

# Reliance Employment Limited

# BB Healthcare

## Inspection report

Hanse House  
St Margarets Lane  
Kings Lynn  
Norfolk  
PE30 5DS

Tel: 01553761400

Date of inspection visit:  
13 September 2016

Date of publication:  
24 October 2016

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 13 September 2016. BB Healthcare provides support and personal care to people living in their own homes in Kings Lynn and the surrounding area. On the day of the inspection there were 61 people using the service who received personal care.

The service did not have a registered manager in place at the time of our inspection and has not had one since July 2016. However a new manager was in post who intends to apply to become the 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 supported by care workers who understood the risks people could face and knew how to make people feel safe. However people were not supported in the safest and least restrictive way possible.

People were supported by a regular individual or group of care workers who they knew. People's medicines were not always managed according to best practice guidance.

People were provided with the care and support they wanted although care workers had not been fully trained in some areas of this. People provided consent to their care when needed but their human and legal right to make decisions for themselves may be overlooked.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from care workers who understood their health needs.

People were treated with respect by care workers who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People's care plans did not contain all the required information to ensure their care and support was delivered as needed. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

There had been recent changes made to the management of the service who had recognised that improvements were needed and had begun making these. Previously areas of improvement to the service had not always been recognised or acted upon.

## 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 entirely safe.

People could not rely on their medicines being managed safely.

People could not be assured they would be protected from avoidable risks when being supported.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported by a sufficient number of staff to meet their planned needs.

### Is the service effective?

**Requires Improvement** ●

The service was not entirely effective.

People were cared for by a staff team who were not fully trained to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged, but their right to be protected by the MCA may not be.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

### **Is the service responsive?**

The service was not entirely responsive.

There was a risk that people may not receive the care and support they required because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not entirely well led.

Improvements to the service had not been identified and some concerns that were raised had not been acted upon.

Changes to the management of the service had not yet had the time needed to bring about improvements.

**Requires Improvement** ●

# BB Healthcare

## 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 13 September 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some commissioners (who fund the care for some people) of the service and some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with 12 people who used the service and six relatives. We also spoke with six care workers, a recruitment officer and the manager.

We considered information contained in some of the records held at the service. This included the care records for six people, staff training records, three staff recruitment files and other records kept by the manager as part of their management and auditing of the service.

## Is the service safe?

### Our findings

Care workers told us that the correct equipment was provided to enable them to provide safe care, however when discussing some people's care we were told about some past and one current situations where people were supported with their care without the required equipment being provided. The current situation involved using unsafe moving and handling procedures and placed the person at risk of injury. The care worker told us they had reported this to a member of the office staff but no action had been taken, so they had continued to use the unsafe moving and handling procedure. This risk posed to the person had not been identified when the initial assessment had been completed or when the person's care had been reviewed.

We informed the manager that a person was receiving unsafe care and they made arrangements for the person to be assessed the following day. This was to identify if they needed to request an assessment by an occupational therapist (OT) to see if any additional equipment was required. The manager informed us after they had visited the person that an urgent request for an OT assessment had been made, and the required equipment had been provided so the person could receive their care safely.

During our visit one care worker called the manager for advice due to a problem they had found with one person's medicines. This took a considerable amount of investigation to identify what had caused the problem. This included contacting healthcare professionals and then a senior staff member visiting the person's home. The problem was identified as having occurred recently and then action was taken to rectify this, however the problem should have been identified at an earlier opportunity. The manager told us they would arrange for additional training for staff who had not identified this previously. The manager also said that they were confident this problem would have been identified straight away under normal circumstances, however both of the person's regular care workers had not been working when this problem arose.

One care worker described how they administered one person their medicines. This was following a routine requested by a relative, however this did not follow the recommended safe practice for administering medicines and was not recorded in the person's care plan. The care worker told us they had informed a member of the office staff about the request but no action had been taken. Following our visit the manager informed us they had spoken with the care worker and the relative and implemented the correct procedures to follow.

Care workers told us they had received training on the safe handling and administration of medicines, but this had not been followed up with competency assessments of their practice when administering medicines when they were working. The manager told us they had undertaken some staff competency assessments but had not yet had the time to complete these for all staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe using the service and they were treated well by the staff who visited them. A person who used the service told us, "I am very happy with the care I have and most definitely feel safe when they are here. I couldn't understand anyone not feeling safe with them." Another person said, "I feel very safe with them, they have the right personalities." Other people told us things that made them feel safe using the service included having the same care workers visit them and the way the care workers approached their work.

Care workers were able to describe the different types of abuse and harm people may face, and how these could occur. Care workers told us they had completed a course on safeguarding and protecting people from abuse. Whilst they were able to describe signs and symptoms that would alert them that a person may be at risk of abuse they said they had not come across a situation where they suspected a person was at risk of harm or abuse. Care workers said they would inform one of the office staff if they did have any concerns, and the office staff were aware of who they needed to notify if they were informed of any allegation or suspicion of abuse. Care workers told us how they tried to promote and encourage people to be safe from harm, for example reminding people to lock the doors and windows and not leaving money lying around or telling people where this was kept.

Most people received their care and support in a way that had been assessed for them to receive this safely. One person said care workers, "Keep an eye on me to make sure I'm safe, they have assessed what I can do." The provider informed us on their PIR that all staff received practical and theory manual handling training. People told us staff who visited them knew how to use any equipment, such as mobility aids, safely. One person told us how care workers prepared their shower so they could use this safely. They said this was done by, "Putting down the non-slip mat and then put my shower stool in." They added, "I can then use the shower safely and not worry I might fall." A relative told us, "They help [relation] transfer safely."

With the exception of the person who was receiving unsafe care, other people confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely. A person told us when someone had come out to carry out their initial assessment, "They looked round and said there were no tripping hazards."

People told us they normally received their care and support from the same individual or group of regular care workers. The provider informed us on their PIR that they tried to provide continuity of staff and where this was not possible they kept people informed. A person told us, "I usually have the same (care workers) they work to a rota." People also said that when a care worker who regularly visited them was absent from work another care worker they knew attended their call. One person told us, "If my regular ones (care workers) can't come they (the agency) have someone else on the books that I know and I am happy with."

Care workers told us they were usually allocated calls to the same people which provided them with a continuity of care. The manager told us they covered any calls where a care worker was off work through the goodwill and flexibility of care workers and office staff. The manager told us that they had an unexpectedly high number of care workers absent this week, but they were managing to cover all the calls they had planned. We heard the manager making arrangements during our visit to cover calls when a care worker had been unexpectedly unavailable for work that day. One care worker told us they would take on extra calls as long as it did not affect their already planned calls.

The recruitment officer, who was new in post, told us they were looking to continually recruit new staff. The manager told us they had sufficient staff to run the service safely. They went on to say that whilst they were looking to support the service to grow this could only be done when they had sufficient staff employed to support this.

There were sufficient staff employed to provide people with consistent care and support which met their needs at the time it was planned for. People told us their personal care visits usually took place at the time planned. One person told us, "They are usually punctual, their timekeeping is good." People appreciated that there could occasionally be a delay because their care worker had run into some unforeseen circumstances, such as needing to extend their time at a previous call or unexpected traffic problems.

Care workers told us they always stayed the full time of the planned call. They spoke of being able to contact office staff if they were delayed with a person and said they would make arrangements for the next person's call to be covered or to inform them that the care worker was running late. One care worker told us how they would not leave anyone if they had any concerns about their wellbeing and said, "If I call the office (staff) they will get my next call covered."

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. We saw staff recruitment files contained the required information and recruitment checks.

People were encouraged to manage their own medicines, but support was provided to people if they required this. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or they were supported to do so by a relative. One person told us a care worker would, "Put on a (medicated) patch as I can't reach. I can manage the rest (of my medicines)."

Other people who required support with their medicines told us this was provided in the way they wished it to be. One person told us, "They make sure I take it (my medicines) as sometimes I forget." Another person said, "I have a lot of medication they make sure I get it in the right sequence." People also told us care workers made a written record when they supported them to take their medicines, and if needed they were assisted with ordering them.



## Is the service effective?

### Our findings

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.

Some people had a representative with a court order permitting them to act on their behalf. We found that there was not always a copy of this legal document to evidence that the order had been made, so that a representative could make certain decisions on the person's behalf.

We also found that the service was not working within the principles of the MCA. People who may not be able to make certain decisions for themselves had not been assessed to determine if they were able to do so. The manager and a care worker told us about one person's circumstances which involved a decision that had been made. There had not been an assessment completed to assess whether the person had the capacity to make this decision for themselves, and if they did not, ensuring that this decision was made following the requirements of the MCA in the person's best interest. The manager told us this decision had been part of the person's initial care package and they would take any action needed to ensure the MCA was complied with.

People had the opportunity to give their consent and make decisions for themselves. People told us care workers asked for their agreement before they provided them with any assistance. They also told us care workers asked them what they would like to be done. One person said care workers, "Ask what they can do, they are always willing." Care workers told us they asked people for their consent prior to providing them with any personal care. One care worker said, "If they say yes fine, but if not they have the final word."

People had signed their care records to show they consented to the plan for their care. One person said when they started to use the service, "I signed my care plan, it's me saying what I need." A relative told us their relation, "Signed their care plan when they first came to see them."

People described being cared for and supported by care workers who had the skills and knowledge to meet their needs. A person who used the service told us, "I am quite surprised you wouldn't expect them to have so many skills." Another person said, "I never realised there was such an organisation who could provide what I need." People spoke of feeling confident in the care workers who visited them, one person said this was because, "They are skilled, they have training before they start." Another person told us care workers who visited them had been, "Taught how to lift people out of bed properly." Some people spoke of care workers doing further training. One person told us two care workers who visited them had just completed a health and social care qualification, which had included them being assessed during a visit to them.

We looked at the training matrix which showed what training staff had received and if any training needed to be updated. The training matrix was not up to date with the training staff had received, however we were

still able to identify that there were some staff who had not received the training they were expected to have completed to ensure they knew about the safest and latest best practices in connection with people's care. The manager showed us a list of training some care workers needed to complete and said there were plans made for them to receive this training through watching some training DVDs. The manager spoke of, "Playing catch up" with training and told us they were working with the manager of another service to develop a more detailed training programme which would include more face to face training.

We did not speak with any recently appointed care workers, however those we did speak with told us new staff were provided with an induction before they took up their role. The manager showed us an induction programme they followed which was designed to follow the care certificate. The manager told us this was also an area of training they were looking to develop. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

People who were supported with their nutritional intake were provided with the assistance they needed to have enough to eat and drink to maintain their health and wellbeing. Some people told us this involved assisting them to prepare meals for themselves and other people said care workers would prepare a meal for them. One person said the help they needed was for care workers to, "Prepare my vegetables ready for me to cook as I can't stand for too long", whereas another person said they needed care workers to, "Cook me a meal every day." A person told us when they could not decide what they wanted to eat care workers would encourage them to do so by saying something like, "Come on, let's find something." People also spoke of care workers making them a drink during their visit and leaving a drink for them when they left.

Care workers told us they encouraged people to eat and drink well. They told us this involved preparing or heating up meals and making people drinks. Care workers also said they left a drink for people who could not easily make one for themselves at the end of their visit. One care worker described how they spent time encouraging one person to improve their nutritional intake. This involved having calls designated specifically to support the person with their nutritional intake and described how they used these to engage with the person and encourage them to eat well. The manager told us they monitored the amount of food and fluids one person consumed to ensure they were having the amount needed to maintain their health and wellbeing.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person told us how a care worker had recognised they were not looking well and suggested they carried out a test for a healthcare condition they had. The person said, "They were right, they are observant to that degree. They understand about [healthcare condition]." Another person said, "I feel they understand my health issues and they always make sure I'm wearing my alarm." Yet another person told us a care worker was accompanying them to a hospital appointment the following day.

People told us staff would ask them how they were feeling and showed consideration if they were not feeling well. They said staff would carry out checks on them, including checking their skin for any marks and blemishes. A relative told us, "They definitely do keep an eye, they advise me to call the district nurse or doctor if they have any worries."

Care workers told us they recognised when someone was not feeling well because they got to know people well and recognised any changes in how they looked or presented. Some care workers described how they supported people with health conditions and we saw some training had been provided on certain illnesses. One care worker described the approaches they followed to support one person who was living with dementia. They told us these enabled them to successfully engage with the person and provide them with

the support they needed. However there were some people who had other health care conditions care workers had not received any training about. We found care workers had different understandings of these based on their own personal experiences.

## Is the service caring?

### Our findings

People described the care workers who supported them as attentive, caring and understanding. One person told us care workers, "Always ask if there is anything else I need. I feel I am really lucky to have them." Another person told us care workers were, "Very helpful, they are genuine people and do it (this work) to help people." A relative told us how their relation looked forward to the care workers visiting and another person said the care workers who visited them were, "Top notch."

People also told us they enjoyed having conversations with care workers who were professional in a relaxed and friendly manner. One person who described care workers as, "Highly professional" also said, "We have a chat and a laugh." The provider informed us on their PIR that staff training included equality and diversity. This was supported by one person who told us how care workers understood their physical disability in a sensitive and understanding manner.

Care workers told us they found their work rewarding and that they enjoyed helping people. They spoke of reducing people's stress, anxiety and worry. One care worker told us, "I wish I had discovered this (work) 20 years ago, I love it." Another care worker described how they had relieved one person's concerns about them going on holiday. They had prepared a list of the person's preferences and how they liked things to be done to pass to care workers who would be visiting whilst they were away. They told us, "I know it is in the care plan, but it reassures them." Care workers spoke of how they maintained their professionalism but said they were still moved by the people they cared for.

The provider informed us on their PIR, "During the interview process we would establish whether the applicant possessed the qualities to make a 'caring' carer." The manager described the staff team as caring and said the service benefited from their flexibility. The manager also told us, "The staff care about our clients and the standard of care they provide."

People told us they were involved in planning their care and support and making decisions about this. A person said, "I control my care, it is what I want." Another person told us, "I said I wanted an early call and that is what I get." A relative told us their relation, "Manages their care how they want it."

Care workers told us how people were able to describe the care they wanted which they did their best to provide. One care worker said, "They (people who used the service) get the care they want how they want it done." The manager echoed these views and said they would only ever offer to take on anyone new to the service if they had the resources to provide people with the calls at the time they wanted them.

The manager told us that the new care plan format they had introduced was more person centred and focussed on people's likes, dislikes and any preferences for their routines. They also said these included information about people's interests and any significant events or information people had wanted to share about themselves and their earlier lives.

The manager told us no one who used the service at present had the support of an advocate. They said

anyone who did have an advocate would have their support in empowering them to make informed choices. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People told us they were treated with respect and had their dignity maintained when they used the service. A person told us, "I would feel uncomfortable if they stood there like a statue, but they never make me feel uncomfortable, which is a big thing to me." Another person said when a care worker had spoken in a way they had not felt was respectful they had, "Told another carer" and then said, "Who maybe had a word with them as they have been a lot better since." People also said care workers respected the confidentiality of people they visited. One person said, "They don't discuss any other clients with me."

Care workers described the practices they followed to enable people to have their privacy and dignity respected when they supported them. These included following dignified practices when providing people with personal care. One care worker told us, "There are little things we do that can mean a lot to a person." They gave an example of how they included taking one person out for a brief walk during their visits to them. The care worker said the person could not walk far but doing this, "Made them feel good."

## Is the service responsive?

### Our findings

People may not receive the care they require due to this not being clearly explained in their care plans. The manager described the care plans as, "Work in progress" and said that they were rewriting everyone's care plan. They told us details about people's care using the old care plan system had not been kept up to date or reviewed as they should have been. They showed us a list of people who they had already reviewed their care and updated this onto the new care plan format, and others who still needed this to be done. We identified some concerns about one person's care and the manager arranged for the person to have their care reviewed the following day. We found other care plans did not contain sufficient detail in how to meet people's needs.

Care workers told us new care plans had been introduced which were in place for some people. They told us these were good and described what care people required. Care workers also said if they found any changes or something needed to be added they could pass this on to a member of office staff. However we found that one of the recently prepared new care plans had information mixed up about what should happen on calls at different times of the day, for example giving a person breakfast during their lunch time call. This had not been brought to the attention of office staff and the manager said this was due to trying to get people's care plans rewritten as quickly as possible, and not been properly checked to ensure its accuracy.

People told us how their needs had been assessed when they started to use the service so plans could be made on how to provide them with the care and support they needed. One person told us during their initial assessment staff had, "Looked carefully at what I needed and this was included in the plan. It gets tweaked every now and then because I want something extra adding in." The person told us they were, "Happy with my plan." Another person told us their care plan had been discussed with them in a way they were able to follow. The provider informed us on their PIR that assessments of people's needs took place at the beginning of people's care packages. They also stated people were always present at their assessment and they included any representative the person wished to be involved.

The care some people required had been kept under review to recognise if any changes were needed. One person told us, "We reviewed my care together and decided to reduce my care" whereas another person said they had increased the amount of care time they had when they reviewed their care.

People told us their care was flexible and responsive to their needs. People spoke of being able to make changes to their care, such as rearranging or cancelling a planned visit if it was not convenient. A person told us, "They always cater for my needs, if I need a later call they will accommodate me." People told us they received the service they expected. One person said care workers, "Do what needs doing." Another person said care workers, "Always asks if there is more they can do beyond what is in my care plan, they go that little bit extra."

Care workers told us that they were normally able to provide the care planned in the time allocated for the person's call. They said if they were not able to complete the care as planned they would contact the office staff who would either inform their next client they were running late or make arrangements for another care

worker to carry out the call. The manager told us the feedback they had received from people who used the service and their relatives since taking up their post had been that people were receiving good care.

People were given opportunities to raise any concerns and they were told how they could make a complaint. People said there was information about how to make a complaint included in their care plan folder. One person told us, "I was told what to do if I was not happy with anything, they said to contact the BB(Healthcare) office." The provider informed us on their PIR, "Any complaint is taken seriously and dealt with in accordance with our policy." People trusted that any concerns would be listened to and acted upon. A person said, "I ring up and say if anything isn't right then they sort it for me."

The manager told us people were given a copy of the complaints procedure with a copy of their care plan when they started to use the service. The manager said they had introduced a new system for identifying and recording any complaints made to show how these had been investigated and what action had been taken. We heard the manager discussing some concerns on the telephone with a relative and they said this had been their first complaint to record in the new system.

## Is the service well-led?

### Our findings

People may receive unsafe care because concerns raised were not acted upon. Care workers told us about occasions when they had passed information about people's care to office staff. These included issues we found during the inspection regarding the support one person was provided with in taking their medicines, people needing to be assessed for moving and handling equipment and care plans needing to be updated. The manager told us they had identified that in the past there had been occasions when information which was passed to office staff had not been recorded or acted upon. It was therefore not known what was done about issues care workers told us they had reported, but the action needed had not been taken. We were told by one relative that they had experienced problems with communication from office staff.

The manager told us on several occasions they knew they did not have all the required systems in place at the service, but added that they had made considerable inroads in a number of areas since taking up their role. The manager said when they took up the post of manager they identified there was a lack of systems and documentation. They also said there was a lack of policies and procedures, which they had now purchased and were in the process of implementing.

The provider informed us on their PIR how they had sent quality assurance questionnaires to people in order to gather feedback on their service. People we spoke with confirmed they had been sent questionnaires to comment on the services they received. However the manager told us they intended to redo the survey as the comments received from the last one had not been analysed and then used to identify where improvements to the service could be made.

The provider also informed us on their PIR, "Clients logs are encouraged to be brought back to the office monthly for auditing." However we found that this was not the case. The manager told us there had not been any client logs audited prior to the ones they had reviewed the previous month. They also told us that these records were not brought into the office in a systematic way and this was one of the things they still needed to address. We were also told that there had not been any audits undertaken of people's medicine administration records to ensure people received the support as planned to take their medicines.

The majority of people who used the service described it as well run and effective at communicating with them. A person told us, "My [relative] liaises with the office and doesn't have any problems with doing so." People told us they were provided with a weekly rota detailing their planned calls for the following week and which care worker would be carrying these out. They said they were notified of any changes to their rota. One person told us, "They let me know when I have a change of carer." We also received positive feedback about the service being well led from other professionals who worked with them and described the service as reliable.

The provider informed us on their PIR staff were encouraged to collect gloves and aprons from the office regularly. Care workers said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. The provider informed us on their PIR that there was an 'on call' system in place to provide support to people who used the service and



care workers when the office was closed. Care workers told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided.

The provider was not complying with the condition of their registration to have a registered manager in post to manage the service. The manager who was also the provider's representative, who we call the nominated individual, informed us the previous registered manager had left the service in July 2016 and that they would be applying to become the registered manager. We found the manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

People were confident in the way the service was managed. Although people we spoke with had not met the manager they spoke of the service being, "Absolutely first class" and "Running like clockwork." Staff told us they thought the service was now well managed and addressed any issues. A staff member told us, "We had fallen behind in a lot of areas, but [manager] is implementing things. It feels a lot better."

People who used the service were asked to comment on the service they received. The provider informed us on their PIR, "Quality assurance gives the client the opportunity to express their opinion on the service that they receive, and for BB Healthcare to respond accordingly." One person told us, "I get the occasional call to see how things are." Another person said, "Someone comes out from the office to check if there is anything else I need."

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were at risk of harm due to unsafe care practices being followed. Regulation 12 (2)(a) 12 (2) (b) 12 (2) (g)