

## JaMax Partnership

# JaMax Homecare

### Inspection report

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### 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 14 March 2017 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

JaMax Homecare provides personal care to adults with a variety of needs living in their own homes. This includes older people, people with a sensory impairment, people with physical disabilities and people living with dementia. JaMax Homecare provided non regulated care to people, for example cleaning and shopping. At the time of the inspection there were 40 people who were receiving care that was a regulated activity.

At our last inspection carried out on 25 February 2016 we found that the provider had not met the regulations relating to good governance, and fit and proper person employed. At this inspection we found that the provider had made some of the required improvements.

The service had a registered manager. 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.

People were protected from the risk of harm at the service because staff had undertaken training to recognise and respond to safeguarding concerns. They had a good understanding about what safeguarding meant and how to report it. The registered manager had not reported one incident to the local authority that should have been reported. The provider reviewed accidents and incidents and recorded actions to try and prevent reoccurrences. Risks to people's well-being had been identified. However, control measures were not in place to minimise the risk.

We found there were enough staff deployed to support people safely. Checks to ensure staff suitability for their role had not been completed before they started work.

People received their medicines. Staff had been trained to administer medicines. However they had not been assessed as competent to do so. The provider agreed to make sure that all medicines that were to be given were written down individually.

Staff received appropriate support through an induction and supervision. There was an on-going training programme to provide guidance and update staff on safe ways of working.

People chose their own food and drink and were supported to follow a specific diet if this was needed. Staff prompted people to contact healthcare services when required to promote their well-being.

People were asked for their consent before they were supported.

People received care from staff who they saw regularly. They felt that staff knew their likes and dislikes.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected. People felt that staff had time to spend with them and did not rush. They felt that they received care that was focused on them as an individual.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People had been involved in reviews of their support. People had support plans that included information about their likes and dislikes. Staff knew how to support people based on their preferences and how they wanted to be supported. People were supported to be as independent as they wanted to be.

People and their relatives were asked for feedback about the service.

The provider had made changes to how they communicated with staff to ensure that they were supported in their role and that communication was more effective.

The registered manager had a system in place to review documentation. They did not complete audits to consider the quality of service that had been provided. Systems and processes that were in place were not effective at monitoring the service that had been provided or to drive improvements.

We found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

The service was not consistently safe.

People were protected from abuse and avoidable harm. Staff knew about their responsibilities for supporting them to keep safe. Incidents were recorded. However, we found one incident should have been reported to the local authority for further investigation.

There were sufficient numbers of staff deployed to meet people's needs safely. The service had not followed safe recruitment practices when employing new staff.

People were given their medicine. Staff were trained to administer medicines. They had not been assessed as competent to do so. Details of individual medicines that had been given were not recorded.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People received support from staff who had received guidance and training.

People were asked for consent by staff before they received support. .

People were prompted and supported to contact healthcare professionals for advice. People were given support with eating and drinking where this was needed.

**Good** ●

### Is the service caring?

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People received support from regular staff who they felt knew their likes and dislikes.

**Good** ●

### Is the service responsive?

The service was responsive.

People felt that staff had time to spend with them and did not rush. People received support that was focused on them as an individual.

People had contributed to the review of their support plan. These contained information for staff about people's needs, their likes and dislikes.

There was a complaints procedure in place. People felt confident to raise any concerns.

**Good** ●

### Is the service well-led?

The service was not consistently well led.

People had been asked for their feedback on the quality of the service that they had received.

The provider did not have audits in place that monitored the quality of the service such as support plans, assessments and the recruitment process.

The provider had made changes to the way they communicated with staff to make this more effective. Staff usually felt supported in their role.

**Requires Improvement** ●

# JaMax Homecare

## 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.

The inspection took place on 14 March 2017 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by one inspector 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.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We reviewed information we held about the service. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the provider, and three care workers.

We spoke with 13 people who used the service by telephone. This was to gather their views of the service being provided.

# Is the service safe?

## Our findings

At our previous inspection on 25 February 2016 we found that the provider had not met the regulations in relation to carrying out appropriate checks before employing staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper person's employed. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements.

The provider had improved record keeping in relation to pre-employment decisions which included application forms, notes from interviews, staff induction and probation. This meant that the provider had evidence of people's work history and why they could be considered suitable to work for the service. However, we found that some staff had not completed their employment history fully and this had not been followed up with them. It is important that a prospective employer has a full record of where potential recruits have worked to enable them to see what experience and skills they have that they can bring to the role. It also allows an employer to seek information from previous employers about conduct and character.

We looked at the pre-employment checks that had taken place before staff started to work with people. The process included obtaining references, checking people's right to work documentation and undertaking a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and aims to stop those people who are not suitable from working with people who receive care and support.

We looked at the files of three staff members who had been recruited since our last inspection and one existing member of staff. We found that some pre-employment checks had been carried out on staff before they started work. However, we found that not all checks had been completed before staff started their employment. For example, we found that two staff members had started work before their DBS check had been received by JaMax Homecare. For one staff member this was two months before their check was received, and for the other it was five months before. This meant that the provider had not ensured that the staff members had not been convicted of any offences that made them unsuitable for this type of work. They had not considered the potential risks to people who used the service. The checks had been completed at the time of our inspection.

We found that references that had been sought were not always from the most recent employer. References provide evidence of staff conduct in their previous employment. For all three new staff member's we found that personal references had been sought. Records showed that only one personal reference had been received for one staff member when they did have previous work history evident on their application form. The provider told us that they had tried to contact another member of staff's previous employer but had not been able to get a reference from them.

Risk assessments were in place where it had been identified that people may be at risk of harm. However, the information included in the assessment was very limited. We saw that control measures had not been

identified to minimise any risk to people who used the service or to staff. For example, the assessment identified what equipment one person had to keep them safe. This included a walking frame and two sticks which showed that the person needed support with walking. The assessment did not include information about how this equipment helped to keep the person safe, and if they needed any support with this, or if they were at risk of falling if they did not have the equipment.

The provider did not record that an assessment of the environment had been carried out to show that any risks to people who used the service or the staff had been considered. We discussed this with the registered manager. They told us that they had changed the risk assessment templates following our previous inspection and this was no longer included. They told us that any potential risks in the environment were considered but had not been recorded. The provider explained that staff would inform the office staff if they felt there was a risk to the person, or in the environment, and that the person's care would then be reviewed to make sure that this was minimised. The registered manager agreed that they would make the assessment more detailed to ensure that staff had guidance about exactly what the risk for the person was, and how to minimise this to keep people safe.

People received their medicines from staff. One person said, "I get them when I need them. [Staff member] always asks me if I have taken them and then writes it down." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete and that they had been trained to administer medicines. One staff member said, "I did my medicines training last year. I think it is due to be renewed." Records confirmed that staff had completed training. However, staff had not had their competency to administer medicines assessed. The registered manager told us that they would liaise with the organisation who completed their training and ensure that competency checks were completed for staff. Each person who required support with their medicine had information in their support plan around medicines to determine the support they needed.

We saw that when people had support with their medicines this was recorded. However, we found that this record did not show the actual medicine that was given but the number of tablets that the person had taken. If staff are supporting people to take medicine there must be a record of what tablets the person is taking so that staff are sure what medicine has been taken. We discussed this with the registered manager. They agreed that they would review how it would be best to record each medicine and implement a new system. Staff who we spoke with following the inspection told us that medicines systems had been changed since our visit.

People told us that they felt safe when they received support from staff. One person said, "I feel safe with my carers." Another person commented, "I trust [staff member] with my life." Staff members we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns, or if information of concern was disclosed to them. One member of staff told us, "I would report it straight away. I am the first in the queue to say something if I am worried about anything." At our last inspection we found that staff had not received training in how to recognise and report potential abuse. At this inspection staff had not undertaken this training. The registered manager told us that they were in the process of arranging this for staff. Staff we spoke with following the inspection confirmed that they had now received training to support their knowledge and understanding on how to keep people safe and recognise abuse. One member of staff told us, "I have just done my safeguarding training today. It was useful." Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy.

Staff we spoke with told us that they understood whistleblowing and felt they could raise concerns. One staff member told us, "I would report any concerns to social services or to the police." We found that the process in place did inform staff of their right to contact outside professionals if they felt this was needed. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority. However, we did identify one incident that should have been reported as potential abuse so that the local authority who have the lead for safeguarding could have considered if further investigation was required.

Where accidents or incidents had occurred these had been documented. The documentation included a description of what had happened and action that had been taken. Where changes to support or processes were needed these had been completed.

We saw that there were plans in place should the office become unsafe to use. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

People told us that there were enough staff deployed to meet their needs. One person said, "I have the same person every day. They are not late unless there has been a problem at someone else's house." Staff told us that they felt there were enough staff available to meet people's needs currently. One staff member said, "There is enough staff to cover all of the calls and we get to do regular calls." The provider told us that they recruited staff based on the support hours that were needed and only agreed to take on a new package if they had staff available to meet the needs of the person. They explained that they had a policy around staff holidays to ensure that there were enough staff working to cover all calls. The rota showed that people had planned call times and staff had time to travel between calls. It showed that people received support from the same staff where possible and that if a member of staff was off that other staff would cover the call. This meant that there were enough staff deployed to meet the needs of the people who used the service.

## Is the service effective?

### Our findings

People received support from staff who had the skills to meet their needs. One person told us, "I am sure they have been trained well. [Staff member] went on a course. I think it was to do with lifting." Staff told us they received the training they needed to support people. One member of staff said, "We have had a lot of training. One of my courses is due to be renewed soon." Another staff member said, "The training is good quality." We saw that training records were in place that showed what courses staff had completed. The registered manager and provider explained that they worked with another provider and accessed the training that they provided. This meant that staff had access to training when it was needed as the other provider ran training courses on a regular basis.

People were supported by staff who usually received support, supervision and were inducted into their role. One staff member said, "I found my induction useful. I shadowed another colleague for a few weeks before I went out on my own." Another staff member told us, "I have supervision with my manager. I can talk to them." However, one staff member said, "I haven't had a one to one meeting with my team leader. I can raise concerns with them but had not had a sit down meeting with them." Records we saw confirmed that supervisions had taken place. The registered manager told us that they were meeting with staff approximately every six months. The registered manager and provider also told us that staff visited the office at least once every two weeks and had the opportunity to talk to a member of the management team.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were asked for their consent before staff supported them. One person said, "[Staff member] always asks me before he does anything. We are like a team. We work together." Staff told us that they always asked for consent and respected people's choice. One staff member said, "I always ask if people are happy with me helping them. If they refuse something it is their choice. I would try and encourage them and report it to the office. It is their right to say no."

We saw that people had been asked to consent to their care. Where people had been able to they had signed this themselves. Records showed that where people had a legal representative who could make decisions on their behalf this had been identified as part of the person's initial assessment.

People were supported with preparing food and drinks and eating where this was needed. One person told us, "[Staff member] asks me what I want for my meal and then makes it for me." We saw that people were

supported with specific diets, where required, that met their needs with guidance from health care professionals. Information in people's support plan identified that they had a specific diet and what this was.

People were supported to maintain good health. Support plans contained contact details of people's relatives, GP, or other involved health professionals so that staff were able to contact them when they needed to. Staff were aware of their responsibility for dealing with illness or injury. One staff member said, "I would tell someone if I was worried about them and support them to contact the doctor." We saw that records included any changes in people's health and information from visits from health professionals. This meant that people's health needs were being monitored and met.

## Is the service caring?

### Our findings

People spoke positively about the staff. One person said, "I really like [staff member]. She is like a friend. We have a laugh and a joke and I really look forward to her coming." Another person told us, "All my carers are great. I look forwards to them coming every day." One person commented, "I have really brilliant carers. I am lucky." Another person said, "My carers are both compassionate and caring. I couldn't ask for more." Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of people who used the service. One staff member said, "I work here for the clients. Everyone cares. The staff, the team leader and the owners; It is all about the people."

People told us that they had support from the same staff and this was important to them. One person said, "I usually have the same carer each day." Staff told us that they worked with the same people as much as possible and that this was important for people and for the staff to enable them to get to know each other. One staff member said, "I see the same people. I love it. I get to know them and what they want and need." Another staff member told us, "I have got to know people well. It is really helpful, especially when someone has dementia. It makes it easier for them." The registered manager told us that they tried to ensure that people had the same staff as much as possible, or if their regular member of staff was off work then they were supported by someone else who knew them. One person confirmed that new staff member's worked with an existing member of staff before they had supported them.

People told us that staff knew what they liked and disliked. One person said, "The girls who come in really know my likes and dislikes. They can almost read my mind. We bounce off each other." Staff explained that they knew what people liked and wanted from working with them on a regular basis. They told us that this information was included in their support plan. We saw that each person's support plan contained information about what they liked and disliked. For example, we read in one person's care plan 'I like Horlicks made with half water and half milk.'

People told us that staff treated them with dignity and respect. One person said, "Of course I am treated with respect. We respect each other." Staff told us they promoted people's privacy and dignity. This included involving people in making their own decisions, asking people before supporting them, knocking on people's doors and offering people privacy while being supported with personal care.

People were encouraged to maintain as much independence as possible. Staff told us that part of their role was to encourage people to do what they could for themselves. One staff member said, "I ask people if they want assistance. If people want to be independent I let them do what they can." We saw that support plans included information about what the person could do for themselves and what they needed help with. This meant that staff were encouraging people to maintain the skills they had instead of doing things for people that they could do for themselves.

People were involved in making decisions about their day to day support where they could. One person said, "I like my routine. The carers fit in with me." We saw that support plans prompted staff to offer people choice. For example, one person's support plan told staff to offer them food of their choosing. Staff told us

that they encouraged people to make decisions about their support. One staff member said, "I ask people to choose what they want to wear." Another staff member told us, "I ask people if they want me to help them to wash or if they want to do it themselves." We saw that as part of their initial assessment people were asked what support they needed, how often they needed this and how they would like it delivered. This meant that people were supported to be involved in decisions about their support.

People's sensitive information was being handled carefully. We saw that the provider had secure lockable cabinets for the storage of records. When information about people was shared between staff this was done discreetly and in a sensitive way so that conversations were not overheard. The provider had policies about confidentiality and data protection. This meant that people's privacy was being protected.

## Is the service responsive?

### Our findings

People received care that met their individual needs. One person told us, "I think my care is planned for me. Everything the carers do for me as an individual. It makes me feel special." Another person had written to the provider to thank them for the support they had received. They wrote, "When I am feeling okay I prefer to shower myself and do as much as possible. But on a not so good day I need more help. They [staff] seem to know what sort of day I am having without me having to mention it. They respond accordingly." One person said, "I was having problems with my medicines being delivered. [Staff member] noticed this. They helped me to sort it out and I was really happy." The provider told us that visited people before they started to work with them to carry out an assessment. This was important to ensure that JaMax Homecare could meet their needs and provide care at times the person wanted. They told us that the information from the assessment was used to develop people's support plans. We saw that people's support plans contained information about how people preferred to be supported. For example, we saw that one support plan showed that the person preferred to use a flannel of a specific colour to wash one area of their body. This meant that staff had information about how to support people in the way that they wanted to be supported.

People told us that they had been involved in reviews of their support. One person said, "My plan is updated about every six months. I think someone from the office comes to my house and we go through it. If anything has changed they write it down." We saw that the registered manager had details of people's reviews written down and they had developed new support plans following the review. However, we found that support plans were not always dated and dates of reviews were not recorded within people's support plans. The registered manager told us they would date the documents and record dates when reviews had taken place. This meant that staff had up to date information and guidance on people's needs and how to support them.

People told us that staff had time to spend with them and they did not feel rushed. One person said, "I always have time to do everything I need. If the girls are in a hurry they don't show it." Another person told us, "I have become less mobile lately and I need more help. It is given without a fuss." Staff told us that they made sure that people had the support that they needed. One staff member said, "If you can fit it in you can do it." The registered manager explained that if staff contacted them to say that someone needed something extra or some extra time that they would try and accommodate this. One person confirmed that staff often stayed longer to make sure things were done as they didn't like to rush and liked to chat.

People had opportunities to give their feedback about the care that they received. The registered manager told us that they had carried out telephone monitoring with people to seek their views of the support that they had received. They also had sent out a questionnaire in February 2017 to ask people for their feedback. These were still being received back. The registered manager told us that then these had been received they were going to analyse the information to see if there were any improvements that people wanted. We saw details from some of the feedback. People were very positive about the service they had received. One person had written, "They are all so easy to have around. They are intuitive to clients' feelings but work very professionally."

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I have never made a complaint but I would if I need to." We saw that there was a complaints procedure in place that was available to people. The registered manager told us that they had not received any complaints in the last 12 months.

# Is the service well-led?

## Our findings

At our previous inspection carried out on 25 February 2016 we found that the systems and processes in place were failing to assess, monitor and improve the quality of the service. This was because records were not being completed to show that pre-employment checks had been completed, or to record staff training and supervision. The registered manager was not carrying out any audits on the support plans, assessments, or health and safety. People had not been asked for their feedback on the service that they had received. These matters were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements. However we also identified some concerns where further improvements were still required.

We found that records were in place to show that staff had received training and supervisions. These were in each staff member's file. Training records did not show what training staff needed to complete. This is important as it helps the registered manager to plan what training courses staff need to attend to ensure that they are appropriately trained to meet the needs of the people who they supported.

People had been asked for their feedback on the service they had received. This was through telephone calls and a questionnaire. One person told us, "Sometimes I get a phone call just to check that all is okay." Staff had also been asked for their feedback. The registered manager showed us a staff survey that had been sent out in February 2017. Most of these had been returned but a few had not. The registered manager told us that they were giving staff an extra week and then they were planning to analyse the feedback.

The registered manager told us that they did not carry out formal audits but they had reviewed support plans, training, recruitment and health and safety. These checks had not been recorded. This meant that there was no record to say that any areas of improvement had been identified and action taken to address this. The registered manager told us that they would record details of checks they completed to show that they had systems in place to monitor the delivery of the service and to drive improvement. We saw that records had been updated following reviews although we found that a number of documents had not been dated. This included assessments, support plans and a protection plan that had been put in place following a safeguarding investigation. The registered manager told us that they would ensure that all documents were dated.

We found that risk assessments in place had not clearly identified the risk to the person or to staff and did not identify control measures to minimise this. The registered manager had reviewed the documents but had not identified that they were not minimising risks to people while they were receiving support. This meant that systems and processes in place had not identified an area of concern that we found during our inspection and action had not been taken to address this.

The registered manager had made changes to the recruitment process. However, as they did not have a system in place to monitor this staff were being recruited without all pre-employment checks having been

completed to show that they were suitable for their role. We found that the provider had not obtained satisfactory evidence of staff conduct in previous employment. They had not checked that staff had not been convicted of any offences that made them unsuitable for this type of work before staff had started their employment. There was a policy in place that identified the process that should be followed to ensure that all relevant information was received before a person started work. The provider had failed to follow this.

We found that the systems and processes in place were failing to assess, monitor and improve the quality of the service.

These matters were a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance

Staff told us that they usually felt supported in their roles. One staff member said, "If we have any queries we can go to [registered manager]. They listen to me. I feel supported." Another staff member told us, "If I was worried about anything they would listen to me. We have a 'what's app group' now that has been set up. It's a good source of support." However, one staff member told us, "I do not feel that I can talk to my manager. I can't always get hold of them. When I visit the office there is nowhere to talk privately." Another staff member commented, "Sometimes I feel that [registered manager] and [provider] favour other staff. They are good friends with some of the staff." The registered manager told us that they had made changes to the way they communicated with the staff to try and improve this. They explained that they had arranged a group for staff that had been set up securely so staff could communicate with each other in a secure forum. The registered manager also told us that they sent out monthly memos for staff that included key information, updates on practice, feedback that had been received from people and an initiative called employee of the month. They told us that this was decided based on feedback from people, if the member of staff had gone above and beyond and feedback from staff.

The registered manager told us that a new member of staff had been employed as part of the management team. This role was to support with completion of paperwork and also to allow the registered manager to carry out checks on staff practice while they were working directly with people.

People told us that they were happy with the service that they received. One person said, "I couldn't manage without them. It is really good having them. Nothing is too much trouble." Another person commented, "I am very happy with the care I get." Staff agreed that they felt that JaMax Homecare was providing a good service. One staff member said, "They do everything really well. It is a good company." Another staff member told us, "I am happy working at JaMax. We are getting training now. There isn't really anything they could do better."

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They could explain details of incidents that would need to report to CQC.

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 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not established and operated effectively to ensure compliance. The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity effectively.