

Alpha Quality Care LTD

Alpha Quality Care Newport

Inspection report

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Date of inspection visit:
11 November 2020

Date of publication:
09 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alpha Quality Care is domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Alpha Quality Care received a regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection six people were receiving a regulated activity from the service.

People's experience of using this service and what we found

We could not be assured people had received their care as required. Not all people that received care from Alpha Quality Care were confident the care they received corresponded with their assessed needs and requirements.

Although some improvements had been made in relation to people receiving their medicines in a safe way and records associated with medicine management, shortfalls were identified in relation to the use of topical creams, effective medicine audits and the implementation of medicine policies.

People's care plans were up to date and contained person centred information. However, people's risk assessments contained limited information in relation to how to keep them safe and mitigate the risk of harm. This placed people at risk of not receiving the appropriate care and treatment they required.

Infection control procedures and guidance were not always followed by staff, which placed people at risk of potential infection.

Since the last inspection the provider had made changes to improve the quality of the service, which had resulted in new systems and processes being implemented. However, these systems and processes had not been applied robustly to identify shortfalls in the service and the provider's audits had failed to identify the concerns we found. This meant that improvements required, were not recognised or acted on in a timely way.

The management team kept in regular contact with people by visiting them in their homes, checking if they were happy with the service they received and if any changes were needed.

The service worked well with other partners, organisations and commissioners.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 06 May 2020) and the service was placed in special measures. During this inspection the provider demonstrated that improvements have been made. The

service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At this inspection, although enough improvement had been made to improve the rating from Inadequate to Requires improvement, the provider continued to be in breach of the regulations.

We have identified the following breaches at this inspection.

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed.

Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure records were consistent, up to date and detailed and to operate effective systems to assess, monitor and improve the service.

Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure that people were provided with sufficient numbers of staff to meet their assessed needs.

Why we inspected

This inspection was carried out based on the previous rating and to ensure the service had improved.

Currently CQC is undertaking inspections to ensure services are safe and well-led. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We have rated the Key Questions for safe and well-led as requires improvement, therefore, the overall rating for the service has improved to requires improvement. This is based on the findings at the previous comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alpha Quality care on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvement.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

We will request an action and continuous improvement plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alpha Quality Care Newport

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Alpha Quality Care Newport is a domiciliary care service which is registered to provide a personal care service to people living in the community in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit as we needed to be sure the inspection could be undertaken safely and someone would be available.

Inspection activity started on 3 November 2020 and ended on 13 November. We visited the office location on 11 November 2020.

What we did before the inspection

Before the inspection we requested the registered manager provide records and documentation for us to review. This included care records for six people, staff training records, policies and procedures, governance records and investigation records. We also spoke with two staff members, one person and four relatives. We reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed information received from the service following the last inspection, demonstrating how the service planned to improve. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff, including a representative of the provider, the registered manager and the deputy manager. We reviewed a range of records including, medication records, staff files and incidents and accident reports. We also sort clarification from the registered manager to validate evidence we had reviewed prior to the on-site visit.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted and spoke with an additional staff member and one person's relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection we identified the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made in this area and the provider continued to remain in breach of regulation 12.

- People and relatives we spoke with, gave us mixed views about their or their loved one's safety when being provided with care from Alpha Quality Care. One relative told us, "We are really happy with the care and couldn't ask for more, my [loved one] is very safe." A person said, "Alpha are superb, you couldn't get a better team. I feel very safe with the carers." However, another relative told us, "I always have to check they [care staff] have done what they should have when they leave."
- At the last inspection we found risk assessments in place contained limited information in relation to how to keep people safe and mitigate the risk of harm. At this inspection we found that although some minor improvements had been made, not all concerns previously highlighted in relation to risk assessments, had resulted in improvements. For example, one person's risk assessment stated, 'Person spends considerable time being static. This makes them prone to developing pressure marks and sores.' The guidance noted for staff to follow included, 'periodically reposition person and apply prescribed creams and ointments to affected areas, as required.' No guidance was provided to staff about how to identify if creams or ointment were required, timescales for when they should support the person to re-position, or which cream, or ointment should be used.
- Another person was supported by care staff to use medical equipment for a specific care requirement, that required careful management. The risk assessment in place highlighted a risk in relation to potential infection but failed to highlight other known risks and complications that could occur. For example. the risk assessment did not include how to identify or mitigate additional risks, what actions staff should take to reduce risks, when concerns should be escalated and when to seek external medical professional support. This was discussed with the registered manager who agreed to review this risk assessment.
- A third person had a catheter; this is a tube inserted into a person's bladder to drain urine into an external bag. The person did not have a risk assessment in place associated with the safe use and management of the catheter. This was discussed with the registered manager who explained that this was because staff were not providing any support with catheter care. However, on review of this person's support plan, which detailed what staff were expected to do during each care call, it stated that staff were to provide some assistance in relation to catheter care.
- The concerns highlighted in relation to risk assessments was discussed with the registered manager who agreed to implement stand-alone risks assessments for high level care needs and ensure risk assessments

contained detailed information as required. The registered manager sent us evidence that this had been completed following the inspection.

The failure to ensure risks relating to the safety and welfare of people using the service are assessed and managed is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found that 'Support Plans' in place were not updated in a timely way and did not reflect changes in the person's needs. At this inspection we found appropriate actions had been taken to address this and people's support plans were detailed and up to date.
- Risks in relation to people's home and environment had been assessed and risk assessments had been completed by the registered manager to promote the safety of both the people and the staff. These risk assessments considered the immediate living environment of the person, including lighting, the condition of property and security and the property location.
- Contingency plans were in place, which helped to ensure that people were provided with consistent care and support in the event of an emergency or disruptive condition.

Using medicines safely

At the last inspection we identified unsafe medicines management placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made in this area and the provider continued to remain in breach of regulation 12.

- Care staff were applying topical creams for two service users and had recorded the application of the prescribed creams within people's daily care notes but there were no medication administration records (MARs) for the application of topical creams. In addition, there was no guidance for care staff as to which topical creams should be applied, where on the person and at what time. We discussed this with the registered manager who confirmed this information was not recorded because the topical creams had been purchased 'over the counter' and not prescribed by a doctor. This did not correspond with the information within the providers medication policy. The registered manager agreed to implement a system to help ensure topical creams were managed safely and effectively.
- The provider's medicines policy was not always followed. This policy stated, 'Care workers will not assist with any medicines or homeopathic remedies or non-prescription drugs or remedies, which are not part of the care plan.' Where care staff were to be responsible for over the counter medicines, the provider's policy described these medicines would be included in the 'agreed care plan and this medication will be treated in the same way as any other medication.' As described above this was not the process being followed in respect of 'over the counter' topical creams.
- Medicines risk assessments and care plans had been completed for oral medicines and identified the level of support people required with their medicines and who was responsible for ensuring medicines stocks were maintained.
- There was individual guidance for care staff in place as to when 'as required' (PRN) prescribed, oral medicines should be administered. However, the provider's policy for 'as required' (PRN) medicines stated, 'The Service User's response to the PRN medication will be monitored.' There were no records to demonstrate the effectiveness of PRN medication, which had been administered was monitored. Therefore, this policy was not followed.
- At our last inspection we identified the registered manager completed monthly MAR chart audits. We found these completed audits had failed to identify issues or concerns. Following our findings, the registered manager changed their auditing process for medicines and agreed to complete these audits on a weekly

basis. At this inspection we found this had been done however, these audits had not identified care staff were applying over the counter topical creams, meaning no action had been taken to ensure the providers policy for these were followed.

- When staff were required to administer medicines, records were completed electronically. These showed that oral medicines were being administered as prescribed. However, records did not always record the exact time medicines were administered, meaning there was a risk some regular dose medicines could be administered without a sufficient time gap between doses.

Unsafe medicines management placed people at risk of harm and is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we identified staff competencies in relation to medicines administration had not been completed. At this inspection we found staff had been trained to administer medicines and had been informally assessed as competent to do so safely. A formalised process to ensure staff competency including a yearly reassessment was also in place.

Preventing and controlling infection

At the last inspection we identified the provider had failed to ensure safe infection control practices were in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made in this area and the provider continued to remain in breach of regulation 12.

- The provider had an infection control policy in place and staff told us they undertook training in this area. This included specific Covid-19 training, to help ensure they understood the risks and adhered to infection control processes in line with Covid-19 guidance. However, we could not be assured that infection control processes were followed in line with the latest government guidance to prevent cross contamination and the spread of infection, as statements from people and relatives indicated staff did not follow their infection control policy, placing people at risk of harm. For example, staff told us they were provided with enough uniforms and had access to personal protective equipment (PPE), however, relatives told us these were not always worn by staff. A relative said, "Staff only wear gloves and masks, they don't wear uniforms very often and they don't wear aprons, except for the odd occasion." Another relative told us, "For a while, after the last inspection staff started wearing uniforms, however this doesn't always happen now, and one carer keeps their coat on while providing care." They added, "Two or three weeks ago one carer did not wear a mask, we reported this, and it hasn't happened since, but I have never seen the carers wearing aprons." This was discussed with the registered manager who showed us evidence of spot checks they had completed to check care staff were following best practice during care provision and no concerns had been highlighted in this area.

- The concerns in relation to infection prevention and control was discussed with the registered manager following the inspection. They informed us they had met with staff following our site visit and discussed infection control practices. Two staff confirmed to the registered manager they did not always wear uniforms due to laundering issues and additional uniforms have now been provided.

We could not be assured that safe infection control practices were followed by staff, which placed people at risk of harm and is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection we identified the provider had failed to ensure systems and processes were consistently implemented to ensure fit and proper persons were employed. This was a breach of Regulation

19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was no longer in breach of regulation 19. However additional concerns were noted in relation to staffing.

- Information provided by the registered manager, which was reviewed prior to the site visit, informed us that six people received a regulated activity from the service. Of these six people, three required two carers four times a day, one person required two carers for their morning and evening calls and one carer for their lunch and tea call and one person required one carer only three times per day. In addition, one person required 24 hour care with seven hours being provided by one carer and 17 hours per day being provided by two carers. The service employed 11 staff, including the registered manager and deputy manager.
- We received mixed views about the staffing arrangements people were provided with. Some people and relatives told us they did not always receive a reliable service and staff did not arrive when they expected them to. Three relatives told us care calls were often missed, staff did not always arrive together to complete care where two staff were required, staff did not always stay for the full length of time required and the times of calls were often inconsistent. One relative described how, they had recently received a phone call from a member of care staff just prior to their loved one's planned call, saying they were not going to attend so therefore, no call was provided, leaving the person without their assessed care needs being met. This was discussed with the registered manager, who confirmed they were aware of this and were currently completing an investigation. Another relative told us, "[Name of person] has been assessed as requiring two carers but often only one carer will arrive." They added, "Yesterday lunchtime the second carer turned up as the first carer was leaving and this morning, we only had one carer, this happens quite often." A third relative said, "The carers can be up to two hours late at a time, they don't tell us, and this can cause problems." However, one relative was more positive about the staffing levels and consistency and explained they had a consistent staff team. A person said, "The staff are usually on time unless there's a problem with transport."
- At the last inspection we identified that daily records of care, which should be completed by care staff, indicated care was not always received as required to meet peoples assessed needs. This resulted in the provider implementing a new electronic system to allow closer monitoring to ensure care calls were completed as required. However, when we reviewed these electronic records, they confirmed what people and relatives had told us and we could not be assured that there were sufficient numbers of staff available to ensure people received care as required, to meet their assessed needs. For one person their daily records highlighted that on the 19 October 2020 two care staff should have attended them at 06.30 for a period of one hour. However, the electronic record showed that only one care worker attended to this person at 08.02 and stayed for three minutes. Records also demonstrated for the same person, on the 22 October 2020 two care staff should have arrived at 11:15 to provide care and support, however one member of care staff arrived at 11.13 and stayed until 11.48 and the second member of care staff arrived at 12:55 stayed for two minutes. Therefore, the care staff were not supporting the person together or at the same time as required. For another person, who also required support from two care staff, the daily records highlighted that on the 27, 26, 25 and 22 September 2020 they should have received a call at 19:15. However, on all of these days the care staff were over one hour late for this call. Additionally, the daily records did not demonstrate that the persons morning and evening calls were always completed by two care staff as required.
- Concerns identified by the inspectors within the daily records in relation to the times and length of the care calls and number of staff in attendance, were discussed with the registered manager. The registered manager attributed these issues to poor internet access and connection, when staff were logging their attendance. The registered manager also confirmed that they or the deputy manager, regularly reviewed people's daily records and had acted on our highlighted concerns. Although we saw evidence that daily records were reviewed regularly; for example, at the end of records it was noted, 'reviewed by [name of reviewer], date and time, there was not always detailed records in relation to their findings from these reviews or actions that had been taken. Therefore, from the information received from people and their relatives and from daily care records, we could not be assured there were appropriate levels of staff or that

people had received the care they needed in line with their assessed needs. The registered manager told us that care was provided as required and actions had been taken where concerns were noted, however they were not able to provide us with evidence to support this. This meant we could not be assured that people were receiving support from staff to meet their assessed care needs.

- This was discussed with the registered manager following the inspection site visit. The registered manager confirmed the service is looking at purchasing a mini-bus to reduce staff use of being reliant on public transport and are actively looking to recruit more staff.

We could not be assured that people were provided with sufficient numbers of staff to meet their assessed needs and is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection two new staff had been recruited. For these staff all pre-employment checks had been completed as required.
- Staffing rotas for people who required multiple visits every day showed a high level of consistency in staff allocations. This meant that when people did receive support it was provided by consistent staff who knew them well.
- The provider had a contingency plan in place which described the service's arrangements to cover gaps when identified, by the absence of care staff. We were told short term staff absences were covered by the existing staff members and the registered manager and deputy manager, if required. Additionally, Alpha Quality Care Ltd would contact neighbouring agencies for assistance if needed. The registered manager also confirmed that they were in the process of recruiting additional staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to ensure staff were aware of how to safeguard people from harm and abuse.
- There were processes in place for investigating any safeguarding incidents. The registered manager was able to describe actions they would take if abuse was suspected.
- Staff told us they received training in safeguarding and decided how they would act on a safeguarding concern.

Learning lessons when things go wrong

- The registered manager told us there had been two complaints received since the last inspection. The information within the complaints log was able to demonstrate these complaints had been investigated and actions taken in a timely way.
- People and relatives told us they knew how to complain should they need to and said, that often, immediate actions were taken. However, some people and relatives were not confident that actions taken were always effective and changes in practice were sustained. For example, one person told us that when they have complained in the past things improve, but only for a short time.
- Not all concerns identified at our last inspection had been acted on. For example, people's risk assessments continued to lack detail, medicine audits failed to identify the issues we found at this inspection and daily records implied inappropriate use of topical creams and gaps in care. However, the registered manager was unable to provide us with evidence that this had been addressed. This meant themes and patterns had not been identified to help drive improvement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we identified the provider had failed to effectively assess, monitor and improve the quality and safety of services. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvements had been made in this area and the provider remained in breach of Regulation 17.

- At our last inspection, effective processes were not in place to ensure people's care calls had been met, as required or that sufficient numbers of staff were employed to meet people's care calls. Following our inspection, the provider and registered manager implemented a new system to address this. However, on review of this system we could not be assured there were appropriate levels of staff or that people had received the care they needed in line with their assessed needs. The registered manager told us care was provided as required and actions had been taken where concerns were noted, however they were not able to provide us with evidence to support this. Additionally, comments from people and relatives further implied that calls were not always completed as required.
- At the last inspection we found medicine audits were ineffective and did not drive the necessary improvement or ensure the safety and welfare of people. The registered manager and provider had implemented a new system to address this following the last inspection. However, at this inspection although we found improvements in relation to the completion of medicine records, we found that medicine audits had not identified or addressed the other issues we found in relation to medicine management. For example, the application of topical creams, the lack of detail around times medicine was provided and the provider's policy was not being followed by staff. Additionally, we found that the information between the daily records and the medicines audits was contradictory, for example medicines audits for one person stated, 'No topical medicine is presently applied to [name of person] body.' However, the person's daily records indicated that staff had applied creams five times in the week the audit referred to.
- At the last inspection we found care plans and risk assessments did not include all current information required to keep people safe and ensure they were provided with effective care. At this inspection we found an improvement in people's care plans however, risk assessments continued to lack detail.
- At the last inspection we found the registered manager and provider lacked oversight of staff performance, quality standards and the care that was being delivered. At this inspection we found some

improvements in this area. The provider was now completing weekly audits on the service. However, these completed audits failed to identify any of the concerns we found.

- At the last inspection we identified there was a lack of direct overall management when the registered manager was absent from the service. The service had made efforts to address this and a new management structure had been set up. This included the provider, registered manager, deputy manager and a care supervisor. However, none of the staff within the management team were able to attend the inspection site visit, on the day that it was planned, and this had to be rearranged. This demonstrated that management arrangements were not always effective to ensure management cover was always in place.
- Information received from some people and relatives indicated that improvements to the service were not sustained. For example, one relative said, "When I have complained about things in the past, they improve for a couple of days, but then it goes back to how it was." Another relative told us, "After the last inspection staff started wearing uniforms, however this doesn't always happen now."

The provider had failed to effectively assess, monitor and improve the quality and safety of services. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies and procedures were in place to aid the running of the service. For example, there were policies in relation to safeguarding, medicine, whistleblowing, complaints and infection control.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Not all people and relatives were confident that issues or concerns raised with the registered manager would be acted on, or action taken would result in positive changes.
- People and their relatives had mixed views about the overall running of the service. One Person said, "[Name of registered manager] is responsive, he's a very respectful guy and always helpful. I get wonderful treatment from Alpha and I would find it really hard to find any faults." A relative told us, "We are extremely happy with the care provided by Alpha, it is much better than the last agency, the service is fantastic." However, another relative said, "I have discussed issues and concerns in relation to the times of care calls and not letting [loved one] know of any changes, or when staff are going to be late with [name of registered manager], but things have not changed. The not knowing had really affected [loved ones] wellbeing because they get anxious waiting for staff."
- All staff spoken to during the inspection, talked about wanting to provide good quality care to people. One staff member said, "I aim to give good quality care to people, they deserve it." Another staff member demonstrated they were clearly passionate about their job and providing people with the care they required. This staff member was able to describe care they had given to a person that helped them regain some independence. This was confirmed by the person.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager was aware of their responsibilities regarding duty of candour.

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

- The registered manager received feedback from people and their relatives through regular contact on the phone and during care reviews and checks of staff performance. We saw evidence of this.

- Staff were positive about the registered manager. A staff member said, "The management team are helpful, approachable and supportive. Another staff member told us, "I'm well supported by the registered manager and deputy manager, I can go to either of them at any time. All staff spoken to said the registered manager was very responsive to concerns and would act on issues reported to them immediately.
- Staff meetings were held, which provided an opportunity for staff to discuss any issues or concerns together with their colleagues. Staff meeting minutes were produced following these meetings, which were shared with staff who had been unable to attend.

Working in partnership with others

- The management team worked in partnership with others to improve the service. They shared correspondence with us which they had sent and received from a variety of health and social care professionals, including mental health and specialist health care professionals.

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 The provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure records were consistent, up to date and detailed and to operate effective systems to assess, monitor and improve the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure that people were provided with sufficient numbers of staff to meet their assessed needs.