Agincare UK Limited

Agincare UK Eastbourne

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

About the service
Agincare UK Eastbourne is a domiciliary care agency providing personal care to 48 people some of whom were older people, had physical disabilities and people living with dementia.

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
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.

Complaints were not appropriately recorded. There was not an effective system for identifying, receiving, recording, handling and responding to complaints.

Care plan records did not contain up to date, personalised information relevant to people's needs. The quality assurance framework had not supported the identification of shortfalls in the recording of people's needs. Risks to people's wellbeing and safety, preferences and choices and communication needs were not effectively recorded. People's needs and wishes at the end of their lives had not been discussed in detail and recorded.

People told us they felt safe. Staff had training in safeguarding and understood how to identify and report any concerns. When an accident or incident happened, action was taken to reduce the risk of reoccurrence. Staff understood risks to people's wellbeing and how to support them. Plans were in place in the event of an emergency to ensure people's needs were prioritised. People were supported to take prescribed medicines safely. The manager had recognised the need for improvement in recording of medicines and was working with staff to achieve this. People were protected from the spread of infection.

People told us that staff were caring. People and staff had developed positive relationships. Staff understood equality and diversity and supporting people individually. People told us they felt in control of their support. People were supported to remain independent and their privacy and their privacy and dignity were respected. People knew how to raise concerns about their support and told us they felt confident to do so.

There were enough staff available to meet people's needs. Staff were recruited safely. Staff new to the service were supported with induction and training. Staff told us they felt supported with regular contact with the office, staff meetings and supervisions.

People's needs were assessed before they received support from the service. Staff worked in partnership with health and social care professionals as needed to ensure people received the right support. People received support to eat and drink and access the community, as needed.

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 this service was good (published 3 August 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified three breaches of regulation in relation to people's consent, the management of complaints and the governance of the service at this inspection. The provider had failed to ensure that people were supported in line with the principles of the Mental Capacity Act 2005. The provider had failed to ensure an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. The provider had failed to ensure that systems to assess, monitor and improve the quality and safety if the service were sufficiently robust.

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 for 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 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 safe. Details are in our safe findings below.	**Good**
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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Agincare UK Eastbourne

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 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.

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 (CQC). However, they had recently left the service. A new manager had been employed who planned to register with CQC. In the meantime, the provider was 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 4 days' 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 and ended on 15 July 2019. We visited the office location on 15 July 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with eight people who used the service about their experience of the care provided. We spoke with six members of staff including the area manager, manager, and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with one health and social care professional.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

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

- People told us they felt safe. One person said, "I do feel safe when they are here. They have a way of making me feel relaxed and comfortable." Another told us, "I trust them with my life on the hoist they use to lift me. My home is safe and my property. I have no cause to doubt them."
- Staff understood safeguarding and how to report any concerns. One member of staff told us, "It is about making sure people's voices are heard and that they are safe." Another member of staff said, "If I was worried I would call [manager], then adult social care if there was anything. If they needed to see a doctor, I would phone them, and inform the family."
- Staff knew what to do in the event of an accident, or someone falling. When accidents or incidents happened, actions were taken to reduce the risk of accidents reoccurring. For example, one person had fallen so their care plan was reviewed. Another person had a referral made to an occupational therapist to discuss suitable equipment for them.
- Staff understood how to raise concerns through whistleblowing, if needed. One member of staff told us, "If anything is happening I am not happy within the organisation, I can raise it higher in the company or to adult social care or CQC."

Assessing risk, safety monitoring and management

- Staff were able to tell us about risks to people's wellbeing, and how they managed these. For example, one person was at risk of their skin breaking down. This was managed through regular position changes and specialist equipment, such as an air flow mattress. Staff knew how to identify and report any concerns about the person's skin, such as reddening.
- Staff knew people and how to reduce their anxieties. For example, staff told us about one person who could be anxious when being supported to move. They explained how they communicated with the person when providing their care about what was happening, to reduce their anxiety.
- Whilst staff knew people's needs well, and how to manage risks for them, this was not reflected in records about people. We have reported on this in the Well-led section of this report.
- Plans were in place in the case of emergency. Situations such as severe weather, lack of staff and computer systems not working had been considered and planned for. People's needs were assessed and prioritised to ensure the people that were dependent on the service would receive care in the event of an emergency.

Staffing and recruitment

● There were enough staff available to meet people's needs. Care visits were planned using an electronic system, which allowed time for staff to travel between visits. The manager explained that they were continually recruiting for carers and were currently recruiting for some office staff. Office staff, who were experienced carers, were covering care visits as needed to ensure that people received the care they needed.
● People received support when they needed it. One person told us, "I am happy with the ones that come at the moment. They do support me in the way I want. I have confidence in them. At the moment the timing is ok for me but if I need to change at any time I will call the office and tell them, and I am sure they will change it for me."
● People told us their care visits could change if they had appointments to attend. One person said, "If I have an appointment I can call for them to come earlier or later. Mostly they will say they will come early so I can have time to go to my appointment."
● Staff told us they could normally arrive to care visits on time and had enough time to provide the right support to people. One member of staff said, "If you feel it is not enough, we report it to the office. More often you see the same people, so you know what you are doing and where things are."
● If staff were running late, they advised the office who would call the person. A member of staff told us, "If I run late, I apologise to the next person and ring into the office, but if people need the care I will stay and do it."
● Staff were recruited using safe recruitment processes. These include proof of identity checks, references and checks with the Disclosure and Barring Service (DBS) before starting work at the service. DBS checks help employers make safer recruitment decisions.

Using medicines safely

● People, who needed staff support with their medicines, received their medicines as prescribed. The manager had recognised there had been some issues with the recording of medicines and was managing and improving this through discussions with staff and regular auditing.
● Staff had training on how to support people with their medicines and their competency to give people their medicines safely and record this accurately was assessed.
● Some people were prescribed medicines 'as required' (PRN) such as pain relief. There were specific care plans in place to guide staff about when the person needed these medicines.
● When people were prescribed topical creams the application of these was supported with a body chart, to show staff were to apply the cream.

Preventing and controlling infection

● Staff were knowledgeable about prevention and control of infection and had received training. Staff had access to personal protective equipment, such as gloves and aprons. One member of staff told us, "We are told about protective equipment and washing hands. We have a spray we can use, and gloves and aprons. If you have a cold, then you can use mouth protection or take a day off sick."

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

- People were not always supported in accordance with the MCA. Mental capacity assessments were not always decision specific, did not always involve people in the decision or appropriately assess their capacity.

- People were not supported to maximise their ability to make decisions. Assessments of people's capacity did not included details of the conversation with the person and their views and responses.
- Confirmation documents had not always been sought when people claimed to have legal authority to make decisions on the behalf of others. For example, one person had a document which was not legally binding. We discussed this with the manager who was not aware of this and was not confident about the type of documentation they would need to see. This meant that people, without the legal authority to do so, may be making decisions on people's behalf.
- Staff had received training in MCA and understood the importance of people be involved and making their own decisions, but these principles had not always been appropriately applied when formal decisions had been made.

The provider had not ensured they were following the principles of the Mental Capacity Act. This was a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Some people required specialist support to eat and drink, such as having drinks thickened. There was not guidance available for staff about how to thicken drinks to the correct consistency to ensure this was safe for the person to drink. This meant that people could be at risk of receiving drinks at the wrong consistency, which could increase their risk of choking. We discussed this with the manager during feedback who addressed this immediately.
● People who needed it were supported to eat and drink. Their preferences for meals and drinks were recorded. A member of staff told us, "I prepare meals as people like to have it. When I first go, I will ask them to tell me how they like things."

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

● People's needs were assessed before they received support. These initial assessments included people's cultural and religious preferences. One person told us, "Someone came to the house to ask about the time I would want to be assisted and see the type of equipment I have to help with my personal care. They listened to how we wanted them to support and offered advice, which we feel was very helpful." Another said, "We talked about who will be coming, the time, the help they will be given and what they can and cannot do. It was really helpful. They listened to what we had to say and advised us when needed."

Staff support: induction, training, skills and experience

● Staff new to the service were supported with an induction. This included introductions to office staff and shadowing more experienced staff providing care. One member of staff told us, "Induction was great, the trainer was fantastic. If anything, it over prepared us."
● Staff had training to help them support people. For example, staff were trained in how to support people to move using equipment such as hoists. Their competency to do so was assessed, before they supported people during care visits. One person told us, "The way they handle me on the hoist, it seems they are well trained. They encourage you and make sure you are comfortable."
● When people had specific needs, such as percutaneous endoscopic gastrostomy (PEG) tubes to support them feed someone using a tube, staff had received training from nurse specialists.
● Staff were supported with regular supervision. One member of staff told us, "They can be quite useful actually. We talk about medicines, people's preferences and any changes."

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

● People were supported to access healthcare professionals as needed. People told us that they could rearrange the times of their care visits to ensure that they could attend healthcare appointments. Staff were confident to contact healthcare professionals on people's behalf.
● A health and social care professional told us, "Every time that I have liaised with this agency they appear to know their patient's very well and are extremely helpful in organising a safe hospital discharge and to reinstate their care package as soon as possible."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us staff were caring. One person said, "The carers are fantastic. They work in a professional manner and are very respectful and friendly. They always ask if there is anything else they can do." Another told us, "The girls are good and caring, they take their time to help you and they make sure they tell you what and how they are going to assist you."
● People had positive relationships with staff. One person told us, "The staff that come are nice and respectful. They go out of their way to help me even if they have to stay beyond their time." Another said, "The staff are kind, caring and supportive in a compassionate manner." Another person told us, "We always have a good laugh when they are around."
● Staff had training in equality and diversity. A member of staff told us, "Some prefer things to be done in a certain way. It is important to understand and discuss with the client on an individual basis. For example, if someone likes to wash in a certain order."

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

● People told us they were in control of their support. One person said, "They talk to you with respect and listen to what you have to say. They ask you how you are feeling and how you want them to support you, if you want something to be done differently. They talk to you and it makes you relax and feel confident." Another said, "I can tell them what to do. I can make my own choices."

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. One person told us, "They take me to the bedroom and shut curtains and doors when I need to change."
● People were treated with dignity. One person told us, "They make me feel respected and my privacy is respected. They listen and are caring." A member of staff said, "Everyone has a right to be treated equally with dignity and respect. Treat people as you'd like to be treated yourself."
● People's independence was promoted. One member of staff told us, "Where they want to do their own care, you stand back and just offer to help when they may have missed bits. You can't take all their independence away, you have to let them do the bits they can do." Another said, "We are there to assist."

They told us about a person they supported regularly "I prepare things for him like putting the mat down and getting clothes ready. He does what he can and allows me to do the bits he can't do. We are there to help and wash and care when needed. Independence is really important to people, and I understand that."

● Staff understood the importance of confidentiality. Care plans were kept securely in the office and where people wished them to be in their homes.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

● There was not an effective system in place to ensure that complaints were effectively identified, received, recorded, handled and responded to. Records of complaints received before the current manager was in post were not accessible to them during the inspection. Following the inspection, we requested records relating to complaints received since the last inspection. Details of the complaints received, and responses offered were not available. The interim area manager acknowledged that records had not been kept in line with the service's policy.

The provider had failed to ensure an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People knew how to complain and were confident to do so. One person told us, "I have not made any complaints but if I have the need to do so I will call the office and talk to one of the managers." Another said, "We have not had any concerns, but if anything comes up we will call the office and I am sure they will act on it quickly."
● People told us that concerns they raised were dealt with. For example, one person told us they had not got on with a member of staff. They advised the office and the member of staff was not sent to them again.
● Staff knew how to manage people's complaints. One member of staff said, "I would offer them the procedure, I'd tell them it's within their rights and we're happy to get positive or negative feedback. I'd give them the contact information and reassure them, then bring it back to the office."

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

● Staff knew people well and could describe their needs, but this was not always reflected in people's care plans. For example, one person's care plan indicated they might need support to eat. There was no information given about when or why this might be the case, and how staff would know that this was needed. This meant there was a risk that people were not receiving personalised and consistent care as thorough guidance was not available for staff. We have reported on this further in the Well-led section of this report.
● Staff used people's preferred names, and these were detailed in their care plans. Assessments included

some information about people's interests and life histories.

End of life care and support

● People's preferences and choices for their end of life care were not sufficiently explored with people or detailed in their care plans. Records did not reflect where or how the person wished to be cared for at the end of their lives, any spiritual or cultural needs. Details about how to keep people comfortable, for example mouth care, were not included. When people had made decisions with medical professional about resuscitation this was included. However, details on where these documents were kept were not included. This meant there was a potential risk that the person's wishes would not be respected. We have reported on the need for improvement in records in the Well-led section of this report.
● People were supported at the end of their lives. Staff worked with community nurses to ensure people received the support they needed.

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.
● People's communication needs were not recorded in detail in their care plans. For example, staff told us about one person who was very quiet. Their communication care plan did not include this information. We have reported on the improvements needed in care plan records further in the Well-led section of this report.
● Staff understood how to communicate with people. A member of staff told us, "You can learn a lot from eye contact and facial expressions. You need to look at people's reactions." Another member of staff told us about how they ensured people were wearing their glasses or hearing aids as needed to assist them with communicating.
● Staff told us about a person who they used picture prompts to help them communicate with, to ensure the person understood what supported staff were offering them.

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's social and cultural preferences were considered. The manager told us about a person with specific religious beliefs they had recently assessed. They had discussed the person's religious belief and preferences during the assessment to identify anything which staff needed to do to support them.
● Some people were supported by staff to access the community. One member of staff said, "Some people we will take out shopping, we make sure they are safe when they are out and can come home and put the shopping away. We help make sure they can live life as normal as possible."

Requires Improvement

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

● Quality assurance checks had not identified and addressed all areas for improvement highlighted by our inspection. There was a care plan audit completed regularly, however this had not led to improvements in care plans. The manager and interim area manager acknowledged there were improvements needed to care plans.
● Care plans did not contain up to date, personalised information relevant to people's needs. For example, there were not detailed specialist assessments for people's skin integrity, mobility, continence or communication. Despite this, staff knew people and their needs well and were caring for them appropriately. Due to the lack of robust and accurate records there was a potential risk that people may not receive the right care and support.
● Specific needs, such as health conditions, behavioural needs or specialist equipment had not always been assessed. For example, one person used a catheter. Staff were able to tell us about how they managed this. The person's care plan did not include information on the type of catheter the person used, or how staff should support them with this. This meant there was a potential risk of the person receiving inconsistent support in this area.
● Care plan records were not always accurate. For example, one person's care plan advised staff that they used bed rails. We discussed this with the manager who advised the person did not use bed rails but had a low bed and mats to prevent injury. This was not reflected in the person's care plans. Another person's care plan advised they had a catheter. However, the manager advised this was not correct.
●When people were diagnosed with specific health conditions records did not always include all relevant information. For example, one person was diagnosed with diabetes. Their care plan did not include signs and symptoms of them being unwell, or guidance for staff on what to do to support them.
● Records did not always reflect the support needed and people's preferences. For example, care plans did not detail what a person could manage independently and the areas in which they needed support. Personal preferences about how people liked to have their support were not always included.
● When people had specialist medical equipment, such as a percutaneous endoscopic gastrostomy (PEG) that is used to feed someone through a tube, records did not always support staff to manage these. For example, information about what concerns about the PEG would look like were not included. There was no

information about what to do if the tube fell out.
● Staff told us about one person who could display behaviour that challenged. However, this information was not reflected in the person's care plans. This meant there was a potential risk of the person not receiving the right support from staff who may be unaware of this behaviour.
● Risk assessments did not always include enough information. For example, one person was hoisted to move. Their assessment gave information about the sling to be used with the hoist, but no detail about the person's ability to assist in the movement. It was noted that being hoisted made the person anxious, but no detail on how to support them to relieve this anxiety was given.
● One person was assessed to be at risk of their skin deteriorating. Records did not reflect how staff would identify reportable changes in the persons skin condition, for example pressure sores.
● People's emotional needs were not always recorded and planed for. For example, one person's care plan included information about their moods changing quickly, but no guidance for staff about how to best support the person.

The provider had not ensured that the quality assurance checks were sufficiently robust to identify the shortfalls we found in relation to records. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had left the service since the last inspection. The manager had been in post for a few months and was planning to register with CQC. The manager and interim area manager acknowledged there were improvements needed to the service and had developed an action plan in place to address this.
● Some quality assurance processes were working effectively. Accidents and incidents were analysed monthly to identify trends and patterns and establish whether there were any root causes which could be addressed to reduce reoccurrences.
●Staff told us that the manager was making improvements. One member of staff said, "Over a short period she has made much improvement. For example, the rotas. We were getting them daily and clients were not getting them. Now staff and clients get the weekly."
● The management team regularly spot-checked people's care visits to ensure that people were receiving the quality of care.
● Staff told us they felt well supported by the management team, including out of office hours. A member of staff said, "I am able to ring on call and ask for support and help."
● Staff meetings had been held to discuss the service provided. Records of the meeting showed discussions about uniform, new staff and the office structure and the management and recording of medicines. The manager was open with staff and asked them for feedback about the service.
● Staff were engaged with and rewarded. The manager ran a 'carer of the month' scheme which awarded a member of staff with a voucher for their work in a month. Compliments received by staff were displayed on a board in the office.

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

● Staff understood duty of candour. For example, a person was hurt during moving and handling. Staff had been open and honest, informing and involving appropriate professionals, and the person's relatives. Appropriate action had been taken to prevent reoccurrence.

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

● People felt able to contact the manager and the office staff. One person told us, "The service is good and I'm happy to have them. I think the manager is doing a good job." Another person said, "The manager seemed nice the first time we met and were ready to answer anything we didn't understand."

●People and staff had been surveyed for their views on the service. Action was taken to resolve issues raised. For example, analysis of the responses from people in April 2019 showed that some people were not receiving a schedule of their care visits. Action was taken to rectify this.

Working in partnership with others

● Staff worked in partnership with other professionals to ensure people received the right support. One health and social care professional told us, "Each time I have spoken with the agency they are polite and helpful and easy to get hold of and contact. Overall there a valued care agency that support people to maintain their independence and live at home, in my opinion."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured they were following the principles of the Mental Capacity Act.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to ensure an effective and accessible system for identifying, receiving, recording, handling and responding to complaints.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that the quality assurance checks were sufficiently robust to identify the shortfalls we found in relation to records.