

Good Companions (Durham) Limited

Good Companions (Durham)

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 16 and 19 November 2015 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was last inspected on 11 March 2015, at which time there was insufficient evidence to rate the service. At this inspection on 11 March 2015 it was established that the provider had not protected people against the risks of being cared for by unsuitable staff. This was a breach of

Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was also established that the provider had not protected people against the risk of unsafe care relating to medicines. This was a breach of Regulation 13 of the

Summary of findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the service had addressed these issues when we inspected the service on 11 and 16 November 2015.

At the inspection on 11 March 2015 we also found the provider failed to have in place accurate, contemporaneous and secure records. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the service had rectified the issue we had raised with them during the inspection of 11 March 2015 but that there were new breaches of this regulation during the inspection of 11 and 16 November 2015. This was with regard to the accuracy of care records of people who used the service.

At the inspection on 11 March 2015 we also found the provider failed to protect people against the risk of having staff in place who has not received appropriate training and professional development. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection of 11 and 16 November we found that staff had received recent training in medicines administration and moving and handling. We also found they had received training specific to the needs of people's particular nutritional needs. We found however staff continued to provide care for people without appropriate training, such as infection control and basic food hygiene. This was a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the provider failed to adhere to its own recruitment, induction and supervision policies in order to ensure employees were fit and proper persons. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good Companions (Durham) is a domiciliary care provider based in Durham providing personal care and support to people in their own homes. There were 23 people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that adequate numbers of staff were on duty to meet the needs of people who used the service. Staff underwent pre-employment checks with the Disclosure and Barring Service (DBS) and, when we spoke with them, they were clear about their safeguarding responsibilities. We saw other pre-employment checks were not carried out consistently and gaps in prospective employees' employment were not investigated. We saw that staff recruitment file audits had not taken place, despite being outlined as an action to be taken by the provider in a letter to CQC dated 24 June 2015.

We found that risks were managed and mitigated through pre-assessment and ongoing assessment. People using the service told us they felt safe and we saw that the service operated an out-of-hours phone line in case of unforeseen circumstances.

We saw that no medicines errors had been made on the Medication Administration Records (MAR) and recent medicines administration training had been implemented.

We found that staff had not received an induction as per company literature such as the Staff Handbook and Service User Guide and that appropriate training had not been provided prior to new staff caring for people.

People told us that that consent was sought both at the initial care planning stage and when care staff visited people who used the service.

Staff told us that staff supervisions and ad hoc support occurred regularly, although the documentation pertaining to these were not up to date or in line with company policy. We saw staff meetings happened regularly and that staff felt supported to perform their role.

Summary of findings

People told us staff were caring, compassionate and warm in their care. External professionals also told us that they considered the care provided to be compassionate.

We saw that people were encouraged and supported to contribute to their own care planning and review, with family members similarly involved.

We saw that personal sensitive information was stored securely and care plans were reviewed regularly. Where people's needs changed, these reviews were brought forward and care provision amended accordingly. People told us the service was accommodating to their changing needs and preferences and we saw multi-agency involvement in reviews.

People's hobbies and interests were supported and encouraged through care plans that were person-centred.

The service had a complaints policy in place. People who used the service were made aware of the complaints procedure and told us they knew how to complain and who to, should the need arise.

The majority of people who used the service told us the registered manager was approachable and we found them to have a good knowledge of people who used the service.

The service had failed to improve in a number of areas previously brought to its attention following the last CQC inspection of 11 March 2015, notably staff training, induction and recruitment processes. You can read more about the action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Gaps in employment history were not always explored which meant the service was not always sure if people were suitable for the role.

Medicines training had been implemented recently and there were no errors identified regarding medicines administration.

Environmental and personalised risks assessments were in place for people who used the service.

Requires improvement



Is the service effective?

The service was not always effective.

Training such as food hygiene, infection control and first aid had not been given to new members of staff prior to caring for people.

The induction process outlined in company literature was not delivered to any members of staff.

People's healthcare needs were met through liaison with external healthcare professionals.

Requires improvement



Is the service caring?

The service was caring.

People who used the service and their relatives were unanimous in their praise for the caring attitudes of staff.

People were involved in their care planning through initial and ongoing review.

People generally received high levels of continuity of care and knew who would be providing care on a regular basis.

Good



Is the service responsive?

The service was responsive.

People's care needs were reviewed regularly and with multi-agency involvement.

People's hobbies and interests were respected, with care staff taking an interest and enabling people to maintain independence.

The service had a clear complaints process in place that people knew how to use.

Good



Is the service well-led?

The service was not well-led.

Requires improvement



Summary of findings

Actions the provider committed to undertaking had not been taken since the previous CQC inspection.

There were significant inconsistencies between company literature and how the service was managed in practice.

People who used the service and their relatives were generally complimentary about the levels of communication they received from the management of the service.

Good Companions (Durham)

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 16 and 19 November 2015 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of two adult social care inspectors.

During the inspection we reviewed nine people's care files, looked at 25 staff records and reviewed a range of policies

and procedures. We contacted nine people who used the service, speaking with them and their relatives. We also spoke with eight members of staff: the registered manager, the business development manager, one member of administrative staff and five care staff. We also spoke with one external social care professional.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission, previous inspection and enforcement information.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). During this inspection we asked the provider to give some key information about the service, what the service does well, the challenges it faced and any improvements they planned to make.

Is the service safe?

Our findings

When we asked people who used the service and their relatives, they told us the service had put in place measures to keep them safe. One person said, “They did the risk assessments with me to make sure there are no issues.” Another person said, “Never a cause for complaint.”

The registered manager told us safeguarding training and awareness formed part of the induction for all staff and, when we spoke with staff, they displayed a shared understanding of safeguarding principles. They were clear on the potential causes of abuse and what steps to take should they suspect abuse. This meant that staff had been trained to understand safeguarding principles in order to keep people who used the service safe.

We saw there had been one safeguarding incident recently, which had been promptly brought to the attention of the registered manager. We saw the incident had been managed appropriately, with clear lines of communication with external agencies and the dignity of the person using the service paramount in resolving the issue.

The registered manager made an environmental risk assessment when visiting people who may choose to use the service. This included assessment of fire risks, trip hazards and any risks pertaining to the control of substances hazardous to health (COSHH). People we spoke with confirmed risks and how to mitigate them were discussed at the first meeting with the service and that they subsequently had personalised risk assessments in place when they began using the service. We saw a range of individualised risk assessments dependant on the person’s individual’s needs. This meant that people’s needs as well as their environment were considered in order to identify and manage risks.

We saw one person had been put at risk of harm due to an error regarding their oxygen administration recently. We saw the staff member involved had been removed from caring for the person until the incident could be investigated. When we spoke with the relative of the person who had been put at risk they were content with the manner in which the issue had been resolved and described the incident as, “Human error,” and that, “Good Companions have been excellent – can’t fault them. They resolved it and dealt with it – [staff member] was distraught.” We reviewed the person’s care records and saw

that the risk of such an error happening again had been incorporated into the risk assessment on file. There were clear instructions in place to mitigate against the risk of the incident recurring.

The service operated a 24 hour telephone line in case people needed to be in touch out of office hours. When we spoke with people they confirmed this number had been made available to them.

Whilst there were no disciplinary processes underway, we saw that one member of staff had recently had their contract of employment terminated during the probationary period. We saw communications from the registered manager to the individual complied with the respective policy.

At the last CQC inspection of 11 March 2015 we found the provider had not protected people against the risks of being cared for by unsuitable staff in that they had allowed care staff to work with people prior to ensuring they were not barred from working with vulnerable adults or had convictions or cautions that could indicate they presented a risk. A warning notice was served on the provider stating that they must be compliant by 7 August 2015. At this inspection we found all members of staff who had been employed since the last inspection had relevant DBS checks carried out. These checks showed that prospective employees were not barred from working with vulnerable groups. We saw the provider had ensured prospective staff provided proof of identity, such as driving licenses and passports.

At the last CQC inspection of 11 March 2015 we raised concerns about the provider’s failure to explore gaps in employment history and, in a letter to CQC dated 24 June 2015, the provider stated they had amended their application form to stress the importance of accurate employment history dates. The service’s recruitment policy also clearly stated, “Gaps in the appointee’s employment record are routinely explored.” We saw one staff recruitment file regarding a member of staff who started working for the service after 7 August 2015 where clear gaps in their employment history had not been explored. We also saw another recent staff file that contained no evidence that references had been verified. When we asked the provider about these gaps in employment and lack of verified references they acknowledged their recruitment processes still, “Needed work.”

Is the service safe?

The service had recently employed a pre-employment checklist to ensure all pre-employment checks were carried out. We found this to be incomplete in the recruitment file of one staff member. We found the service to have an adequate recruitment policy in place but that recruitment practices did not always adhere to that policy. For example, the service's recruitment policy stated, "Two written references are obtained before an appointment is confirmed." We found one member of staff employed after 7 August 2015 to have one reference in place. This demonstrated the provider had not successfully implemented their pre-employment checklist. Whilst the service vetted prospective members of staff to ensure they were not restricted from working with vulnerable people, it did not always follow its own pre-employment vetting procedures to ensure it employed staff who were of good character and suitably skilled and experienced.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff we spoke with felt staffing levels were appropriate. The majority of people who used the service told us that the right number of staff, as agreed through care plans, always attended. Two people who used the service told us about instances whereby carers had been late, but confirmed they had never been put at risk. One person

confirmed that the service had contacted them in advance when the delay had been more than fifteen minutes. This meant that people had not been placed at risk of neglect through missed calls.

We reviewed procedures for the administration of medicines and sampled the most recent Medication Administration Reports (MARs). There were no errors in the records we reviewed. One person who used the service told us, "Medication is meticulously dealt with." The registered manager showed us a recent medicines audit which rightly identified errors in previous MAR recording and addressed those errors. At the last CQC inspection on 11 March 2015 we identified the provider had not protected people against the risk of unsafe care relating to medicines. We found the provider had taken steps, notably the implementation of medicines administration training and medicines audits, to ensure people were protected against the risk of unsafe medicine practices.

The registered manager confirmed there had been no recent disciplinary actions or investigations, although we saw one member of staff had recently had their contract terminated during the probationary period due to proving unreliable and unfit for the role. This meant the service was able to protect people who used the service from unsafe care through robust management action where appropriate.

Is the service effective?

Our findings

During the CQC inspection of 11 March 2015 the lack of appropriate training for staff constituted a breach of regulations. During this inspection we found some improvements had been made but training provision, documentation and planning still needed improvement.

At the last CQC inspection of 11 March 2015 staff had not been adequately trained to administer peoples' medicines. During this inspection we saw recent medicines and moving and handling training had taken place. When we spoke with staff they had a good knowledge of people's medicinal needs.

We also saw training had been put in place for staff supporting people who required percutaneous endoscopic gastrostomy (PEG) feeding. A PEG is a tube passed into a patient's stomach through the abdominal wall as a means of feeding when oral intake is not possible or adequate. One relative told us, "[Person] needs a lot of physical support and they're equipped to do moving and handling." All people and relatives we spoke with were confident in the ability of staff to undertake their care needs competently. Another person said, "They visited before the care was given, so they knew what to do," and, "They're really supportive, I can't fault them."

It was also evident through discussions with staff that they had a sound awareness of other core topics such as safeguarding and mental capacity, however there was no evidence that staff had received training from this employer in these subjects. The registered manager had a training matrix in place but this had not proved effective in ensuring staff were trained appropriately to provide care for people who used the service. For example, we saw Infection Control and Basic Food Hygiene had yet to be implemented for care staff who had already performed aspects of care pertinent to these areas. We saw training in these areas had been booked for later in the year but the registered manager acknowledged this training should have been in place prior to staff giving care. This meant the service had failed to address failings in its provision of staff training.

A failure to implement the staff induction was also identified as an area of concern at the previous CQC inspection of 11 March 2015. At this inspection we found this still to be the case. Staff experience of the service's

induction programme was inconsistent. One member of staff told us their induction experience consisted of, "A couple of hours with [registered manager]." Another confirmed the induction consisted of, "Going through policies," but could not recall further details. All staff confirmed they felt adequately supported. We also saw staff meetings happened regularly, were recorded, and evidenced a range of issues being openly discussed and resolved. New members of staff were also welcomed at these staff meetings. This meant, whilst staff received ad hoc guidance and support from the registered manager, they had not undergone the induction training as set out in the Good Companions Staff Induction Pack. This stated staff would receive training such as 'how to deal with clients that have communication difficulties', 'Understanding Hypothermia', Basic Food Hygiene and palliative care. The Service User Guide also stated that all staff received this training, "As standard." No staff we spoke with had received these aspects of training whilst at Good Companions.

This was a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the documentation and planning of supervision meetings and outcomes to be inconsistent. Staff supervision meetings take place between a member of staff and their manager to review progress, address any concerns and look at future training needs. We saw a number of staff files referenced supervision meetings but the majority of staff files contained no evidence of the meetings having taken place. The Staff Supervision policy indicates that a 'supervision record' will be kept following the meeting as a means of ensuring any issues raised can be addressed. We saw these meetings had not been documented for the majority of staff. When we spoke with staff they told us they were well supported and that they had regular supervision and appraisal meetings. This meant, whilst staff were supported by their managers, the service was failing to accurately document staff support procedures in line with its own policies and procedures.

We also saw advice from external healthcare professionals, such as Speech and Language Therapist (SALT) and the District Nurse, were incorporated into care records. When we spoke with an external professional they told us the service liaised well with them to ensure people's diverse health needs were met.

Is the service effective?

With regard to nutrition, people told us they were supported with their dietary requirements in a calm, unhurried fashion and that their preferences were respected. All staff we spoke with were aware of the nutritional preferences of people who used the service and people we spoke with were pleased with the support they received. This meant that through involving people, the service encouraged and supported people to maintain a balanced diet.

We saw people's consent to care was documented in care plans and, when we spoke with people and their relatives, they confirmed they had given consent to care and that care staff continued to ask if they were consenting to aspects of care on an ongoing basis.

Is the service caring?

Our findings

People we spoke with consistently praised the caring attitudes of staff. One person said, “They’re absolutely outstanding. They help with so much.” Another person said, “They don’t rush and I’m very happy. One lady was absolutely excellent. I’ve been with a few different firms and they’re the best,” and another, “Really pleased with the care they give.”

One relative praised the connection carers made with a person who used the service, stating, “They fuss [person] and know when to make a joke.” Other relatives consistently told us about the rapport that staff had developed with people who used the service. One said, “They’re like a family to us now.” This meant staff had formed and maintained meaningful relationships with the people they cared for.

We saw a range of recent thank-you cards in the service, with comments including, “The girls were fantastic; nothing was too much trouble” and, “You should be very proud of these carers. They are a credit to you and your company.”

People who used the service and their relatives told us that, for the most part, the service maintained a level of continuity in terms of the carers who attended people. Whilst two people told us there were sometimes changes to their carers, one confirmed advanced notice would be given and that, generally speaking, the person who used the service did know who would be coming to provide personal care. Other people praised the fact they knew who would be arriving to provide care. One person said, “I like continuity – it’s nice to know who’s coming.” Another said, “We always know who’s coming.” We saw the service organised the rota to ensure that three sub-teams of carers covered three areas of Durham, meaning it was easier to ensure people received the same carers regularly. When a new carer was introduced to a person, people confirmed

an experienced member of staff would always accompany and introduce them. People told us this served to further alleviate anxieties people may have felt about the prospect of a new carer. This meant the service maintained a continuity of care for people who used the service, enabling them to build on the meaningful relationships made and have trusting, informed interactions with staff.

With regard to care plans, people we spoke with were aware of the plans in place to manage their needs and had played a part in care planning. One person told us how they had met the registered manager and carers and how, “Open and professional,” they had been to questions from the person regarding their experience and suitability. They said, “We established that they could do the job then agreed what we needed to put in place. They have been great; really compassionate.” This meant people were treated as partners in their own care planning, with their input valued and meaningfully acted upon.

People consistently told us they were treated with dignity and respect by care staff. Relatives and people who used the service confirmed their permission was sought before the service shared their confidential information with other healthcare professionals. People also confirmed they were active participants in care planning and their views were sought. Whilst no one using the service was using an advocate, the involvement of relatives meant there was a level of natural advocacy supported by the service. We saw there was also clear information about how formal advocacy support could be sought in the Service User Guide provided to people who used the service. This meant that people were empowered and supported to be involved in their care.

We saw that sensitive personal information was stored securely in locked cabinets and entrance to the service was via a door requiring a security fob. This meant that people’s confidential information was stored securely.

Is the service responsive?

Our findings

One person who used the service said, “They fit in with us.” One relative told us how they had changed jobs recently, which could have had an impact on their contribution to caring. They stated the service, “Were exceptional about changing things around so that I can carry on contributing.” We saw that care plans had been reviewed regularly and people confirmed they had been involved in the review process. Another relative told us, “I’m involved in reviews. They had one recently and the Social Worker was involved. They were flexible with us, which meant we could have a day off.”

This level of praise was not unanimous, with one person we spoke with raising concerns about the flexibility of the service. They said, “They sometimes only look at things from their point of view... sometimes they lack attention to detail.” We found the consensus of people who used the service and relatives we spoke with to be that individual carers and the service as a whole were responsive to people’s changing needs.

Care plans were person-centred to a degree and included people’s backgrounds, likes, dislikes and personal interests, some of which were valued and engaged with by carers. For example, one person took an interest in embroidery and quilt making. We saw this was documented in the care plan and, when we spoke with the person, they confirmed carers knew about this and took an interest in their projects. Another person’s care plan indicated they liked walking to local shops and a local beauty spot, as well as watching

snooker. When we spoke with them, they confirmed carers supported them to continue these activities. This meant care was provided with regard to people’s individual preferences and needs.

One relative said, “They keep me involved with the reviews. They keep me informed and if I make any suggestions they make changes.” One person said, “If I’ve needed changes they’ve definitely seen to it.” We spoke with a range of people, relatives, the majority of whom confirmed their needs were responsively supported. One external social care professional told us the service worked closely with them to support the complex needs of one person. This meant the service was equipped to deal with people’s changing needs through regular review and liaison with external professionals.

Care was personalised through involvement with people receiving care and those who knew them best. All people and relatives we spoke with confirmed that they were involved in care plan planning and reviews. People’s preferences were noted prior to using the service and care planning was responsive to the changing needs of people.

The service had a complaints policy in place and we saw the complaints process was made clear in the Service User Guide. There had been no complaints recently but people we spoke with were clear they knew how to complain and to whom if they needed to. One person expressed concerns about the ability of the service to rectify issues raised with them but, through speaking to a broad sample of people who used the service and their relatives, this was not the consensus.

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service.

At the previous inspection we found there to be a lack of transparency in the recruitment of staff and concerns regarding the standard of auditing. In a letter to the CQC dated 24 June 2015 the provider stated, “Regular auditing of staff recruitment files will take place and also on an ad hoc basis.” Since the last CQC inspection of 11 March 2015 the business development manager had taken over responsibility for quality management. We saw some processes were effectively audited, such as medicines administration and daily records. We saw these had been regularly checked and improvements brought to the attention of staff where appropriate. We found the audits regarding staff recruitment files, as referenced in the letter by the provider, had not taken place. We asked the provider why these had not taken place and they stated they, “Hadn’t got to it yet.”

At the last CQC inspection of 11 March 2015 we found the provider failed to have in place accurate, contemporaneous and secure records in that care plans were not stored securely. At this inspection we found this was no longer the case but we did find a number of people using the service had care plans which did not have all aspects completed, notably a question regarding whether they had diabetes. Staff we spoke with were aware of the needs of each person they cared for and were able to talk in detail about the support provided to anyone with diabetes. This was not however reflected in care documentation. Likewise, one care record contained an assessment intended to monitor a person’s risk of developing pressure sores. We saw that this form had not been filled in. Staff again displayed a sound knowledge of the person’s needs and how they managed this aspect of their care but this was not however reflected in care documentation.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people we spoke with who used the service told us they had positive experiences of communications with the registered manager, although people who used the service and their relatives were not unanimous in this

regard. For example, one person said, “Communication is not good,” and one relative said, “It seems there’s no co-ordination from the office.” This meant that people had received a varying level of managerial accountability from the service. The consensus was that the registered manager had a personal awareness of their needs and had been involved in the pre-assessment process, as well as providing support to care staff when required. One person said, “The manager came out two or three times to discuss everything.” One relative told us, “Management call from time to time to catch up and check we’re okay and cared for. It’s very much a joint effort.” We spoke with one external social care professional who stated, “They seem pro-active – they feedback concerns to me,” and, “They seem to go out of their way to put things right.” This meant the registered manager had an understanding of the day-to-day workings of the service and the people who used the service. It also meant, whilst some people who used the service had experienced communications they considered less than good, the majority of people we spoke with across a range of contexts spoke positively about their interactions with the registered manager.

Staff we spoke with were consistently passionate about the care they gave to people who used the service and the culture was focussed on the wellbeing of people who used the service.

Staff we spoke with told us they felt supported and that there were no barriers to communication with the registered manager. A staff survey had not yet been undertaken but the registered manager showed us plans for the survey they intended to send out. With regard to a survey of people who used the service, this had happened recently and we saw that all respondents had confirmed they were satisfied with the service and no suggestions were made with regard to improvements.

We looked at a range of policies, with varying results. For example, the advocacy policy had been recently reviewed and accurately reflected the process staff had told us about. We found the disciplinary policy however to be incomplete, with missing sections in relation to who would conduct a disciplinary hearing and how long a member of staff would have to appeal against a disciplinary decision. We found there to be inconsistencies between the content of policies and how practice was implemented, particularly with regard to staff supervision, induction and training.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the provider did not maintain accurate, complete and contemporaneous records in respect of each service user.</p> <p>We found the provider did not have in place systems or processes to assess, monitor and improve the quality and safety of the services provided</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found the provider had not protected people against the risks of having staff in place who had not received appropriate training and professional development.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found the provider had not taken sufficient steps to ensure fit and proper staff were employed by the service.</p>