

Mr Michael James Holmes

Jane Care

Inspection report

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Date of inspection visit:
28 June 2016

Date of publication:
10 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection, carried out on the 28 June 2016.

Jane Care is a domiciliary care agency registered to provide personal care and support to adults who live in their own homes. The agency is based in Ellesmere Port and currently provides support to fifteen people who have a range of complex health and support needs.

There was a registered manager in post at the service. 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.

We last inspected this location in July 2013 and we found that the registered provider met all the regulations we reviewed. During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of the report.

Staff had a good awareness of the support and help that people required. Records showed that people's needs were not always robustly assessed and only basic information was available for staff. Risk assessments were in place for people which identified potential areas of risk, however support plans and assessments did not clearly describe the support people required and how best to support people at times of increased risk.

Support plans did not always record people's needs accurately. Records were not always personalised to reflect people's individual preferences about how they would like their care and support to be provided. Food and fluid charts were always completed in detail to reflect what people had consumed on a daily basis.

The registered manager completed a range of checks to assess the quality of the service provided to people. Quality assurance systems in place were not always effective. Issues we raised during our inspection relating to support planning, risk assessments and documentation had not been identified or fully addressed through the registered provider's quality assurance processes.

There were sufficient levels of suitably trained staff to support people. When new staff were appointed, recruitment checks were carried out to make sure they were suitable to work with vulnerable people. We have made a recommendation about accessing suitable employer references.

Staff understood the importance of seeking consent from people prior to delivering care and support. People and family members confirmed that support was always given in line with people's own wishes. We have made a recommendation about accessing training and a policy and procedure in relation to the Mental Capacity Act (2005).

Staff understood what was meant by abuse and they were aware of the process for reporting any concerns they had and for ensuring people were protected from abuse. Family members told us that they felt reassured by staff and that their loved ones were safe using at the service.

Discussions were held with family members and people were referred onto the appropriate services when concerns about their health or wellbeing were noted. Staff worked well with external health and social care professionals to make sure people received the care and support they needed.

The service ensured that where possible, staff supported the same people. This enabled people, their family members and staff to build good working relationships and develop confidence in the support provided.

Staff were caring and treated people with kindness and respect. Most people and relatives were happy with the overall care that they had received. Feedback we received and discussions with staff confirmed they were mindful of people's privacy and dignity and encouraged people to maintain their independence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment processes required reviewing to ensure suitable employer references where accessed.

Where risks to people's health and safety had been identified robust risk management plans were not in place to identify what support was required.

Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent prior to providing personal care. The registered provider did not have a policy and procedure in relation to the MCA.

An on-going programme of training was provided for all staff and they received appropriate support within their roles.

Guidance and support was accessed when required from relevant health professionals, to ensure people's wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between staff and the people who used the service.

Staff understood the importance of providing dignified and respectful end of life care to people.

People's confidentiality was protected. Records containing personal information were appropriately stored in a secure office.

Is the service responsive?

The service was not responsive.

Support plans did not always accurately reflect the care and support that people required.

Support plans were not always personalised to accurately reflect the care and support that people wanted in line with their personal preferences.

People were aware of the complaints process and how to raise any concerns they may have.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

The registered provider had a quality assurance system in place but this was not always effective.

The registered provider had sought feedback from people through regular visits and annual surveys, which enabled them to identify areas of improvement.

The service was managed by a person registered with CQC. The registered manager was described as approachable and always available.

Requires Improvement ●

Jane Care

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 the 28 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people who live in the community and are often out during the day; we needed to be sure that someone would be available at the office. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information that the provider had given us and also looked at information provided by the local authority and safeguarding teams. No concerns were raised about the service. We also looked at information we held about the service, including previous notifications and any complaints or safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with two people who used the service and six family members. We interviewed five staff, and the registered manager. We also looked at four support plans, six staff files, training information and policies and procedures in relation to the running of the service.

Is the service safe?

Our findings

People who were supported and their family members told us that they felt safe when they were supported by the staff from Jane Care. Comments we received included, "They make sure I know what's going on. It makes me feel safe when I am reassured about what they are doing" and "They have been a godsend. I couldn't have coped without them and I know [my relative] is in good hands when they come to help them" and "I think [my relative] gets a safe service from Jane Care. We wouldn't use them otherwise".

The registered provider had policies and procedures in place regarding the safe recruitment of staff. We looked at six staff files and found that the registered provider had undertaken a number of checks prior to employment being offered. We found that job application forms had been completed which had a full employment history recorded and that references were in place. DBS checks had been carried out by the registered provider to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults or children. This system assists registered provider's to make safer decisions about the recruitment of staff. However, we found that suitable references had not always been accessed from/or provided by the person's previous employer as outlined on their application form. We found that three references were provided by family members only and references for two staff had been sent from a personal email address. This meant that people's employment history had not always been verified by the registered provider.

We recommend that the registered provider ensures that suitable reference checks are completed to ensure that people are not placed at risk of having care from people who are not of suitable character.

Staff were able to describe people's identified risks and described how they would manage them. People told us, "They know that I can't stand up on my own, they have got me a hoist to help me get out of bed" and "They understand the importance of making sure [my relatives] pressure ulcer dressing is kept clean and dry. The minute there is a problem, they are on the phone to the district nursing team to alert them". People's basic needs were assessed and where risks were identified in areas such as mobility or pressure area care needs there were no risk management plans in place. Support plans and risk assessments did not clearly describe the support people required or identify triggers to risks. There were no management strategies in place to guide staff on how best to support people at times of increased risk. This showed that risks to people's safety were not always robustly assessed and monitored.

This was in breach of Regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014 as the provider did not have effective systems in place to identify and assess risks to the health and safety of people using the service.

The registered provider had a policy and procedure in place to review and monitor accidents and incidents at the service. Records of incidents for both people and staff were kept through the use of an accident book. The registered provider also had an 'Accident and Incident report form' which allowed a detailed review of incidents and accidents to take place. This enabled the registered manager to identify themes and trends or actions that could be taken to prevent further risks occurring. This meant that the registered provider had

effective systems in place to monitor accidents and incidents at the service.

Through discussions with staff they confirmed that people only required prompting or reminding to take their medication. Staff were able to describe how they would prompt or encourage a person to take their medication and what actions they would take if the person refused. Records showed a list of staff that had completed relevant training and been assessed as competent to administer medication. The registered provider had a 'medication chart as per blister pack' sheet in place which was used by staff to record when they had prompted people to take their medication. We noted that there were a number of signature gaps on the records. We spoke with the registered manager who confirmed that staff were not always required to support people as family members may offer support with medication. Family members confirmed this. The registered manager informed us that they would introduce an appropriate 'code' system on the medication charts to evidence when support was not required by staff.

Staff told us they had completed safeguarding adults training and records confirmed this. Staff knew what abuse meant; they described the different types of abuse and knew how to report concerns they had about people's safety. They told us, "I feel that we protect people from abuse and if I ever saw anything untoward I would report it immediately" and "There are different types of abuse for instance physical and that's just not right. We would not tolerate anyone being abused and would raise it immediately to be addressed. I would call the police if I needed to protect someone". Staff were confident that their concerns would be addressed by the management team and were aware of how to whistle-blow to external agencies if needed. Whistleblowing is where staff can raise their concerns inside or outside of the organisation without fear of reprisals. The registered provider had a whistleblowing policy, and an up-to-date safeguarding policy, both of which were accessible to staff.

Is the service effective?

Our findings

People who used the service and their family members told us that they took most of the responsibility for managing their healthcare needs. However, we noted that support plans did not clearly outline the person's or the registered provider's responsibilities in this area. Staff were confident in describing how to support people and what actions they would need to take if there was a notable decline in health or wellbeing or if a person informed them that they were unwell. A family member told us, "[My relative] needs help to get out of bed. They put us in contact with someone who came out to see them. We now have a hoist here so they can get up and about safely". Records we viewed in people's own homes showed that health professionals such as district nurses, GPs and occupational health therapists had been involved in the assessment of people's needs.

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 as far as possible people to make their own decisions and to be helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff had an understanding of the importance of seeking consent from people. They told us and records showed that the majority of people who used the service were able to make decisions for themselves or request support from relevant others they chose. Staff were clear that it was the person's right to make their own decisions. They told us, "I will always ask a person if I can help them before I do anything. If they say no, I cannot go against their wishes. However, if I felt someone was at risk then I would let my manager know and she would seek advice. It doesn't happen very often at all" and "I wouldn't do anything without the persons consent. They may tell me they are happy or I can tell through their body language too. I wouldn't like someone to ignore how I felt". Family members told us, "[My relative] can be very stubborn and not want any help as some days they may be a little confused. Staff are very patient and explain everything but never force [my relative] to do anything they don't want too. They keep us informed if there has been any problems".

The registered provider informed CQC that staff had not completed training in MCA and also that they did not have a policy and procedure in place relating to the MCA. This meant that there was a risk that, where a person lacked in capacity, staff may not have the required knowledge to make decisions in line with the principles of the MCA.

We recommend that the registered provider introduces relevant policies and procedures and appropriate training for staff to ensure that the Mental Capacity Act 2005 is fully implemented.

Staff received training and development opportunities that were appropriate and required for their role. They told us "I have had lots of training including moving and handling, first aid, safeguarding and lots more other courses. It's been lots of learning but I have really enjoyed it" and "We have online training, but we also meet as a team to look at certain areas of training such as end of life care. We link in a lot with the local

hospice and district nursing teams as part of our on the job coaching. I think that is a real advantage as I learn better watching people as well as reading about how to do something". Individual records showed what training staff had completed and when they were due for refresher training. Training sessions also included safeguarding adults, catheter care, infection prevention control and providing effective personal care. The registered manager told us "We are always looking for opportunities to link in with external agencies. That way we know our staff are trained well and have the most up to date information".

Staff received quarterly supervisions with the management team which gave them an opportunity to be able to discuss how their work was progressing, any concerns and areas of improvement. The supervision process included the appraisal of staff performance. Staff told us, "I have received lots of support from the manager and her door is always open. We can contact her at any time if we have any concerns or we are not sure about anything" and "We get feedback about our performance and what we need to do to improve. This usually takes place after a spot check visit. This is where the manager turns up to watch us working". Records showed that where staff performance issues had been highlighted there was not a clear action plan to identify what required improving and by when. The registered manager informed us that she would review the staff supervision form to allow for written comments and a review date to be included to support the performance management of staff. Records of meetings were held in each staff member's personal files.

The registered provider had an induction programme in place for all new staff joining the service. This included accessing training courses, shadowing other more experienced staff members and regular feedback and discussions with the registered manager. One staff member told us, "I had to be signed off as competent in completing certain care tasks. This was all part of my induction programme. This included making sure I was competent in safe moving and handling, catheter care and providing dignified and respectful support and care to people. It was about my attitude to my work as well as how I did it". The registered manager informed us "All staff have to complete an induction programme. We want to make sure we don't just send anyone out to people. They have to get to know people and we need to know that they are capable and competent in their work". This demonstrated a commitment from the registered provider to invest in the well-being of staff from the start of their employment.

Is the service caring?

Our findings

People and their family members were complimentary about the staff who supported them. They told us, "They help me to do as much for myself as I can, they always make sure that I am comfortable and clean. They never rush me at all" and "The staff are very patient and go at [my relatives] own speed" and "[My relative] is not good on their feet and with stepping one foot in front of the other. Staff understand this and make sure that everything they do is in line with [my relatives] preferred routines".

Interactions between the staff and people who used the service were described as positive, relaxed and people confirmed they were treated with dignity and respect. Staff were respectful of people's choices and decisions. They told us, "The girls are good, they always ask my permission before helping me and explain what they are going to help me with. It's important that I am still involved and communicated with". Staff understood the importance of ensuring people's privacy was respected and were confident in describing how they protected people's dignity as far as possible in the way that they carried out personal care and support. They told us, "Dignity is very important and we make sure we protect this when supporting people. Simple things like closing curtains and doors, covering people when providing personal care makes a huge difference to how someone feels" and "We make sure we treat people how we would want our family or ourselves to be treated. We are in someone's home and we should respect their decisions and rights".

Staff described how they promoted people's independence and gave clear examples of how they would encourage people to be independent. They told us "It's about making sure we don't take away a skill from someone. We try to make sure people do as much for themselves as possible and we help with the areas they may struggle a little with". Family members told us, "They always talk [my relative] through having a wash and encourage them to do as much for themselves. It's so important that [my relative] still feels like they have some independence and I think they have the balance just right" and "The staff have a good understanding of what [my relative] can do for themselves and what they need help with. They make sure that [my relative] does not feel undermined and equally frustrated with what they cannot do for themselves anymore. They are so good and we are very grateful".

Where possible the registered provider worked hard to ensure that people received care and support from the same staff or from staff who they had developed a good relationship with. Staff were able to describe people's preferences in relation to their routines, likes and dislikes and activities they wished to engage in or be supported with. One family member told us "We have consistency and continuity of care for [my relative] which is very important as they have dementia. It's important that we have familiar faces and voices and Jane Care have really been good at making sure this happens" and "They are the best thing since sliced bread. I have the same four care staff who come to support [my relative]. There has always been a good level of consistency which has been hugely important to us both". Staff told us "It's one of the best things about working for this company. We are not rushed, we are allocated to people so we can build a good relationship and trust level and that way we know exactly how they like to be supported and also what they don't like. Having someone you trust and like to support you is very important". This showed that thought and consideration had been taken into account by the registered provider when choosing the right staff to meet people's needs.

Family members confirmed that on the majority of occasions care and support was provided in line with the preferred and agreed times for people supported. They told us, "They are very reliable on the whole. There has been the odd occasion where they have run late, but they will always let us know" and "If the staff are running late they let us know. It happens as they won't leave people who may be in trouble or need extra help. I would hope they would do this for my loved one if it was needed so we understand".

People who used the service had been provided with information about the service and standards they should expect from the registered provider. Information included details of the registered manager, the registered provider and other key pieces of information such as how to make a complaint, confidentiality and maintaining people's safety and security. People's confidentiality was maintained. Records containing personal details were stored securely in a locked office.

The registered provider offered support to people who were at the end stages of their life. The registered manager told us, "We work very closely with the local hospice. We understand how important it is to get care right at this stage in a person's life. Our staff are always in communication with the district nursing team and hospice at this stage". Family members told us that staff were kind, patient and gentle with their loved ones. They told us, "It's such a sensitive time for us, they are very respectful and not overly intrusive. They are very gentle with [my relative] and he has the minimal amount of support he needs to be clean and comfortable. We couldn't ask for more". Staff were clearly able to describe the importance of ensuring that people and their family members received dignified and appropriate support during this time.

Is the service responsive?

Our findings

The registered provider had a process in place for the management and review of complaints. One person told us, "I was given information at the start of [my relatives] support about how to make a complaint about the service they receive, but I have never had to make one yet". Another person told us "I had some niggles not so long ago, but we spoke with the manager and it was sorted out quickly, she is very good and very helpful". Family members confirmed that they were aware of who to speak to and what process they needed to follow if they were concerned or unhappy about any aspects of care delivered to their relatives.

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Prior to any support being delivered an initial assessment of need was completed with each person and/or their relevant others. This information was used to form the basis of support plans for staff to follow in order to deliver the support a person required. Information gathered included people's specific health and support needs, personal and domestic routines, preferred method of communication and/or any difficulties in this area and mobility support needs. However, we looked at initial assessment records for four people and found that they were not always completed in full or signed and dated. Questions such as 'what help and support do you need?' and 'Any significant changes in health recently?' and 'Any hospital admissions over the last 12 months?' had no information recorded next to them.

Through discussions we found that staff had an understanding and awareness of the support required for individual people. However, support plans and written records were not always accurate or fully completed. Information relating to people's preferred routines were not of a consistent standard and records did not always reflect the exact care and support a person required. For example, we found that four support plans did not contain personalised details about how a person may need to be supported. Comments such as 'needs assistance with all of the above' relating to personal hygiene and 'high risk of pressure ulcers' and 'slide sheet to aid mobility' were written in support plans with no further guidance for staff to understand what support the person may require. Two support plans contained limited information relating to a person's preferred routine. Comments such as, 'carers provide personal care, washing, catheter care, creaming and change of pj's' were recorded. Both support plans contained no information about how the person preferred to be supported or how their independence and dignity would be promoted. We were informed by the registered manager and deputy manager that two people were currently receiving end of life care and support. We found no information in their support plans to identify what support arrangements were in place and no guidance for staff on how care should be provided to both these people. This meant that the registered provider was at risk of providing care and support that did not meet the needs of people they supported.

We saw that supplementary charts used to record food and fluid intake for people clearly identified the amount of food and fluid that people required and had eaten or drunk. Comments such as '100mls of juice taken' or '75mls of tea taken' and '250mls of soup eaten' were recorded by staff on a daily basis.

Supplementary charts were totalled each day to provide a clear overview of how much people had eaten and drunk during the staff visit. This meant that people were safely protected from risks of dehydration and inadequate nutrition. We noted that supplementary charts for one person we visited were not available for review. We were informed by family members that staff recorded this information daily and it was shared with the district nursing team for their review. The registered manager confirmed that records had been changed over for the start of the new month and were available at the office. However, we found that there was no reference to the requirement or use of supplementary charts in individual support plans for each person.

We spoke to the registered manager about the requirements of having signed and dated records and also the benefits of support plans that included a good level of detail so that staff, less familiar with the person, could also provide a personalised service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider had failed to ensure that accurate and contemporaneous records were held in respect of each person.

The registered manager told us that people's support plans were reviewed as and when required. She explained that in the event of a person's needs changing support plan documents could be updated at any time to meet the needs of individuals. Family members confirmed that their relatives or themselves were involved in the review of their care and support. They told us "If something changes in how [my relative] is we just let Jane Care know. We then look at how the care can be altered to accommodate the changes" and "We are always asked for feedback when the manager visits us at home to check on the staff. It's nice to know that we are asked our opinion about how things are going and if there are any changes in need".

The provider's complaints policy and procedure was made available in the service and information about how to make a complaint was included in the service user guide. A copy of the service user guide was provided to people when they started using the service for their review and reference. We saw that the process outlined only guided people to raise complaints directly to the registered provider or to CQC. The registered manager and director confirmed that they would update information to ensure that contact details for the local ombudsman would be made accessible to people. No complaints had been received by the service at the time of our inspection. The registered manager told us, "Most things are sorted out quickly there and then and don't escalate that far. We will ensure that if anything comes our way it will be recorded appropriately". We saw a number of compliments had been received from family members thanking staff for the work they had undertaken to support them or their relatives through difficult times in their lives. Comments such as "A big thank you to all the support you gave to [my relative] and her partner who was struggling to cope" and "Thank you for making [my relatives] comfortable in the last few weeks of their life. We couldn't have done it without you" were received.

Is the service well-led?

Our findings

The service had a registered manager in post and she had been there since 2011. Family members told us that they knew who the manager was and they could contact her if they needed anything. One person commented, "She is brilliant, friendly, open to feedback and you never feel like you can't say anything to her", another told us, "I don't really have a lot to do with the management team, but I know I could get in touch if I wasn't happy about something". The registered manager told us, "I regularly go out to meet with people and their families and to see if everything is ok. I do this as part of the staff spot checks".

The registered manager undertook a number of different quality checks within the service including observations of staff practice, use and maintenance of equipment and reviewing of accident and incidents. However, we found that checks relating to support plan records did not always identify areas of concern that we raised as part of our inspection. We found no action plans had been put in place to demonstrate what improvements were required, a time scale for remedial action to be completed or to acknowledge when issues had been resolved. This meant that there had been a lack of accountability and oversight by the registered manager and the registered provider to ensure the quality and safety of the service provided to people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care.

Registered providers are required to provide a statement of purpose (SOP) to CQC in line with Schedule 3 of The Care Quality Commission (Registration) Regulations 2009. The SOP outlines the aims and objectives of the service provider in carrying out their regulated activity. We found that the SOP for Jane Care required reviewing and updating in line with the regulations. The registered provider confirmed that they would update their SOP following our inspection.

Staff told us that they had good systems of communication with the management team. Staff said "The manager is always there for us. We meet regularly in the office as a team to talk about how things are going and to share any updates with us" and "The door is always open for us, I know that no matter what time of day it is I can contact one of the management team and they are quick to respond to us, even out of hours". The deputy manager confirmed that regular staff meetings had taken place and the issues discussed had included care practices, staff training, equipment and support plans. However, we were unable to access minutes of the meetings to review. The deputy manager confirmed that these were not always recorded and advised us that a record would be made of team meetings following our inspection. Staff told us that the registered manager regularly sought their views for development. Monthly spot checks and shadowing alongside staff on duty was undertaken by the deputy and registered manager. This enabled the management team to review and discuss staff competencies and provide feedback on both positive performance and areas of development.

The registered provider had carried out an annual survey in May 2016 with people who used the service to

measure their success and areas of development. We looked at the completed survey and found that the overall feedback was good. Comments such as 'I love my carers they are like family to me', and 'Staff have been really kind to [my relative] and have treated them with respect and kindness' were recorded. This demonstrated that the registered provider valued people's opinions and feedback.

The registered provider had a set of policies and procedures for the service. The registered manager informed us that policies were reviewed and updated as required. All staff were provided with access to a staff handbook when they started working for the agency. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available at the main office which ensured that staff had access to relevant guidance when required.

The registered manager had an understanding and awareness of her responsibility in line with the Health and Social care Act 2008. Registered providers are required to inform the Care Quality Commission (CQC) of important events that happened within the service. The registered manager was aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. There had been no significant incidents that had occurred at the service since our previous inspection.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of care. People were at risk of receiving care and support that was not suited to their needs as support plans in place were not always accurate or personalised. Comprehensive plans were not held in respect of each person.</p> <p>17(1)(2)(a)(b)(c)(f)</p>