Mears Care Limited

Mears Care - Mitcham

Inspection report

Unit 3
Abbey Industrial Estate, 24 Willow Lane
Mitcham
Surrey
CR4 4NA

Tel: 02086694477

Date of inspection visit:
23 February 2016

Date of publication:
30 March 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an announced inspection on 23 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection of this service at this location.

Mears Care – Mitcham provides personal care and support to people living in their own homes. At the time of the inspection 176 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave at the time of our inspection. Staff were being supported by the care co-ordinators and the provider's operations manager to ensure there was adequate management of the service.

Systems in place to review the quality of service provision were not robust and did not ensure consistent high quality care was provided. Communication between staff and with people required improvement. We heard that messages were not always passed on and requests for calls were not always returned. This was particularly in regards to the communication between the on call service and the local staff, and between the on call service and people receiving support. Meetings were being held between the office staff and the on call team to address the concerns regarding communication.

Processes were in place to obtain people's feedback about the support provided. Systems were also in place to review and monitor the quality of care provided. Staff received 'on site observations' in which the visiting officer's reviewed the quality of support provided by care workers and ensured this was in line with people's care packages. Audits were undertaken on the quality of care records. We saw that improvements had been identified to ensure accurate records were maintained and this was in the process of being addressed with individual staff members.

Staff told us there was good colleague support and care workers felt well supported by the office staff. However, there were inconsistencies in the level of support staff received from the registered manager. Many of the staff felt they were not able to approach the registered manager if they required advice or wanted some additional support.

Staff received regular training to ensure they had the knowledge and skills to undertake their roles. However, there were inconsistencies in the level of support staff received. Staff did not always receive supervision in line with the provider's processes, and many of the staff had not received an annual appraisal. The management team were aware of this and were in the process of scheduling supervision and appraisal meetings.

In the majority, people received care and support that met their needs. Staff worked with people to identify what level of support they required and how they wanted that to be delivered. People were involved in decisions about their care. Detailed care records were kept outlining people's support needs, and people's preferences in regards to how support was delivered. These records were updated regularly and in response to changes in people's health. Staff provided people with support in line with their care records.

For the majority, people received support at the time they requested and staff stayed the required amount of time to care for people. However, we heard that at weekends this was more difficult and staff were at times late. In general, staff were allocated people to support and people had built caring relationships with the staff that visited them regularly. However, we heard that particularly at weekends that was a lack of consistency in the staff that supported them, and people were not always informed about changes in the staff visiting them.

Staff assessed the risks to people's safety. Staff were knowledgeable about the potential risks to people's safety, and supported them to minimise those risks. Staff liaised with other healthcare professionals if they had concerns about a person's health or welfare.

People were provided with support in regards to their personal care, and also in regards to activities of daily living. Staff were aware of people who were at risk of malnutrition and dehydration. Staff helped people with meal preparation and ensured they had access to drinks throughout the day.

For people that required it, staff supported them with their medicines. People received their medicines as required. However, improvements were required in regards to the records kept about medicines administered. These improvements had been identified and were in the process of being addressed with individual staff members.

Staff were aware of their responsibilities to safeguard people and minimise the risk of harm. Staff adhered to reporting requirements in regards to incidents that occurred at the service, to ensure appropriate action could be taken to support the person and minimise the risk of incidents recurring. Staff supported people to make complaints and people were aware of the complaints procedures. Complaints were investigated and appropriate action was taken to address the concerns raised.

We identified a breach of legal requirements in relation to good governance. You can see what action we have asked the provider to take at the back of the main body of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. People received their medicines as prescribed. However, the medicines administered were not consistently recorded on a medicines administration record (MAR). This had been identified and was in the process of being addressed.

There were sufficient staff to meet people's needs, and there had been an increase in the consistency of staffing allocated to support people.

Staff were aware of the risks to people's safety and welfare, and supported them to minimise those risks. Staff adhered to reporting procedures if an incident occurred or they were concerned about a person's safety. Appropriate action was taken to investigate the concerns raised.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Staff received regular training to ensure they had the knowledge and skills to undertake their role. However, there were inconsistencies in the level of support and supervision staff received.

Staff supported people in line with the Mental Capacity Act 2005.

Staff were aware of people's support needs in regards to their health, and liaised with healthcare professionals if they had concerns about a person's health. Staff supported people with meal preparation and provided them with access to drinks to reduce the risk of dehydration.

Is the service caring?

Good

The service was caring. Staff had built caring relationships with people, and people appreciated the support staff provided.

Staff were aware of people's preferences and provided care in line with people's wishes. They gave people choice and supported them to maintain some independence.

Staff were respectful of people's privacy and supported them to

maintain their dignity.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Staff assessed people's needs and worked with people to identify what level of support they required and wanted. For the majority of visits staff told us they had sufficient time to meet people's needs, however, they found this more difficult at weekends.

Care records were kept up to date and provided detailed information about people's support needs. The visiting officers reassessed people's needs if their health changed.

There were processes in place to record and deal with complaints. We saw that complaints were listened to and action was taken to address the concerns raised. However, there continued to be concerns raised about the timing of visits at weekends.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. There was a clear management structure in place and staff told us there was good support from colleagues. However, there were inconsistencies in the feedback received about support provided by the registered manager.

Communication between staff (the office staff and care workers), and with the on call team required improvement. Communication from the on call team with people receiving a service also required improvement particularly at weekends. People did not feel there was adequate communication in regards to staff changes and people were not always aware of who was coming to support them.

People were asked for their feedback about the service and this was used to assess the quality of care provided. The visiting officers audited the quality of support provided by care workers. The visiting officers had identified that improvements were required in regard to the quality of recording and this was being addressed.

Mears Care - Mitcham

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 23 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was undertaken by three inspectors 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.

Prior to the inspection we reviewed the information we held about the service including the statutory notifications we received about key events that occurred at the service. The provider also completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sent questionnaires to people, their relatives and health and social care professionals involved in the care provided to people to obtain their views about the service. We received completed questionnaires from 15 people, three people's relatives and two health and social professionals, including representatives from the local authority.

During the inspection we visited the service's office and spoke with eight staff, including the operations manager, care co-ordinators, visiting officers and the branch trainer. Visiting officers are staff that support people and care workers in the field. This includes reviewing people's support plans and risk assessments, and checking the quality of support delivered by care workers. We reviewed ten staffing records, and 15 people's care records. We looked at records relating to the management of the service, including complaints, safeguarding investigations, staff meeting minutes and findings from quality surveys and audits.

As part of the inspection we also undertook phone calls to 23 people, seven relatives and 15 care workers to

obtain their views about the service.

Requires Improvement

Is the service safe?

Our findings

One person's relative told us, "I know my [family member] is in safe hands when our carers visit us." Another relative said, "I feel secure when staff from the service visit my [family member]."

People received their medicines as required. People who received support with their medicines told us the staff helped them with their medicines and recorded what was given. Information was included in people's care records about whether they required support with their medicines and the level of support they required. Staff were clear about whether people required their medicines to be administered or whether they required prompting to take their own medicines. Details were included in people's records about what medicines people were taking, the dose and the time they required them. Medicines administered were to be recorded on a medicines administration record (MAR). However, in the care records we viewed, we saw that for people who required their medicines to be administered there were gaps in the MAR and accurate and complete records of medicines administered were not maintained. We saw from medicines audits that office staff had already identified these gaps and were in the process of addressing them with the care workers involved.

The management team ensured there were sufficient staff to meet people's needs. At the time of the inspection the service had temporarily stopped accepting new referrals whilst they spent time recruiting additional staff. The management team ensured they had the staffing levels required to meet the capacity of people they were supporting. Improvements had been made to increase consistency in the care provided, and staff were allocated to support particular people. One person's relative told us, "We do have the same carers now, but six months ago we were getting a new carer almost every day."

The service was working with the local authority to identify and increase potential recruitment opportunities. Safe recruitment practices were observed. We saw that recruitment checks were undertaken to ensure staff had the appropriate skills, knowledge, experience and values. The management team checked that staff were suitable to work, including obtaining references from previous employers, checking their identification, eligibility to work in the UK and undertaking criminal record checks.

Care workers were aware of the risks to people's health and welfare and provided people with support to manage those risks. This included knowing who was at risk of developing a pressure ulcer. Staff checked people's skin integrity whilst personal care was delivered and were aware of the signs that may indicate a pressure ulcer may be developing. Staff supported people with their skin integrity and applied barrier creams to help prevent the development of skin tears and pressure ulcers.

Staff were aware of people's needs in regards to their mobility and moving and handling assessments were completed. These identified what support people required with their mobility and what equipment was available to assist moving and transferring. This included the use of hoists, slide sheets and walking frames. We also saw that it was clearly recorded in people's support plan to instruct staff to ensure those people that had safe call pendants had these with them at all times.

The visiting officers continually risk assessed when they went to visit people to obtain their feedback about the service. For example, identifying any environmental changes such as ripped carpet which may lead to an increased risk of people falling. This enabled them to continually support people to minimise and manage the risks to their health and safety.

Staff were aware of the reporting procedures to follow if an incident occurred, to ensure that people's safety and welfare was maintained. One care worker told us they would report "anything and everything." All incidents were reported to the care co-ordinators so they could investigate and ensure appropriate action was taken to support the person, and minimise the risk of the incident recurring.

Staff were also aware of their responsibilities to safeguard people from harm. As part of the visiting officer's role during their visits to people's homes they checked whether there were any signs of potential harm occurring, so that this could be identified and addressed. All concerns raised were escalated to the care co-ordinators and they liaised with the local authority safeguarding team to ensure appropriate action was taken to protect the person from harm and maintain their welfare. The registered manager and the operations manager reviewed all safeguarding incidents that occurred to identify trends and learning opportunities. This included identifying where processes needed amending and any refresher training required.

Requires Improvement

Is the service effective?

Our findings

People were supported by care workers who had the knowledge, skills and experience to meet their needs. The care co-ordinators used the information provided by the visiting officers about people's needs and preferences, and their knowledge of the care worker's skills and experiences to ensure they matched people and care workers appropriately.

Some staff told us they did not receive regular supervision. We saw from the staff records we viewed that there were some inconsistencies in the frequency that care workers received formal supervision. We heard from the care co-ordinators that care workers were meant to receive formal supervision every three months, however, this was not consistently met. Some staff had not received a supervision session since August 2015 and one staff member had not been supervised since May 2015. Some staff told us they felt they would benefit from more frequent supervision. Nevertheless, staff were supervised whilst providing care to people, and received 'on site' supervision to ensure they were providing people with the support they required and that they were adhering to the provider's policies and procedures. Staff were also meant to receive annual appraisals to review their performance and to look at what support they required with professional development. The majority of staff records we viewed did not include an annual appraisal, and the operations manager confirmed that the management team had not appraised staff in line with the provider's procedures. However, this had been identified and we saw that appraisals had been booked and were scheduled to take place.

An 'employee engagement programme' (EEP) was in place to support new employees. This involved providing them with shadowing opportunities and having regular reviews of the support delivered to ensure they were meeting people's needs, and to identify any additional support they required. New employees were also provided with five days mandatory training to ensure they had the core skills and knowledge before supporting people unsupervised. The provider was currently reviewing their EEP and incorporating the Care Certificate. The Care Certificate is a nationally recognised tool to provide staff with the basic knowledge and skills to undertake their role.

Staff were positive about the level of training they received. One care worker said, "Training is very good. They always keep you updated." Another care worker told us, "[The trainer] is fantastic, she knows what we need." Staff told us they received the training they required to have the knowledge and skills to undertake their role. This included training on health and safety, infection control, fire safety, food hygiene, moving and handling, safeguarding adults and medicines administration. Staff had also completed training on the management of diabetes and dementia awareness. The service trainer ensured the staff adhered to their training requirements. They liaised with the care co-ordinators to ensure that care workers were allocated time to complete refresher training courses. These were undertaken annually or more frequently if the need was identified or if there had been changes in the provider's processes or legislation changes.

Care workers also had access to the provider's 'nurse plus' team (a team of qualified nurses) to obtain advice and training about more complex care and support needs. For example, being able to support a person with their percutaneous endoscopic gastrostomy (PEG) feeding tube. PEG feeding tubes provide a

means of feeding direct into the stomach when oral intake is not suitable for the service.

The provider used an initiative called 'STAR campaign' to provide staff with easy reference cards about good practice guidance. For example, for medicines administration they had a card reminding them of the 5 Rights (right person, right drug, right dose, right route, and right time).

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.

Staff adhered to their responsibilities and supported people in line with the MCA. Staff were aware of the importance of ensuring people consented to the care and support provided, and we saw people were consulted and involved in decisions about their care. Staff supported a person in line with their wishes and respected a person's decision to refuse support if they had the capacity to do so. When people did not have the capacity to consent to aspects of their care, mental capacity assessments were undertaken by the referring local authority and staff supported people in line with best interests' decisions.

The visiting officer's liaised with other healthcare professionals as required to ensure people received the specialist support they required. This included liaising with occupational therapists (OT) if they felt people would benefit from additional equipment, including organising assessments for pressure relieving mattresses and mobility assistance. One care worker told us, "If you need equipment they'll contact the OT and get it sorted." Staff were aware of people's health diagnoses, what support they required with these and how this impacted on their ability to undertake personal care independently. Some of the people using the service were diabetic. Medicines related to their diabetes including administration of insulin was being managed by the district nursing service, but staff were aware of what additional support they required in regards to their diabetes including providing them with appropriate meals.

Care workers spoke with the office staff if they had concerns about a person's health, and liaised with other healthcare professionals as required. This included arranging for home visits from a person's GP and calling an ambulance if they had more serious concerns about the person's health. Staff were knowledgeable in recognising signs of possible infection and when people may require additional healthcare support.

Staff were aware of those at risk of malnutrition, and people who were at risk were being supported by a dietician. Care workers kept records of food and fluid intake for those identified as at risk, in line with guidance by the dietician. Staff left drinks within people's reach before leaving their home so that people had access to fluids in between visits. For some people this included making up hot drinks and storing them in flasks. Staff supported people with their meals in line with their needs. The majority of people were able to eat independently but needed some support with meal preparation. Staff provided meals for people in line with their requests.

Good

Is the service caring?

Our findings

People told us care workers were kind and caring, had the right knowledge and skills to meet their needs and treated them with respect and dignity. One person said, "The staff are lovely." A relative told us, "I've got a lot of time for all our carers. They are brilliant with my [family member]." Another relative commented, "All the carers that come to our house are so kind and patient with my [family member]." Another person's relative told us, "I love [the staff] as they really care for my [family member]."

Care workers told us they had built up a good relationship with the people they supported. As much as possible care workers were allocated people to support on an ongoing basis and due to attending most of their visits it meant they had been able to build a relationship with the person and got to know them. One person's relative said, "We always have the same two carers these days who know my [family member] pretty well. A real improvement."

Information was gathered during the assessment process about the person, including their life history, previous occupation, interests and family members. The visiting officers liaised with people to identify any support they wanted in regards to their religion and/or cultural heritage. This enabled staff to get to know the person and what was important to them.

People were involved in decisions about their care. Staff asked people what goals and outcomes they wanted to achieve from the support they received, and staff worked with people to help them achieve those goals. This included supporting people to be more independent, giving them the support to stay in their own home and supporting them to attain a balanced diet.

People were given choice in regards to their personal care and activities of daily living. This included providing people with choice about what meals they had, what they wanted to wear and what support they wanted to receive. Staff respected people's choice and if they did not want support in line with their care package this was respected and recorded in people's care records. Staff encouraged people to be as independent as possible. One person told us, "[The staff] leave clothes out for me so that I can dress myself. I'm trying to keep some independence but they help if I need it."

Information was included in people's care records about their communication needs. This included instruction to staff about how people's diagnoses of dementia may impact on their communication skills. Staff were aware of people's communication needs, including people that were hard of hearing and people who found it easier to process information if staff spoke slowly and in short sentences.

Staff respected people's privacy and dignity. Personal care was provided in the privacy of people's bedrooms or bathrooms. Staff ensured the curtains and doors were shut. Staff were also mindful to use towels and flannels to cover people during personal care to maintain their dignity. One person's relative told us that their family member "is always treated respectfully and with great dignity."

Requires Improvement

Is the service responsive?

Our findings

The majority of people were happy with the service they received and one person said, "I would recommend this agency to anyone." Another person felt their care worker went "above and beyond."

Care workers felt there was sufficient time to meet people's needs. They said and we saw from records that office staff liaised with the local authority if care workers felt a person's care needs had changed and they either needed longer or shorter appointments to have their personal care needs met. Staff told us they were not rushed to provide care and were able to spend time supporting people at their own pace.

Care workers said that in general their work was organised and enabled adequate travel time between visits, meaning they were able to support people at the times they requested. However, we heard that this was harder at weekends and they felt a bit more pressured to get to all visits. People also said that at weekends their morning visits were sometimes later than expected.

The care co-ordinators produced a handover report for the on call team prior to the weekend to inform them of any changes in people's support needs. For example, if a person was in hospital or if there had been any recent medicine changes. This report also included information about staffing changes, and which staff were available to cover last minute sickness. This enabled people to receive consistent care and a responsive service during the weekend as well as during the week. However, staff told us that the on call team were not always proactive in using this information to manage short notice staffing changes. The care co-ordinators told us they were arranging a meeting with the on call team to discuss these arrangements.

The visiting officers assessed people's needs to identify what support they required. The visiting officers met with people, and their relatives, to discuss what they wanted and how they wished to be supported. This information was used to develop detailed support plans. Care workers told us, and we saw, that care records were accurate and kept up to date. They included detailed information about the support people required with their personal care, including the support they required with continence needs. People's care records emphasised the importance of encouraging people to be as independent as possible with their personal care, enabling choice and maintaining people's dignity. Some people using the service displayed behaviour that challenged staff. Staff were aware of the triggers to this behaviour, and supported and reassured them as appropriate.

The visiting officers reassessed people's needs if care workers identified that people's health had changed. This included reviewing people's needs after a stay in hospital to ensure that their care and support was updated in line with their current needs.

There was a process in place to manage complaints. People told us they knew how to contact the service if they needed to make a complaint. People who said they had made a complaint told us the service had responded well to the concerns they had raised. Two people gave us examples of the changes the service had made to improve staff punctuality when they had raised concerns about time keeping. A relative said, "I complained to the service six months ago about staff being continually late. The manager apologised to us

and we have seen a marked improvement in staff time keeping ever since." Another relative told us, "I have raised a few issues with the service lately. To their credit they did listen to us and have addressed my concerns." We saw that complaints received were acknowledged, investigated and dealt with appropriately. The most recent complaints focussed on a lack of communication between people and the on call service at weekends. This included staffing cover not being arranged in time to support morning visits.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they received good support from their colleagues. Care workers felt well supported by the care co-ordinators and the visiting officers. Staff told us they felt comfortable speaking with their colleagues and would often go to each other for advice and guidance.

However, we received mixed feedback from staff about the support they received from the registered manager. One staff member told us if they had concerns or needed advice they would speak to the care co-ordinators rather than the registered manager, as they felt they did not have the relationship with the registered manager where they could approach them for advice. Some staff said the registered manager was unapproachable and felt their views and opinions were not listened to. Staff across the service told us they felt underappreciated and unvalued. Staff felt that at times they did not have confidence that the registered manager would act upon requests for additional support and said, "It's easier to deal with it yourself. Then you'll know it'll get done."

We heard from staff that communication amongst colleagues could be improved. Care workers told us that at times messages were not passed on between the on call support team and the office staff. They also said requests for calls were not returned and that at times they were not informed when visits were no longer required. The care workers we spoke with felt the quality of support provided by the on call team was variable. One care worker told us, the on call service was "not helpful" and "you have to do all the work for them." Care co-ordinators also informed us that the on call team often contacted them out of hours for advice rather than using the systems and processes in place. We spoke with the operations manager about the communication concerns raised between the branch staff and the on call team. They told us that meetings had been held to discuss joint working arrangements with the on call team, and the care co-ordinators told us additional meetings were scheduled to address the concerns raised.

We also heard that communication with people by the office staff and the on call team could be improved. One person described the office staff as "the left hand not knowing what the right hand is doing." They said the office staff do not always ring back or pass messages onto their care worker. They also said, "Weekends are hairy. Morning calls can be a bit late, especially at the weekend. They don't call me and let me know what's happening."

People and staff told us there were some inconsistencies in regards to people knowing who would be attending their visit when their usual care worker was on leave or off sick. One care worker told us the person was aware they were coming to support them rather than their usual care worker, they said, "[The person] knew I was coming." Whereas, another care worker told us, "People are sometimes bewildered when you turn up." One person who answered a questionnaire stated, "[Staff] are often substituted by others so [I'm] never quite sure who will turn up."

The visiting officers audited the quality of care records, this included the quality of the records kept by care workers at each appointment and medicine administration records (MAR). We saw that this system had identified where improvements were required, including the improvements we had identified with the

recording of medicines administered. The improvements required were discussed with the individual care workers involved and care workers were supported to attend refresher training. However, there was still ongoing errors identified and staff told us they would continue to address with care workers the importance of maintaining accurate records.

Systems in place to review the quality of service provision were not robust and did not ensure consistent high quality care was provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were asked for their views and opinions of the service through the completion of an annual survey. We saw that the majority of people were satisfied with the support that they received and they rated the service as very good. They felt the service enabled them to be independent, was meeting their health and well-being, and staff treated people with dignity and respect. However, we also saw that people had raised concerns about communication. They wrote, "No-one ever rings back."

The care co-ordinators also undertook regular calls to people to obtain their feedback about the service and their satisfaction with their care worker. We saw that people were satisfied with the support they received and their care worker. Some of the comments included were, "[The care workers] are great and make me laugh." One person we spoke with told us, "I like the [staff] in the office giving me a ring to see how I'm doing – that's nice. I like that."

Team meetings were held with care workers, and also with the office staff. We saw that the care worker meetings discussed the importance of maintaining accurate records, clarified the different levels of medicines support, and the importance of adhering to reporting procedures.

The service had a system in place to monitor care worker's adherence with visits times in line with people's care packages. Staff were required to log into the provider's system to record when they arrived at a person's home and when they left the home. This system also had a built in flag to inform care co-ordinators if care workers were late to appointments so they could identify why the care worker was late and inform the person as to when to expect the staff to arrive.

'On site observations' were undertaken by the visiting officers to review the quality of care and support provided by care workers. We saw that for the care workers whose on-site observation records we viewed that people were satisfied with the support provided by them. Care workers were adhering to the provider's policies and procedures, and were providing support in line with people's support plan. People were asked for their feedback about the quality of support provided. One person stated, "[The care worker] is excellent. I can relax when [the person] is there."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons did not ensure sufficient robust systems were in place to assess, monitor and improve the quality and safety of service provision. Regulation 17 (1) (2) (a)