

Major Oak Homecare Ltd

# Major Oak Homecare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Major Oak homecare is a domiciliary home care service providing personal care to adults with personal care needs. Major Oak were providing a service to 23 people at the time of the inspection.

Not everyone who used the service received personal care. 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.

### People's experience of using this service and what we found

Risks to people's safety were identified and assessed. However, care plans did not always inform staff how to lower risks to people's safety. When incidents occurred, they were not always investigated appropriately. This meant lessons were not always learnt and there was no monitoring of potential themes to help reduce the risk of incidents happening again. Medication administration records were incomplete, and audits did not always pick up potential errors. Infection control practices were not always followed by staff. People received visits from regular care staff, but staff were not always on time. People felt safe with staff. Staff knew what to do if they suspected abuse was happening and the provider's safeguarding policy was clear and accessible.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation to the provider about this.

People did not have the required assessments in place before decisions were made on their behalf. The registered manager had not ensured relatives were legally allowed to contribute to decisions about people's care. Training was not always completed in accordance with the requirement of the provider. Some people told us staff did not always put things away and leave the area they had been working in tidy, people said staff's knowledge and skills varied. Staff received an induction and were introduced to people before working alone. People were supported to eat and drink where needed. Staff worked with other agencies to provide consistent care. People's needs were assessed, and care was mostly delivered in a way which met people's needs.

People, relatives and professionals thought the registered manager and care staff were kind and caring. People were encouraged to express their views and be involved in making decisions about their care which staff respected. People were given privacy to maintain their dignity and were enabled to be as independent as possible.

The registered manager had not considered people's communication needs when providing them with information about the service. People's informal complaints were resolved, however information on how to

make a formal complaint was not clear. People had the opportunity to discuss their end of life wishes and had a care plan in place.

The registered manager had not updated their training in line with the provider's requirements. We have made a recommendation about this.

Audits were ineffective and not always completed. Care staff understood their own role and responsibilities. The provider had not sought feedback from people to assess the quality of the service. Staff were happy and enjoyed their work, staff felt encouraged by the registered manager to provide a caring service for people

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we inspected

This service was registered with us on 5 March 2019 and this is the first inspection.

## Enforcement

We found no evidence that people had been harmed; however, systems were either not in place or robust enough to demonstrate safety was effectively managed. We have identified a breach in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Major Oak Homecare Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 5 March 2020 and ended on 12 March 2020. We visited the office location on 5 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since registration. 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 was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with four members of the care staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, medication administration records and the daily notes recorded by care staff. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

Some records were unavailable to us during the inspection because the provider had very recently moved office. Therefore, we continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. 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.

### Assessing risk, safety monitoring and management

- Risks to people's safety were not always monitored or managed well. Risks were not always recorded and analysed appropriately. For example, a relative informed us a staff member had not secured a person's home on leaving on a couple of occasions. The registered manager told us a reminder to secure people's homes was sent to staff, but no incident form was completed and this was not monitored by the registered manager.
- Where risks to people's health and safety were identified, a risk assessment had been carried out. However, information on how to reduce risks such as pressure sores were not always included in people's care plans for staff to follow. For example, a care plan for someone at risk of sore skin, did not prompt staff to check the person's skin and daily notes did not show that staff were following the risk assessment. This placed them at risk of developing a pressure sore.
- Staff helped to keep people safe by leaving necessary items such as a phone and a walking aid within reach when they left the person's home.
- Risks to people in an emergency within their home such as fire had been assessed and recorded. This provided staff with the individualised guidance needed to keep people safe in an emergency.

### Using medicines safely

- Competency assessments for medicines had not been carried out for all staff. This meant errors may not be identified by the registered manager and mistakes could risk people's health and safety if staff are not assessed as competent.
- There was no specific written guidance for staff on when to administer medicine to be taken as and when required. For example, one person prescribed paracetamol for pain did not have a protocol in place. This meant there was a lack of information about when to administer the medicine which could place the person's health at risk of increased pain.
- The monitoring of medicines was inconsistent. Medicines administration records (MAR) were not reviewed monthly in accordance with the requirement of the provider. There were missing signatures on some records. This meant errors may not be picked up and acted on in a timely manner. This put people at risk of not receiving their medication as prescribed which could impact on their health.
- Audits of medicine administration records from previous months had not always pick up on missed signatures.

### Preventing and controlling infection

- People were not always protected from the risk of infection.

- The majority of people and relatives told us staff wore personal protective equipment when providing support with personal care tasks. One person informed us staff did not always wear an apron when providing personal care. However, gloves, aprons and shoe covers were always available to staff.
- Some relatives told us staff did not always clean up after themselves which led to items not being tidied away and waste was not always disposed of appropriately. This could put people at increased risk of infection if not monitored by the provider.

#### Learning lessons when things go wrong

- The provider did not have the systems in place to investigate and assess incidents as incidents were not being recorded. This prohibited them and staff from learning from mistakes that had been made, placing people's safety at increased risk.
- In some cases, there had been repeated incidents following concerns being raised by people. These had not been identified and addressed by the registered manager.
- Staff would receive a message to notify them when concerns were raised about care plans not being followed. However, a robust analysis to identify the cause was not carried out if these were repeated or not.
- Staff knew how to report and record incidents and accidents as they were shown during their induction.
- The registered manager informed us there had only been one incident since the provider's registration. However, from talking to people who received care and support we identified more incidents that may have required further investigation to reduce the risk to people's safety.
- Staff were unaware of accident and incident forms and a formal record was not always made when things went wrong. This meant there was no consistent approach to learning lessons when things went wrong.

#### Staffing and recruitment

- Safe recruitment practices were in place. Staff had disclosure and barring checks (DBS) carried out. This helped reduce the risk of people being cared for by unsuitable staff.
- We received mixed feedback from people and relatives about staff punctuality. Some told us staff were normally on time. One person told us, "They're [Staff] pretty good at turning up on time." Another person said "They run late sometimes, about half an hour, but ring before to let me know." However, one relative told us staff had been up to an hour earlier or later than expected.
- There was no monitoring of staff arrival and departure times which made it difficult for call times to be assessed. The registered manager told us they were implementing a new system to monitor calls more closely. This will help to address any issues with call times so they can be addressed by the registered manager.
- Feedback about the length of time staff stayed was mixed. Some people said staff stayed for the required time and others said staff left earlier than they should on some occasions. Staff had to record the times of their visits. However, we only saw one occasion where the leaving time had not been noted.
- Staff felt they had enough travel time in between calls to get to people on time.
- People told us they had regular staff visit them which provided continuity and reassurance. One relative told us "[My relative] is a lot happier and settled now, they know the staff."

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse.
- People and relatives said they had no concerns about their or their family member's safety.
- The registered manager carried out spot checks on staff by visiting people's homes and observing staff providing care. This helped to keep people safe.
- Staff knew the types of abuse people were at risk of and said they would report concerns of abuse to the registered manager and they were confident they would deal with them.
- The provider's online safeguarding policy gave staff clear guidance about how to respond to allegations of



abuse. Contact details for the local authority safeguarding team were included for staff to access if they needed them.

- The staff knew they could report concerns of abuse to the CQC.

# 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.

This is the first inspection for this newly registered service. 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.

Ensuring consent to care and treatment in line with law 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 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider's policies did not always ensure that decisions made for people were done so in accordance with the MCA
- The registered manager informed us they did not provide care for anyone who lacked mental capacity. However, this was not the case as some records referred to people being unable to make some decisions.
- Decisions were made for people without an assessment of their capacity first. Furthermore, there was no consideration of what the person would have decided for themselves if they were able to.
- Some people who lacked the capacity to make decisions for themselves, were supported by relatives to make decisions. However, the registered manager had not sought confirmation that relatives had legal power of attorney (LPA) to make decisions on behalf of people. LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- Some staff lacked an understanding and knowledge about how they worked in accordance with the principles of the MCA but they did say they would seek advice if they were unsure.
- This meant there was a risk of decisions being made and practice implemented which were not in people's best interests.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

Staff support: induction, training, skills and experience

- Staff told us they received an induction. One staff member said, "It was ok, I did shadowing first for two to three days and then I went off on my own." Other staff told us they were shown how to complete records, received moving and handling training and were introduced to people before they commenced personal care.
- Training records showed staff had received training; however, some training had not been completed in accordance with the provider's required frequency. We noted the registered manager had also not completed training in accordance with this. Some staff could not recall having training and lacked knowledge in some areas. For example, one staff member could not remember having any training since starting with the organisation, although records showed they had received it.
- People told us some staff appeared to be inexperienced when dealing with things like catheter care. The registered manager told us catheter care was discussed during induction, although staff did not receive specific training in this area. The registered manager told us they would arrange further catheter training for staff.
- Some staff said they had not received formal supervision but said the registered manager gave them the opportunity to talk to her if they saw her when they visited the office. The registered manager told us they had not always kept a record of staff supervisions.
- We saw evidence of competency checks for three staff and staff confirmed they were observed moving and handling. One said the spot check was to make sure they were doing their job properly. This meant the registered manager could monitor how effective the training had been and the quality of the care provided.

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

- People were provided with meals in a way which met their individual needs.
- Relatives told us care staff persevered if people refused food and drink when they arrived. One relative told us, "If carers get there and [my relative] is not hungry, they'll sit and talk to them and then try again a bit later on."
- Care plans included people's food choices and the level of support people needed to eat and drink.
- People were offered information on meal delivery services in their area. This meant people who needed that type of service to maintain a balanced diet had easier access to one.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The registered manager communicated with other care providers and professionals to gather information about people's individual needs and arranged to provide appropriate support in a timely way.
- People's daily care needs continued to be met which helped to avoid disruption to people's life. This provided people and their relatives with reassurance during times of change.
- Care staff did not attend health appointments with people but contact details to ring health professionals were available if they needed specialist advice or treatment.

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

- People told us they received face to face needs assessments before care was provided.
- Needs assessments covered people's life history as well as their physical, social and emotional needs.
- The records we looked at showed people's care needs had been reviewed. This showed us care was assessed and planned in line with guidance and the law.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them well and provided support in a kind and caring way.
- People spoke positively about care staff. One person said, "They're kind and caring." Relatives told us care staff found time to talk with people. One relative said, "They talk to [my family member] before they give care, they spend time with them, they're amazing, they're really good."
- Staff felt good about the role they had in people's lives. One staff member said, "I like seeing the benefits of what I can offer to service users. If they are down and you bring them up it's rewarding."
- Equality and diversity were respected by staff when providing care. Initial assessments were thorough, covering a variety of areas of a person's life. This meant care plans included information about people's religion, life history and what was important to them.
- One professional had provided positive feedback directly to the registered manager for their 'determination, persistence and continued efforts in supporting a person to remain at home successfully'. This meant the person was able to live at home for longer and showed the registered manager and staff cared for the welfare of people.

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

- People were supported to express their views and were given the opportunity to make decisions about their care.
- Staff asked people for permission before providing them with care.
- Staff understood that people's views and decisions should be respected. One staff member told us, "Some people only want female (members of staff), so they only have females."
- People's needs were discussed with them during an initial assessment of their wishes and needs, family members had been involved with this and spoke positively about the process. One relative said, "They asked us what we wanted and needed, they really listened. The manager met [my family member] and explained the situation to them."
- People's views were respected by staff and they remained in control of the care they received.

Respecting and promoting people's privacy, dignity and independence

- Staff enabled people to maintain their dignity and promoted independence.
- People told us staff provided the appropriate level of support for them as an individual to protect their dignity and promote their independence.
- One person told us about their experience of receiving support with personal care. "They bring a bowl to

me, towels, dressing gown and close the blinds, I'm quite happy."

- Staff told us how they helped people to remain as independent as possible by supporting them with exercises and walking alongside them offering safety and reassurance.
- Care plans included information on people's life experiences and what was important to them. People's goals and aspirations were recorded in their care plans and staff followed the care plans to help people achieve them.
- This showed us staff knew how people liked to be cared for and put this in to practice, having a positive impact on people's experience of care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Detailed assessments and care plans were in place before care commenced and reviews had been carried out when people needed one.
- Not all staff were familiar with people's care plans and were unsure if there was a copy in each person's home. The registered manager assured us people had full care plans in their homes.
- People were given choice and control by staff who understood people's right to make choices and refuse care if they did not want it. A staff member told us, "I ask them before I do anything." Another told us, "I give them options, multiple choices, I ask what they want to eat, wear and drink."
- People told us staff were open and respected people's changing needs and preferences. One person told us if they didn't want a shower staff would do other jobs for them instead. The person also said, "They always wash the pots and ask if there's anything else I want doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was unaware of the AIS. Therefore, this had not always been considered when creating written information for people when providing people with their care plans and assessments. The registered manager acknowledged this could have been considered in more detail for one person with communication needs. They told us they would review the AIS in detail and make adaptations to people's records if needed.
- There was a service user guide which included details of how to make a complaint; however, the information was not clearly laid out. There was no easy read or, larger print formats available. There was no evidence to show this had been discussed with people to find out how people would like their information presented.
- The registered manager told us staff have used different methods of communicating with people in the past when needed. Including writing things down for people and using pictures for people to point to. This meant staff had been able to find out what a person was thinking and feeling which helped them to build a relationship and meet the person's needs.

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

- No-one was receiving support with social activities at the time of the inspection. However, the registered manager had aspirations to build connections within the community by creating forums for people and relatives to join.
- The registered manager kept a supply of activities for people. These included DVD's and items to smell which were aimed at helping people to reminisce. The registered manager was keen to find relevant activities for people and this formed part of the assessment process.

#### Improving care quality in response to complaints or concerns

- People and relatives felt able to raise complaints with the registered manager and they were responsive when dealing with them. One relative said, "They are very good at trying to please us. If there's an issue I call the manager about it, problems are sorted out quickly."
- However, some people told us they did not have information on how to make a complaint. We passed this on to the registered manager who acknowledged, given this feedback, they would need to ensure people had this information.

Staff told us they reported concerns to the registered manager and recorded them in people's log books or on the computerised care planner system.

Staff were confident the registered manager would act on concerns. A staff member said, "I know when I report a concern, she journals it straight away. It's through care planner. It comes up as a message on my phone." However, there was a lack of records to show it had been acknowledged and what action had been taken to prevent reoccurrences.

#### End of life care and support

- The registered manager told us they were not providing end of life care at the time of the inspection.
- End of life care was discussed with people during their initial assessment. This gave them the opportunity to discuss any plans they had in place and to have their wishes recorded.
- Staff explained what end of life care should look like. Staff thought this was an important part of their role and responsibilities. One staff member said, "We have to make sure we are respectful, create a calm environment and make sure it is the best it can be."
- The registered manager provided support to families by signposting them to charitable organisations when appropriate.
- This provided us with assurance that people would receive support from staff who cared about people's wishes at the end of their life.

# 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.

This is the first inspection for this newly registered service. 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

- The registered manager provided care to people in their homes when necessary. This meant auditing tasks and identifying and dealing with quality issues were not being completed effectively. This increased the risk of safety and quality issues not being identified and addressed. For example, audits for daily notes and medication had not been completed for a few months.
- When concerns around staff performance were raised, action to supervise or re-train staff was not always taken. This could impact people's safety and the quality of care they received because staff were not given clear guidance on how to improve.
- Quality assurance processes were not always followed. This meant some people's medication records and daily care records had not been reviewed and audited. The audits which were completed, had not picked up on errors. If errors are not picked up or dealt with appropriately, it could place people's health and safety at risk because there is a higher risk those errors will continue to be made.
- The registered manager lacked some knowledge and understanding of the process to ensure the CQC were informed of incidents. Registered managers must inform CQC of certain incidents so the CQC can monitor the safety of a service. We found one occasion where the registered manager had not notified us of a safeguarding concern. This highlighted the registered managers lack of understanding around their responsibility to notify us of potential safety and quality issues.
- The registered manager lacked an understanding of their role and responsibility under the Mental Capacity Act 2005 and ensuring that people who lacked capacity to make decisions themselves were assessed and referred to the appropriate authorities.

The provider failed to ensure they had effective systems and processes in place to adequately monitor and mitigate risks to people receiving a service. This is a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new online recording system was also due to be implemented with the aim to improve quality monitoring.
- Staff understood their role in providing care and support for people.

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 had processes in place to investigate mistakes fully. However, this was not always effectively put in to practice.
- Concerns were raised but not documented as complaints or recognised as incidents. The registered manager informed staff when practice needed to improve but the people affected did not always receive a formal response.

This meant there was a lack of written evidence to show the duty of candour had been adhered to and the provider could not always show how they had addressed issues and implemented changes.

#### Continuous learning and improving care

- The registered manager's mandatory training had not been updated in accordance with the requirements of the provider. This could mean if practices had changed, some staff may not receive the most up to date information.
- The registered manager carried out most of the training of their staff and held an assessor's award which meant they could assess the competency of their staff. However, some staff said they had not received training in all areas or taken part in a competency check.

We recommend the provider ensures all staff receive training which is up to date, based on current best practice and in relevant to the specialist needs of people.

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

- The provider had not sought feedback from people using the service since being registered. Questionnaires had been created but people had not received them. This would help to identify good practice to continue and areas needing development which would help the registered manager to address problems and improve the service.
- Staff said they had regular team meetings. We viewed team meeting minutes which showed staff were involved and updated about changes in peoples care needs and correct ways of working. Staff were reminded of their dress code for work and correct moving and handling techniques to ensure people's safety.

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

- People and relatives felt able to raise concerns and most had been resolved.
- People were cared for in a person-centred way which had good outcomes for some people. One person no longer needed support because staff had helped them to rehabilitate following an injury.
- Staff thought moral within the team was positive, staff felt valued by the registered manager and confident the provider cared about the people who used the service. One staff member said, "I would recommend the agency, I do think they are genuine caring people."

#### Working in partnership with others

- Staff and the registered manager worked in partnership with relatives and professionals to assess people's needs and provide care for people that met their needs and expectations.
- The registered manager gave examples of working with mental health professionals and district nurses.

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>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure they had effective systems and processes in place to adequately monitor and mitigate risks to people receiving a service. This is a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>