment checks had not always been completed to protect people from receiving personal care from unsuitable staff. Risk assessments were not always in place to protect people from risks to their health and welfare.

Management had not carried out comprehensive audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

A registered manager was in place at the time of the inspection visit. 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 and associated Regulations about how the service is run.

People did not report that they had any issues about staff infection control practices. Staff had been trained in infection control procedures to ensure their safety from infection.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care from staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. Staffing numbers were sufficient to ensure that people received calls supplying personal care to them.

We saw that medicines had been supplied safely and on time, to protect people's health needs.

Staff had received training to ensure they had the skills and knowledge to meet people's needs, however, though more training was needed on people's individual health conditions. People's needs had been assessed so that staff could supply personal care to meet their individual needs. The service worked with other agencies to deliver effective care to people.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware to ask people's consent when they provided personal care.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. People told us they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were individual to the people using the service. This helped to ensure that their needs were met.

People and relatives told us they would tell staff or management if they had any concerns, and they were confident these would be properly followed up.
They were satisfied with how the service was run.

Staff said they had been fully supported in their work by the registered manager.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The registered manager was aware that these incidents, if they occurred, needed to be reported to The Care Quality Commission (CQC) us, as legally required.

This is the first time the service has been rated Requires Improvement.

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.

Staff recruitment checks were not robustly in place to protect people from receiving personal care from unsuitable staff. Risk assessments to protect people's health and welfare were not always in place to protect people from risks to their health and welfare.

People and their relatives thought that staff provided safe care, including protecting them from infection, and that people felt safe with staff from the service. There was enough staff to meet people's needs. Medicines had been supplied as prescribed.

Is the service effective?

Good

The service was effective.

People and relatives thought that staff had been trained to meet the assessed needs. Staff had received, in the main, support to carry out their role of providing effective care to meet people's needs, however additional training was needed to comprehensively cover all care needs. People's consent to care and treatment was sought. People's nutritional needs had been promoted and people's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were kind, friendly, and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's choices, privacy, independence and dignity.

Is the service responsive?

Good

The service was responsive.

Call times had, in the main, been on time to respond to people's needs. People and their relatives had been satisfied that staff

provided a service that met people's needs. Care plans contained information on how staff should respond to people's assessed needs. People and their relatives were confident that the service would act on any complaints they made. The complaints procedure did not include comprehensive information to help people to take their complaints further if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Services had not been comprehensively audited in order to measure whether a quality service had been provided and to take action where needed.

Heathley 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 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 inspection took place on 14 November 2017. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with three people who used the service and four relatives. We also spoke with the provider, the area manager, the registered manager, and three care workers.

We looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine

administration records.

Requires Improvement

Is the service safe?

Our findings

Systems were not always in place to keep people safe.

Staff recruitment practices were not always followed in place for new staff. Staff records showed that before new members of staff were allowed to start work, checks had not always been made with previous persons' known to the respective staff member. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This showed us that current staff recruitment procedures were not always robust to keep people safe from unsuitable staff. For one staff member with previous convictions, references had not been sought from previous management employers and there was no information about the reasons why the person left their previous employments. Also, the risk assessment on employing the person had not identified robust control measures to ensure the protection of people receiving personal care from the person.

This meant that robust procedures had not been in place to prevent potentially unsuitable staff providing personal care to people.

Care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, daily records indicated that a person displayed behaviour that challenged the service. There was no risk assessment and no control measures in place to manage this condition, such as using distraction techniques to manage these situations. This put the safety of the person and staff supplying care to the person at risk to their safety.

Another care plan identified that a person was at risk of having pressure sores developing. The risk assessment directed staff to observe for signs of pressure sores developing and that creams should be applied on a daily basis. However, from 10 October 2017 to 16 October 2017 records did not show that staff had applied creams. The registered manager stated this issue would be followed up with staff.

Another person had been assessed as having a high risk of falling. There was no risk assessment in place for staff to take action to lessen this risk. The registered manager said she would put in place risk assessments that contained detailed information to protect people's safety.

These issues were was in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care and treatment. You can see what we have told the provider to do at the end of this report.

People and relatives told us they, or their family members, felt safe with staff and had never had experiences where they had felt unsafe. One relative said that there had been a recent incident which had been reported to management which had been dealt with swiftly. Since then there had been no concerns about the safety of the person.

All the people we spoke with told us they would contact the registered manager of the service if they had a concern about safety and were confident the concern would be taken seriously.

People said that equipment used by staff such as a wheelchair or walking frame had all been used appropriately and safely. We saw information relating to safety in people's care plans. For example, there was an instruction to staff to check that water was not too hot, to prevent water scalding the person. Staff confirmed that they were aware, and acted on, these safety instructions.

Staff told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards and made sure hoists were working properly before using them to transfer people. This told us that staff tried to ensure that people were safe when supplying personal care. Risk assessments of people's homes covered relevant issues such as whether equipment was safe to use and preventing tripping hazards. Spot checks on staff covered issues such as ensuring that equipment was used safely. In one care plan, there was no information about whether appropriate fire precautions were in place. Also, it did not cover whether appropriate aids and adaptations were in place, for example, in the bathroom, to prevent falls. The area manager said these issues would be followed up.

People and relatives told us there had been no issues about staff practices to ensure they were safe from infection. Staff told us that they had received training on ensuring that the care provided to people was free from infection. Staff had been reminded about safe practices by the registered manager such as following proper infection control and health and safety procedures in staff meetings.

We saw that some of people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was a risk assessment in place with regards to a person who needed help to transfer from one position to another.

People and their relatives told us there were no missed calls and that staff stayed for the agreed call time. They told us that staff were either on time or mostly on time. People and relatives said staff there had usually been on time and if they staff were going to be late they would ring the person directly to give an estimated time of arrival. All six people said the care workers stayed for the contracted time and the personal care supplied had not been rushed. This indicated that staffing levels to deliver personal care were sufficient.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service. This had also been emphasised in staff meetings by the registered manager.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, the procedure did not have contact details of the agencies to contact in the event of abuse. The area manager said this procedure would be amended.

The whistleblowing policy in the staff handbook directed staff to relevant outside agencies such as the safeguarding authority, the police or CQC,
although contact details of these agencies were not included. The registered manager sent us this amended procedure after the inspection visit. This supplied staff with comprehensive information of how to action issues of concern to protect the safety of people using the service.

The people who received help with their medicine from staff said this was always administered appropriately and on time.

Staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. The procedure did not comprehensively cover the issue of the supply of homely remedies to check that these did not contain medicines that were already present in prescribed medicines, to avoid the risk of taking too much medication. The registered manager said she would follow this up and send us the amended procedure.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff had been were well trained and knew how to meet people's care needs. One relative said, "I do think the carers are well trained. To be honest, they're amazing. [Family member] can be very difficult, but they have persevered and won their her trust. They don't give up."

Staff told us, in the main, that they thought they had received training so that they were able to meet people's needs. A staff member said, "Training is good. If we take on a new person with different needs, then training on this is arranged for us." A staff member said that when they were asked to care for a person who needed assistance with their catheter, appropriate training had been provided so that they knew how to manage this care need.

Staff training information showed that staff had training in essential issues such as health and safety, catheter care and keeping people safe from abuse.

There was a train the trainer certificate in place which proved that the training in moving and handling was supplied to staff by a person who had been certificated to provide this training. Guidance notes were in care plans which provided information on the health condition the person had.

Staff had not received training in a number of people's specific long-term health conditions such as stroke care, epilepsy and end of life care. The provider stated that this training would be supplied to ensure that staff had all the skills and knowledge to meet people's needs.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, nutrition and preventing pressure sores. The registered manager showed us evidence of Care Certificate training which was shortly due to commence for staff. This is nationally recognised induction training for staff.

Staff told us that when new staff began work, they were shadowed by experienced staff on shifts for a minimum of four days. At the end of the shadowing period, the new staff member, if they did not feel confident and competent, could ask for more shadowing to gain more experience to meet people's needs.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and communication needs.

Staff felt communication and support amongst the staff team was good. Staff supervision had taken place and included relevant issues such as
any care issues and staff concerns. This helped to effectively advance staff knowledge, training and development.

Staff members also told us they always felt supported through being able to contact the management of the service if they had any queries.

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. As a service is a domiciliary care service, applications must be made to the Court of Protection. No applications had been made.

People and relatives said the care provided was agreed by the person receiving care and that staff asked for consent before carrying out care tasks. One person said, "I suppose I know the routine by now, but they always ask if I'm ready before they do anything."

People's capacity had been assessed in care plans. The registered manager stated that currently everyone receiving the service had capacity to decide how they wanted to live their lives. If in future a person was assessed as not having the capacity to make decisions about how they lived their lives, meetings would take place with relatives and relevant authorities to determine how to make decisions in the person's best interests.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. Staff were aware of their responsibilities about this issue as they told us that they asked people their permission before they supplied care.

People who had meals prepared by staff said they were always given a choice of food and that it was well prepared. Staff would also leave snacks and drinks within reach between visits. One relative said, "[Family member] enjoys the microwave meals and the carers leave snacks and drinks before they go. They will also leave a sandwich for her if she hasn't eaten much."
A person said, "I can ask for anything I like... sometimes, if they have time, the carers [staff members] will cook something from scratch and that's very welcome."

Two people told us that staff prepared meals for them when required. They said there had been no issues with this provision. Care plans included information about people's choices. This indicated that the service took account of people's food and drink preferences.

Everyone said they were confident staff would contact health care professionals if they were unwell. People told us staff had contacted health care services recently when a person had been unwell. One person said, "A carer found me slumped on a chair. She knew I was diabetic and she knew what to do. When I came round the paramedics were there and the carer had given me a sugary drink. I really think she saved my life, and that's down to training." A relative said, "The carers will work around [family member's] GP appointments and make sure they can go with her." Another relative said, "They [staff] know when things aren't right and they have rung the GP when [family member] isn't well."

Staff told us of various incidents where they had observed when people were ill. They had reported this to the office and contacted medical services to obtain treatment. For example, a staff member saw that a person was bleeding and contacted the GP and the NHS helpline. This had meant that the GP visited the same day to assess and provide treatment.

This indicated that staff knew how to ensure that people received proper healthcare and ongoing support.

Good

Is the service caring?

Our findings

Everyone told us that staff were all caring, kind, patient and friendly. They all felt they were listened to and that their wishes had been respected. A relative said, "The carers do a fantastic job in difficult circumstances. They have patience, understanding and empathy." Staff meeting minutes included emphasising to staff that people needed to be treated with dignity and respect, and emphasised their right to privacy and independence.

Everyone said staff upheld privacy and dignity by closing doors and drawing curtains whilst providing care. One relative said, "The carers always close the curtains and also cover [family member] up when they're helping her to wash and dress."

Everyone said staff protected people's independence. One relative said that they had encouraged their family member to walk with their walking frame and they are she was now able to do this. Another relative said the GP had advised their family member to walk more and staff had encouraged them "to do more things like take their her used cup or plate to the kitchen." This promoted the person's independence.

None of the people we spoke with had any cultural or religious beliefs that they wanted staff to take account of. One person who used the service told us they had an assistance dog and had experienced some staff not being happy to be in the same room as a dog. This person had contacted the office to make them aware of this problem and since then all staff who came to the house were happy to be in the presence of the dog.

There was a staff monitoring system in place to check that the attitude of staff towards people had been friendly and caring. The staff guide also emphasised that people should be treated with respect. This encouraged staff to respect people's rights.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. The guide for people receiving the service emphasised that the service would not discriminate though this was not emphasised on the basis of relevant issues such as race, religion and sexual orientation. This would then give people from all cultural backgrounds a message that they would be treated with fairness and respect. The area manager stated this document would be amended.

The registered manager said that they aim to recruited staff from the same cultural background as people using the service so that people's specific needs could be properly understood and met. Evidence was available that this had been arranged.

People and their relatives considered that care staff were good listeners and followed preferences. People and relatives said they had been involved in planning their or their family members, care. They said they had a formal review of the care plan, and everyone said they were able to speak regularly to staff to make any changes to care that were necessary. The service's information stated people would be involved in reviews and assessments of their care. We saw evidence that people had signed care plans agreeing that plans met their assessed needs.

People told us that their dignity and privacy had been maintained and staff gave them choices such as with regard to the food they wanted to eat and the clothes they wanted to wear. This was reflected in care plans and staff informed us that people would always be asked as to what choice they wanted. For example, a staff member said that she always asked how people wanted how they wanted to be dressed, and what name they wanted to be called by.

Staff explained that they would always protect people's dignity and privacy by doing things such as covering people when they were assisted with washing, leaving people in privacy when they were using the bathroom, and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the people and relatives we spoke with. This reflected the policy of the provider in ensuring dignity for people.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. This encouraged staff to have a caring and compassionate approach towards people. There was no information in the service users guide or staff handbook about ensuring that people would not be subjected to discrimination due to important issues such as their age, gender, religion, race or sexual orientation, though this information was contained in the statement of purpose. The area manager said these issues would be included in the handbook.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves.

This indicated that staff were caring and that people and their rights had been protected.

Good

Is the service responsive?

Our findings

People and relatives told us that staff responded to people's needs. One person told us that they had been grateful for emotional support following a recent bereavement. One relative said, "If anything, the carers stop over their time. Once recently, when [family member] was in a bad way, the carer stopped for two hours to make sure they she were was sorted." One person said, "The carers do things my way, even if it would be quicker and easier to do it another way. I never feel rushed."

Another relative said, "If I need to go on an urgent errand to the shops, the carers will always stop with [family member] until I get back. That really helps us."

We saw evidence in a care plan that the registered manager had assisted the person with their housing application. This responded to the person's needs and showed a willingness responsiveness to help a person outside the normal remit of providing care to the person.

People and relatives said that the care provided had met their needs and wishes. One relative said, "The care package is good. The carers do everything [family member] needs." One person said, "I feel I can talk to [the registered manager] about my care. She knows my problems and she tries to help me. When I was in hospital last time I rang her about a problem at my house and she reassured me." A staff member told us that if a person was upset then they would stay with them to reassure them and talk to them about their concerns. This showed staff had responded to people's individual needs.

People and relatives said they received care from regular staff members care workers that they knew well and they valued this. A relative said, "[Family member] does have the same carers every day. It's really important that they she gets a rapport with carers so she needs regular carers she can get to know and have a chat with." Another relative said, "[Family member] would get confused and irritated if she had different carers all the time, but she gets the same regular carer, and that works for her. She does know the other carers who come when the main carer is off, so that helps as well."

Another relative told us, "The carers are very flexible in what they do. They always say they will do what suits [family member]." Everyone told us they received information from staff about who would be visiting next time and that this was helpful.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and personal hygiene needs.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. And to provide further support when needed. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. They said that work would be done to ensure people's communication needs were fully met in the way they wanted.

There was information about people's personal histories and preferences to help staff ensure that people's individual needs were responded to. For example, in one care plan it included important information such as what was important to the person. This meant that staff had the opportunity to be aware of people's preferences and lifestyles, and worked with them to achieve a service that responded to people's individual needs.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes.

People and relatives said that staff usually arrived on time for their care calls. Staff rotas showed that travelling time between calls to people been included. This meant staff had the opportunity to be on time because they had been allocated travelling time. Staff confirmed to us this was the case. Care records showed that call times were, in the main, within a short time period of the call time. Call times had not always been recorded to check whether they were timely. The registered manager said staff would be reminded to do this.

Relatives said the service kept them informed if there was a concern about their relative. One relative said, "The carers will always ring me if there's a problem. That's very helpful." One relative said, "There have been lots of changes in [family member] circumstances recently, so we've spoken a lot to the carers and the manager to make changes – and it's all worked out well."

Everyone knew how to make a complaint and told us that they thought the registered manager would take any concerns about care seriously and deal with them. One family member told us that they had made a formal complaint and was satisfied the registered manager had dealt with it swiftly and effectively.

One recorded complaints had been made. This had been investigated and action taken with regard to the work performance of a staff member.

The provider's complaints procedure in the service user guide gave information on how people could complain about the service. The procedure set out that that the complainant should contact the service for their complaint to be investigated. However, there was no information included in the service user guide or the complaints procedure that they could take their complaint to the local authority or the ombudsman if they wanted an independent investigation. The registered manager stated these issues would be amended in the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

The service was not always comprehensively well led.

We saw some quality assurance checks in place to check that the service was meeting people's needs. The audits covered issues such as checking whether medication had been prompted. However, audits had not identified issues found in the inspection. There were no audits undertaken on important quality issues such as staff recruitment, staff training and whether risk assessments were always in place to protect people's safety. This was despite the information in the services statement of purpose, "To ensure that the quality of the service provided is of the highest standards possible."

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance.

People and their relatives thought they had received a service that met their needs. They said, apart from one relative, that they felt that the service was well led and that staff and management listened to their views and would make changes if necessary.

Three people told us that the service had been helpful in liaising with other agencies to get essential mobility equipment, incontinence aids and alarms in people's houses. One relative said, "We needed help getting some incontinence supplies. [The registered manager] rang the incontinence service and it was sorted with no hassle."

Everyone, except one person, thought the manager was approachable and would take swift action if concerns were raised. People and relatives in the main, thought the service had a positive attitude and was open and honest at all times. One relative said, "There was a family mix up about the hours [family member] needed over the whole week. When I told the manager, she sorted it straight away. I feel I know them her ([the registered manager]), even though we've not met face to face. I don't think it's just a job for her – she's very caring and I think she motivates the staff."

People and relatives, in the main, said they would recommend the service to family and friends. Only one person said they would not recommend it due to concerns about the management. One relative said, "This service is 100% better than the last one we had. It was a brilliant move."

Staff had spot checks to see whether they provided a quality service to people. This covered relevant issues such as whether they had followed correct procedures such as safely transferring people and observing infection control procedures.

A human rights checklist was in place which included relevant issues such as staff gaining consent prior to supplying care, being patient and polite, listening to the person and helping them to communicate their wishes.

People told us that they had not yet received questionnaires from the service asking their views on whether the care they were provided with met their needs. The registered manager provided us with templates of questionnaires to people that were ready to be sent out. She said that questionnaires would also be sent to staff, relatives and professionals so that they could give their views of the service. This would then give people and other stakeholders a chance to influence the running of the service.

The registered manager had submitted a relevant notification to CQC and was aware of the provider's responsibility to notify CQC of prescribed incidents, such as safeguarding people from abuse. The provider was aware of the legal requirement to display their rating from comprehensive inspections, such as this one.

We saw evidence that the registered manager had raised the issue of the quality of care for people at staff meetings. The minutes of the meeting set out relevant issues such as protecting people from abuse, being on time for calls and giving the opportunity to discuss any staff issues and concerns.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and promoting independence.

Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. The staff we spoke with told us that they had been well supported by the registered manager. One staff member said, "It's a nice company to work for and the registered manager is excellent. She is available to answer queries at night and up to weekends and is always helpful." Another staff member said, "I'm supported by the manager very well. If I need time off due to family issues then and she has arranged this. She are is always available for advice and support."

Staff confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. They said that they shared information between themselves so they were up to date with people's needs.

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 The service had not comprehensively kept people safe. Risk assessments to promote people's safety were not properly calculated or detailed enough and staff recruitment did not identify potentially unsuitable staff members

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been comprehensively audited and followed up with required action in order to ensure that a safe quality service was provided to people.