

Mercie Grace Care Limited

Mercie Grace

Inspection report

15b Syston Town Square
Syston
Leicester
LE7 1GZ

Tel: 01163193033
Website: www.merciegracecare.org

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mercie Grace provides care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 87 people were receiving a service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Care plans and risk assessments provided staff with guidance of how to provide safe care and support and mitigate known risks. However, care plans were not consistently kept up to date when changes occurred.

People were supported with their prescribed medicines. The provider had taken some actions to make improvements to medicines management and further actions were required. We made a recommendation about medicines management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Overall, care calls were delivered within the time expected, by a regular core group of staff, who stayed for the duration of the call.

Staff had been recruited safely, and staff received an induction, training and ongoing support. Additional staff training in learning disability and autism was required and the registered manager took immediate action during the inspection to arrange this.

Right Care: People were positive about the kind, caring and respectful approach of care staff. People were involved as fully as possible in discussions and decisions about their care.

Where required, people were supported with eating and drinking. People's health was monitored, and action was taken if a person's health needs changed.

People received care and support based on their individual needs, routines and preferences. People's diverse needs were considered and met. This included their individual communication needs and preferences.

People had access to the provider's complaint procedure. Complaints and incidents were investigated, and actions taken to make improvements.

Right Culture: There was a positive staff culture and partnership working with external agencies. The provider sought and valued feedback from people and staff.

The providers systems and processes were not always effective in helping to identify where improvements were required. However, improvements had been made and were ongoing in developing staff roles and responsibilities.

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

Rating at last inspection

The last rating for the service was requires improvement (published 19 June 2021). Since this rating was awarded the provider has altered its legal entity and premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in regulation in relation to the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective. .

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mercie Grace

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection Team

The inspection was carried out by 2 inspectors. Two Expert by Experience made telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the

views of the public about health and social care services in England.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, care manager, administrator, finance and administration manager, 2 care coordinators and 3 care workers. We also contacted a further 30 care staff by email for feedback and received 26 responses. We contacted external health and social care professionals for feedback and received 5 responses. We spoke with 4 people who used the service and 15 family members for their experience of the service.

We reviewed a range of records. This included 9 people's care records, 3 staff files in relation to recruitment, and medicines records. A variety of records relating to the management of the service, including policies and procedures, staff training, meetings records and audits and checks.

Is the service safe?

Our findings

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

Under the previous legal entity the rating at the last inspection was requires improvement. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- Accidents and incidents were recorded, reported and reviewed by the registered manager. Records confirmed what actions were taken to investigate and reduce reoccurrence. However, from reviewing a person's care records, we identified staff had not completed incident documents as required. This was discussed with the registered manager who agreed to follow this up with staff. Failure to record information impacted monitoring procedures being safe and effective.
- Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Staff had received training and had access to the provider's policy. A staff member said, "I will raise a safeguarding when a service user is at risk, to prevent them from being harmed. I will report the safeguarding issue to the appropriate department in the office, if it is an emergency, I will call 999."
- The registered manager reported safeguarding concerns to the local authority safeguarding team. This included completing investigations and taking actions when required to keep people safe. However, we identified not all safeguarding incidents had been reported to CQC as required and this increased the risk of reoccurrence. This is reported on further in the Well-led section of this report.
- People told us they felt safe with the staff that provided their care. Examples were also given on how staff supported people to remain safe. A relative said, "The carers support [relation] when they are helping them to move; they chat to them, calm and reassure them. [Relation] has the same carers most of the time, which also helps to make them feel safe."

Assessing risk, safety monitoring and management

- People's care needs had been assessed and planned for. However, changes to people's care and support needs and actions taken in response, were not consistently recorded. From discussions with staff, and feedback from people we concluded this was a recording issue and no person had come to harm.
- Risk assessments provided guidance for staff about how to provide safe care and treatment. Staff were knowledgeable about people's individual care needs, and they told us they found guidance to be detailed and supportive. A staff member said, "Yes I have detailed and update guidance about how to support my clients safely."
- People were positive about how staff supported them with known risks. A relative said. "[Relation] was not very comfortable with the equipment used to get out of the chair; it would make them very panicky. The Mercie Grace staff were key to making [relation] safe as they recommended a different piece of equipment which has made the situation a lot better."

Staffing and recruitment

- The provider operated safe recruitment processes. Disclosure and Barring Service (DBS) checks had been completed, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager had made some recent improvements, to ensure staff completed all the recruitment processes, including training and competency observations before staff provided care independently. However, further improvements were required to ensure all recruitment actions were recorded in staff files to confirm staff were safe to work with people. For example, evidence of reference requests and checks on the online DBS update system.
- There were systems and processes in place that scheduled and monitored care calls. If staff were running late, people were informed. Improvements had been made to the occurrence of late or missed calls and this information was analysed to enable any learning opportunities. There was a duty system for staff and people to use out of office hours.
- People were positive about their care calls and confirmed they were informed of late calls. A person said, "I am seeing the same carers at the moment; it has been getting better over the past few weeks. At one time I did not know who was coming, but they always turn up and if they are late, they ring me to let me know." A relative said, "Always two carers, to do the hoisting, always keep to the times."

Using medicines safely

- Prescribed medicines to be administered 'when required' (PRN) had a protocol instructing staff about how to safely administer these. However, where medicines were used to support a person at periods of emotional distress, additional guidance such as strategies to use to support the person was limited. This is important information as PRN medicines should be administered as a last resort. We discussed this with the registered manager who agreed to review this information.
- Medicine administration records (MAR) did not record details of why PRN medicines had been administered. Staff were required to record this in the person's daily records. However, we found staff were not consistently doing this. This information is important to enable monitoring of the frequency PRN medicines are being used as it may be an indicator a medicine review is required by the GP.

We recommend the provider should review their recording processes to ensure all important information about people's medicines is captured and easily available to staff when needed.

- Medicine care plans did not consistently record where people's medicines were stored, what the medicines were for, and what people's preference was of how they should be administered. This is important information to support staff to provide safe care and support. We discussed this with the registered manager who agreed to take action.
- Staff had received training and had their competency assessed. People told us staff supported them safely with their medicines. A person said, "The carers help me with my tablets; they put them in a pot for me, I tell them when I have taken them, and they record it on a sheet."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received training and had access to personal protective equipment (PPE). Spot checks were completed by the management team, and this included the use of PPE and infection prevention and control practice.
- People confirmed staff wore PPE as required. A person said, "Gloves and aprons are worn. They [staff] change gloves between tasks. If either me or them have a cough or cold, then the masks come out again."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Under the previous legal entity the rating at the last inspection was good. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had not all completed mandatory training in learning disability and autism awareness that we expect all staff of registered services to complete.
- Training certificates confirmed two staff who provided care to 2 people with a learning disability and or autism had received training, but the registered manager confirmed other staff had not. Following a discussion with the registered manager they made arrangements for all staff to complete this training.
- Improvements to staff training was ongoing. Where training gaps had been identified by the local authority quality assurance visit, action had been taken to address this. The registered manager had transferred to a new training provider and additional training was in the process of being completed.
- Improvements to staff support was ongoing. The registered manager had recently increased the frequency of staff supervision meetings from 6 to 3 monthly as requested by the local authority. These meetings are important to enable staff to discuss their work, training and support needs.
- Staff were positive about the support they received. A staff member said, "Yeah I am receiving supervision in time, the organisation has an open-door policy that if I want one before stipulated times, I could request it, this makes me feel supported a lot."
- People were confident staff were sufficiently competent, skilled and understood their needs. A person said, "Four lovely girls come regularly. They change my pads, check my catheter, wash, cream me and so on. Touch wood, no sores so their care works! We've become great friends, it's a two-way team."

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People's individual care and support needs associated with their physical, mental and wellbeing needs were assessed. As part of this assessment, information regarding any protected characteristics under the Equality Act 2010 were considered to ensure people were protected from any type of discrimination.
- People were involved as fully as possible during their pre-assessment and the development of their care plan and risk assessments. This was confirmed by care records and feedback from people.

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

- People were supported to eat and drink enough to maintain a balanced diet.

- Care plans provided staff with guidance on any known needs associated with eating and drinking, including any risks and people's preferences.
- Staff confirmed how they supported people with their individual care and support needs. A staff member said, "We ensure people drink fluids at every call. Be it a cup of tea or coffee or glass of water. Nutritional supplements given to some people and varied and balanced meals prepared."
- People were positive about how staff supported them with eating and drinking. A person said, "The carers are kind and caring and they make sure I have what I want. They will bring me drinks and make sure I have food, they ask me what I fancy for my meals, heat it up and bring it through on a tray."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Information was shared with external agencies to support a person with their ongoing care. For example, a contact sheet was provided to ambulance and hospital staff that shared important information about a person, including their individual care and support needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- Staff worked with external health and social care professionals to review people's progress and share information. Staff gave examples of actions taken when a person's health had deteriorated. A staff member said, "I called 999 after I found a service user on the floor, they had tried to get out of bed by themselves and fell."
- People were positive about how staff supported them with their health needs. A person said, "Occasionally, my catheter gets blocked, they call the district nurse, and she comes out to change it." A relative said, "The carers always pick up quickly if they think [relation] is not well. they know about their health conditions; they are vigilant and let me know if anything isn't right. They will the GP if I'm not around."
- Feedback from professionals was positive. A professional said, "Referrals from the manager and the team are made in a timely manner. The management team always look out for what will benefit the person, for example, increase or decrease in a care package and any other referrals such as a referral to the incontinence team if required."

Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

- The provider was working in line with the Mental Capacity Act
- Improvements had been made and were ongoing in how mental capacity assessments were completed and best interest decisions made.
- This included the registered manager recording actions of how they assessed a person's capacity, such as questions asked and the person's responses. Whilst best interest decisions had been made in consultation with others, this needed to be clearly recorded of who, when and how this had been completed. We discussed this with the registered manager who agreed to review their practice.
- Staff understood the principles of the MCA. A staff member said, "I empower clients to make their own decisions when they can. A few advanced dementia clients have reduced capacity to consent. But none who

lack it completely."

- People confirmed consent was sought before care was provided. A relative said, "The carers will always ask [relation] if it is okay to do something, they will ask them what they would like to wear or what they would like to eat."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Under the previous legal entity the rating at the last inspection was good. This key question has been rated good. This key question has been rated good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- The provider had considered people's individual equality and diversity. We saw care plans included information about people's religion, marital status, gender, sexual orientation and ethnic origin. Staff respected people's diversity and treated them as individuals.
- Staff spoke respectfully and with awareness of people's individual needs and preferences in relation to equality and diversity. A staff member said, "People are treated as individuals, we get to know people well and respect their preferences."
- People were positive about how well staff met their individual care needs. A person said, "The staff are polite and very aware of my dignity and understand what's important to me."

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

- People were supported to express their views and make decisions about their care.
- Care records confirmed people and their relatives or representatives, were involved in their care as fully as possible. For example, review meetings were arranged to discuss people's care package and if any changes were required. Discussions with people also occurred when their care and support needs became greater or reduced. A person said, "I was fully involved in my care plan; I had a discussion with the manager and explained what I needed; she took all of my particulars and I have everything that I want."
- Staff told us they had sufficient time during care visits and provided care to regular people to provide consistency and continuity.
- Positive comments were received about the kind, caring and respectful approach of staff. A relative said, "[Relation] has vascular dementia and is often 'difficult' but the staff are so calm, caring and respectful that they can help them to relax."
- At the time of the inspection independent advocacy was not available. An advocate is a person who assists and supports people to speak out for themselves. The registered manager told us they would source this information and make it available to people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff gave examples of how they promoted independence and respected people's privacy and dignity. A staff member said, "We treat people with love, empathy, care and respect."
- People spoke positively about the care staff in how they provided care and support. However, some

people told us there could be some difficulties with language. A person said, "Simple. It's like having friends call in. I think it's really the best thing about them – friendly and loving." A relative said, "The carers are generally very good and attentive; [relation] has carers 4 times a day and sees the same 6 or so carers. There is a communication issue as [relation] and the carers struggle to understand each other as the carers' English is not so good." We discussed this with the registered manager who agreed to follow this up.

Is the service responsive?

Our findings

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

Under the previous legal entity the rating at the last inspection was good. This key question has been rated good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Staff had important and helpful information in relation to people's work, family, social history, interests, hobbies, routines and preferences. This enabled staff to form positive relationships, understanding and empathy.
- People gave positive examples of how well staff provided personalised care. A person said, "The carers help me in exactly the way I want to be helped. I have 2 carers who help me to shower, they have been coming a while and know me well, I really trust them." A relative said, "[Relation] receives the care we planned, we find the carers friendly and polite."
- External professionals gave positive examples of how staff supported people to achieve positive outcomes. A professional said, "In my experience with Mercie Grace, people are supported extremely well in achieving positive outcomes. The manager is open to listening in order for a person to have a positive experience."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- People's individual communication needs and preferences were recorded and respected by staff.
- The registered manager told us how they would provide information in alternative formats if this was required and historically what they had provided to meet people's specific communication needs. This included, providing information in large print and alternative languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- Some people received social support to enable them to access community opportunities and pursue

interests and hobbies to avoid social isolation. A staff member told us how they supported a person to attend church and how this was important to the person.

- People's individual cultural needs were met. Where people made a specific request to be supported by staff who understood their cultural needs, we saw examples of where this had been provided.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.

- The provider's complaint log showed actions had been taken by the registered manager. This included an investigation, an apology and actions taken to make improvements.

- People told us they were confident they could make a complaint and that it would be listened to and acted upon. A relative said, "I find them [management team] very responsive, any issues I have flagged have been dealt with and my expectations met."

End of life care and support

- At the time of our inspection, the registered manager told us no person was receiving end of life care.

- People's wishes and decisions about care at the end of their lives were recorded. For example, people had ReSPECT or DNACPR forms in place advising others of decisions in relation to emergency care and treatment. However, staff were not clear where this information was stored. This is important for care staff to know. We discussed this with the registered manager who agreed to follow this up.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Under the previous legal entity the rating at the last inspection was requires improvement. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's system and processes did not always effectively monitor the quality of care provided to drive improvements.
- Not all the shortfalls identified during this inspection had been identified by the provider's systems and processes that monitored quality and safety. This demonstrated that the audits and checks they had in place were not fully effective.
- Policies and procedures were not consistently being followed by staff. The provider's medicines and incident management audits had not identified staff were not consistently following actions required. Whilst no person had come to harm, there was the potential risk to people.
- The providers systems and processes to ensure people received their medicines safely and that records were in place were not always effective.
- The audit process for staff recruitment had not identified shortfalls we found during this inspection. This included a gap in a staff member's employment which was not recorded as being followed up. The audit trail for the request of references and a staff member's Disclosure and Barring Service [DBS] update check, were also not stored in the staff member's file.
- The systems and processes that monitored care plans, risk assessment and daily running records needed improving. This was important to ensure these were kept up to date and any required actions such as referrals and follow up with external health and social care professionals clearly recorded. We found gaps in care records because information was stored in different places. Whilst no person had come to harm it is important the provider maintains accurate and clear running records of each person's care and support.
- Learning disability and autism training for staff of all registered health and social care providers became a legal requirement introduced by the Health and Care Act 2022. However, the provider had not ensured staff had completed this.
- It is a registration legal requirement, for providers to submit Statutory Notifications to CQC to report specific incidents for monitoring purposes. From reviewing the provider's incident log, we identified examples when this had not occurred. Whilst we were assured all other required action had been taken to protect the person, the internal audits and checks had failed to identify this gap.
- Mental Capacity Best Interest documentation needed to improve, to clearly show who had been involved in the this process.

Systems and processes were not fully effective to assess, monitor, mitigate risks and improve the quality of

the service. This was a breach of regulation 17(1) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were aware the provider had made some improvements following audits and checks completed by the local authority and these were ongoing. The management team showed a commitment in continuing to make improvements. Further time was required to strengthen new and improved systems and processes to become fully effective.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- Positive feedback was received from external professionals. A professional said, "My experience with the management staff is extremely positive." Another professional said, "Mercie Grace was very responsive to all my requests and diligent in services provided."
- Staff were positive about their work and showed a good understanding of people's care and support needs and a commitment in providing good, consistent, and personalised care.
- Positive feedback was received from people about the service they received and said they would recommend the service to others. A relative said, "[Relation] has a core group of carers, which really helps, it gives [relation] context; if different carers were going in every time their mood would deteriorate." Another relative said, "It is easy to contact the manager and communication is great, I can message her through WhatsApp or contact her by telephone, she will always get back to me. [Relation] has had a couple of respite in a care home recently and the manager met with the care home staff to communicate [relations] needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager understood and demonstrated the requirements of the duty of candour to be open, honest, and transparent when things have gone wrong. Incidents and complaints received confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to feedback their experience of the service. This was through, reviews, spot checks and surveys. Feedback had been sought during 2023, this had been analysed, and shared with staff. This meant the provider understood what was working well, or not so well, and could make any changes as necessary.
- The provider had a range of communication methods to engage and support staff. This included face to face team meetings, supervision meetings, phone calls, spot checks, and a messaging service.
- Staff were positive about the support provided. A staff member said, "Our office is very supportive, they act swift to resolve issues."
- People confirmed they felt informed and supported. A person said, "I find the office very good, if I ring them, it is always easy to get through and I find them very helpful." A relative said, "I have not received a survey, as yet but if I ring the office, they will ask me how things are going, and have occasionally popped over to check on things."

Working in partnership with others

- The provider worked in partnership with others.

- Positive feedback was received about how staff worked in partnership to support people to achieve positive outcomes. A professional said, "Overall, I've had a positive experience working with Mercie Grace. They try their best to meet people's needs and they are good at matching staff with people. They are better at actioning things following reviews and have improved sharing information instead of trying to manage things themselves."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes that assessed, monitored and mitigated risks were sufficiently robust. This put people at increased risk of harm .</p> <p>Regulation 17 (1)</p>