CareQuality Commission

CTRC Community Interest Company

CTRC CIC

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 23 and 24 November 2017 and was announced. We gave the provider 2 days' notice of the inspection as the service provides care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

The service was last inspected on 18 November 2016 when it was rated Good.

CTRC CIC is a not-for-profit Community Interest Company. This service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults and younger adults who have a learning and/or physical disability. There were 18 people using the service at the time of this inspection. There were two people receiving 24 hour live in support from the service and three people funded their own care. The service also offered outreach support to people in the community but the majority of people using that part of the service did not require personal care support and therefore did not fall within the remit of this inspection.

There was a registered manager in post. 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.

There were checks on a range of areas of the service provision to ensure people received safe and appropriate care. However, not all of the quality checks were effective in recognising where improvements needed to be made. Some information in people's care records was not up to date and records had not always shown when information had been reviewed. Spot checks had not identified when a care worker had been administering medicines to a person without the necessary paperwork in place to record this task being carried out.

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

Feedback from people using the service and their relatives was mixed. People were happy with the care workers and the support provided to them. However, they felt the communication was poor from the office staff when visits were running late or if they had raised a complaint. People told us they knew how to make a complaint and there were systems in place to manage and respond to complaints.

The care workers we received feedback from, with the exception of one, were positive about the service and the support they received.

People received the medicines they needed safely.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place.

People's needs had been assessed in line with good practice guidance and they had been able to express their views and preferences. People's care records included people's needs and preferences and were individualised in some areas but in some care records the information was not individualised enough in describing how to support the person safely.

Staff received support through one to one and group meetings. They also received an annual appraisal of their work. Training on various topics and refresher training had been arranged on various subjects that were relevant to staff member's roles and responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

There were sufficient numbers of staff working to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

People were happy with the support they received at mealtimes. The staff worked with other healthcare professionals to support people with their health needs.

People were protected from the risk of infection as the care workers wore protective equipment, such as gloves and aprons, when providing care.

People using the service and their relatives were invited to share their views about the service and give feedback about areas they felt could be improved.

There was a clear management structure and the senior staff knew their roles and responsibilities.

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

Some aspects of the service were not safe.

There were procedures for the safe administration of medicines but in one case the staff member did not follow the agreed tasks or record the administration of medicines to demonstrate that medicines were being managed safely.

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

The risks to people's safety and wellbeing were assessed and planned for.

There were enough staff to meet people's needs and the provider had carried out checks on their recruitment.

Care workers had access to personal protective equipment for the prevention and control of infection.

Action was taken to learn from incidents and events and to make improvements where necessary.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed in line with current legislation and standards.

People were cared for by staff who were well trained and supported.

The provider was working within the principles of the Mental Capacity Act 2005.

People were supported to have access to healthcare services and were supported to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

People were involved in making decisions about their care and expressing their views.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

The staff helped people access the community and to take part in activities if this was part of their agreed care package.

The majority of people's concerns and complaints were listened and responded to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The provider's audits did not always identify when something had gone wrong or action was needed.

Feedback from some people indicated they did not always feel the communication was good and that their views on the service provision were not always taken into account.

Although records were checked and were up to date, we identified some records were not always accurately maintained.

The provider had demonstrated a commitment to making changes. There was an open culture where people using the service and staff were encouraged to give feedback on the service and to visit the service to meet with staff.

The provider worked closely with other professionals in order to meet people's needs and to review service delivery.

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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 checked 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 23 and 24 November 2017 and was announced. We gave the provider 2 days' notice of the inspection as the service provides care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

The inspection visit was conducted by one inspector. Before the inspection we contacted people who used the service and their relatives for feedback. These telephone calls were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They spoke with three people who used the service and seven relatives of other people who used the service. We also spoke with one relative prior to the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR 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.

At the inspection we spoke with the registered manager, a care manager, finance manager, a consultant, one senior care worker and one care worker. We reviewed the care records for four people using the service, including their support plans and risk assessments and medicines management records. We also reviewed three staff recruitment files and records related to the running of the service. These included, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we asked for feedback via email from sixteen care workers and had responses from three. We also requested feedback on the service from four professionals and one social care professional provided us with their views.

Requires Improvement

Is the service safe?

Our findings

People told us that that they felt safe when receiving care from the care workers. Comments from people's relatives included, "The staff make me feel very safe by coming in everyday" and one person said, "I feel very safe that they come and see me."

The provider included safeguarding in the training they considered mandatory and expected all staff to complete. Care workers told us they had completed training in safeguarding adults and they were able to tell us about the types of abuse to which people using the service may have been vulnerable. When we asked care workers what they would do if they had concerns about a person using the service, they told us they would report concerns to the registered manager. Care workers were also aware they could report concerns to the local authority's safeguarding team and to the Care Quality Commission (CQC).

The provider had safeguarding and whistleblowing policies and procedures which the care workers confirmed they had access to and these followed national guidance. The safeguarding records maintained by the provider tallied with the records the CQC had knowledge of. However, it was not clear when viewing the safeguarding records what the outcome was for each concern that was investigated. The registered manager had recorded within some of the forms the action taken, but the audit trail of emails, witness statements and correspondence was not available. The registered manager designed a summary log sheet, which we viewed following on from the inspection, to make it obvious at a glance the outcome and current status of each concern. They also confirmed they would ensure any meetings and investigations would be stored along with the original concern and CQC statutory safeguarding notifications so that records were held all together.

People using the service and their relatives told us that they felt there were sufficient numbers of staff. However, three people told us that the care workers sometimes arrived late and did not stay for the correct amount of time. Some people explained that this happened occasionally and was the result of traffic problems. However, others said that this happened on a regular basis. One person using the service told us, "Staff stay the correct amount of time." However, this contrasted with another person who confirmed, "Staff don't seem to have enough time and are late." One relative informed us that there had been missed calls and there was a common theme that the communication was poor with people telling us that they did not always know the visits were going to be late.

We informed the registered manager that some of the feedback indicated that there were late calls to some people. They explained they had identified this as an issue when checking timesheets against what had been agreed with the person and their relatives. There was a new electronic call monitoring system that was still being rolled out and therefore was not yet fully operational. The provider told us that once the new system was up and running it could be used to monitor more effectively when visits took place and when care workers were late. This would enable office staff to then take the appropriate action in a timely manner if visits were running late.

The registered manager explained that at the point of the initial assessment people were told that visits

might be 15 minutes either side of the agreed visit time to allow for traffic problems. We looked a sample of timesheets against the agreed visit time recorded in people's care documents. The majority of the times on timesheets matched and where there were differences the registered manager explained some people had particular needs which meant they were not always at home when the care worker visited, or if the person's relative could not provide the evening meal then the evening visit was brought forward. We discussed with the registered manager that the person's records should make it clear that although there were agreed times for some people this might need to be flexible due to their needs and support network.

The provider had a contingency plan which outlined how the staff should respond to different emergency situations. If the computer systems failed information could still be obtained on the mobile telephones so that staff could see when visits were planned and which care workers were booked to support people. In bad weather or if the winter was severe, the registered manager and senior staff would prioritise people for visits and would consider aspects, such as if they lived alone and had medicines administered to them so that they would be visited first if this was required. The care manager also confirmed there was a budget for taxis so that care workers who did not drive could still get to people's homes.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks. We saw on one person's care file their medicine risk assessment was dated September 2016 and it was not clear if this particular document had been reviewed when the general review meetings had taken place with the person. There was also lots of information about which level of support the person required to ensure they received their medicines. This was addressed and updated by the registered manager during the inspection.

Other risk assessments outlined risks but some of these were broadly written and did not always give full details on how to minimise a risk occurring. The registered manager acknowledged more detail needed to be added and they changed the information so that it was clearer to care workers exactly what the presenting risks were and what to do to ensure the person and care worker were safe from harm. The above issues were found in all of the care files viewed and the registered manager confirmed after the inspection that the files had been updated and contained documents which clearly showed they had been reviewed in 2017 and contained relevant informative details. They also stated that the documents for the remaining fourteen people would all be re-checked by 11 December 2017.

The registered manager confirmed incidents were recorded and checked to see if there were concerns or patterns that they needed to act on. We saw two incidents had been noted along with action that had been taken so that care workers could see how to support people safely. There had been no accidents reported to the registered manager.

People using the service did not have any equipment such as a hoist that care workers needed to use. However, any specialist equipment such as a hospital bed was recorded along with when it had been serviced so that people using the service and the care workers could be confident that the equipment had been checked by the relevant persons and was safe to use.

Care workers the provider employed were suitable to work with people using the service because the provider carried out appropriate pre-employment checks. The staff files we reviewed all included proof of the person's identity, proof of the interview and responses, an application form and employment history, references from previous employers and/or character references and a criminal records check. We saw a gap in the employment history for one care worker and this was explained during the inspection. Care workers told us the provider completed recruitment checks before they were allowed to work unsupervised with people using the service.

People using the service and their relatives told us they were satisfied with the support they received in respect of receiving their medicines. One person confirmed, "Staff do my medication and complete a MAR (Medicine Administration Record) chart." The initial assessments of care included information about people's medicines needs. The provider ensured there were MARS for recording when the care workers supported people with their medicines. Care workers we asked could describe the difference between prompting and administering a person's medicines. One care worker said, "I wouldn't give a medicine if it was not prescribed and recorded on the MAR." We had been made aware before the inspection that a care worker had been administering medicines to a person when this had not been recorded as a task to carry out and neither was there a MAR in the person's house. Therefore the care worker had not documented the administration of the medicines. The registered manager confirmed that had now been resolved with a MAR now in the person's home along with an updated care plan, which we saw evidence of.

The provider supplied the care workers with protective equipment such as gloves and aprons so that risks associated with the spread of infection were minimised. Care workers received training around infection control. The spot checks carried out on care workers' in people's homes included information about whether they followed infection control procedures.

The registered manager explained to us where they had made changes and improvements when they discovered a staff member's file was missing. This included having a system for recording if a member of staff takes out a file from the cupboard and they had improved the security measures to ensure records were safely stored. They confirmed all other records were safe. They had also acted swiftly when it was made known to them that in one person's home their care documents were missing. They ensured the information was put back into the person's home and every person using the service was contacted to ensure this was an isolated event.

The registered manager and the senior team monitored the progress of incidents and events and then noted who would address the concerns and ensure improvements were being made. The registered manager was keen to learn from feedback from people using the service or if a problem had been identified then they were open to take action to improve the service.

Good

Is the service effective?

Our findings

Before the provider started to provide care and support to people, a senior member of staff visited them in their home to complete a full assessment of their needs. Some people's care records also included a local authority assessment. We saw the assessments covered people's personal care, physical and mental health support needs and included guidance for care workers on the support people needed. We saw there was an overview of the care needs, abilities and routines to give care workers a summary of information about the person.

We did note that some information needed to be expanded in the care documents to fully reflect the person's needs, for example, noting why a specific type of care worker should ideally visit the person. The registered manager addressed this during the inspection.

We saw that the provider's policies and procedures referred to relevant legislation that provided them with the guidance and information they needed to fully inform staff on how to safely and legally support people using the service. The registered manager was aware of accessing updates and best practice guidance from external sources such as National Institute for Health and Care Excellence (NICE) and Skills for Care, which is a training organisation to support providers and staff working in social care.

Care workers had the training and support they needed to meet people's needs. Care staff told us they had training and most were able to cite examples of recent mandatory training they had completed. Care workers said they had completed an induction and received training and shadowed more experienced staff. One care worker confirmed, "I had an up-to-date training before I started the job" and a second care worker said, "I had a lot of training for example like moving and handling and safe use of medicines and many more and they been very helpful." Training was provided by the senior staff who had been trained to offer information and guidance to the care workers. Training included the Care Certificate, which is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training was on subjects such as, equality and diversity, awareness of dementia, learning disabilities and mental health and epilepsy awareness. The registered manager confirmed care workers could also access training online to ensure they were kept up to date on a continuous basis. We found that some of the training certificates were not kept in staff files. We discussed having all of these available to ensure the provider had evidence of when the care workers completed the training. The registered manager confirmed this would be actioned.

Care workers told us they felt well supported by their line manager. Staff records showed that spot checks on care workers when they were supporting people using the service were carried out. Senior staff, including the registered manager, also met with each care worker regularly to discuss their performance, training and personal development needs. The registered manager met with new care workers after they had completed six weeks working in the service to evaluate their work and to talk through any issues. This evaluation thereafter continued until the registered manager was satisfied the care workers were settled and working well with people using the service.

The registered manager confirmed to us that there was no-one at risk of malnutrition or dehydration using the service. Some people had a meal heated for them by a care worker and one person told us, "Staff always give me choice of meals and drinks and leave me with a drink." A relative confirmed to us, "They [care workers] always asked what [family member] likes to eat or drink." In one care plan we saw it was documented for care workers to provide meals according to the person's preferences, but there was no record of what these preferences were. The registered manager updated this during the inspection so that care workers had this information. The registered manager told us they planned to study a nutritional course in 2018 so that they had a better understanding about providing a balanced diet for people and could give the care workers information and advice.

We saw evidence that staff worked with other external professionals as and when required. For one person regular meetings with the local authority took place to ensure the person was safe and continued to be supported appropriately.

People's health needs were recorded in their support plan and the majority of people saw health care professionals with their family. However, if care workers attended appointments with people this would be recorded in the log sheets. Referrals were made to other health professionals if care workers felt a person's needs had changed. This might be to a GP where they could then make the necessary referrals to a specialist.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the MCA.

The registered manager confirmed that no-one using the service was being restricted and the majority of people had the capacity to make decisions about their care. Where people had difficulties in consenting to their care the registered manager had a document to carry out a capacity assessment. We also saw there was a best interests decision making form that they would use where decisions had been made with others involved in the person's life. We saw evidence of where the senior staff had worked with families and professionals to ensure the right decisions had been made for people.

Care workers received training and information about the MCA. They told us, "We cannot force anything upon a person, we must give choices and listen to them" and "MCA is designed to protect and empower an individual about their care and treatment."

Good

Is the service caring?

Our findings

People were complimentary about the care workers. Their feedback included, "All staff very caring and understanding," "Very caring staff, cannot do enough for me" and "Really happy with my carers." Relatives also spoke highly of the care workers, with one who said "The carers are great."

People confirmed they were involved in developing their care plans so that these helped to meet their needs. One person told us, "The planning of my care is good and my views are taken on board." They told us that they had the same familiar care workers for each visit and that they had good relationships with these members of staff. A relative told us the "continuity is good" whilst another said, "I have the same carers." The registered manager during the inspection arranged for people to receive their rota so that they could see if there were any changes to which care worker was visiting them.

People were seen as individuals with varied needs and expectations of the support they required. The service worked well with people who had complex needs seeking to ensure the person's preferences were identified and met. We saw where possible a suitable care worker was assigned to work with a person such as if they had limited verbal speech, but understood a language, which was not English to help with communication.

The provider supported and worked with people who used the service so they had enough information to make decisions. For example one person had an independent advocate to support them in making decisions about the care provided for them. The advocate was invited to review meetings so they could contribute with the person their views on the service.

A care worker we asked about travel time confirmed this was factored in when visits were booked. Another care worker said as they did not drive, but that the amount of time it would take on public transport to reach each person was worked out to ensure they had enough time to get to each visit. They confirmed this meant they had time to then carry out the necessary tasks and talk with people so that the visit was not rushed.

People said they felt involved in their care. One person commented, "Staff take on board my likes and dislikes" and another person told us, "Staff promote my independence and encourage me to do as much as I can." The registered manager gave an example of where the service had recognised a person would benefit from accessing their garden, which was overgrown, they had arranged for a gardener to sort out the garden so that they could go outside whenever they wanted to. This made them more independent and a change from being indoors.

People told us the care workers were respectful. One person said, "Staff ask me before they do my personal care," and a second person confirmed, "I find the staff very respectful," demonstrating that care workers were considerate when carrying out the tasks.

People's cultural and spiritual needs were respected. The registered manager described how where a person wanted to attend their preferred place of worship, transport was arranged and a care worker went

with them twice a week. Any other preferences are noted in people's care records so that the care workers know what to do, such as taking off their shoes, when they visit the person.

Where people requested different visit times where possible this was accommodated. We saw evidence of where people had requested at short notice a change in a visit and that sometimes the staff had to inform the person that this was not always possible. One person informed us that the service had not been flexible in meeting their needs, however the registered manager explained that they had tried to ensure visits were carried out when the person and their relative needed support.

Good

Is the service responsive?

Our findings

A person using the service told us, "I am involved in care planning." However, another person said, "There's no care plan at home, I haven't had a care review face to face, only over the phone, there is a book they sign but no care plan." The registered manager had confirmed to us that every person had a care plan in their home.

The majority of care plans gave specific information about how people wanted to be cared for and how their needs could be met. In one person's care plan we saw that they were visited by a person from their local church as religion was important to them. If people sometimes refused care this had been noted so that care workers knew this could occur and to report this to the office. There was some information that was out of date on one person's care plan and this was updated during the inspection to reflect their current circumstances. The care workers recorded the care they had given in the logs. One care worker confirmed, "I would read the care plan before visiting the person so I know what I need to do."

The service offers outreach support to people, many of whom do not require personal care support. However, some people using the service that fall under the remit of receiving personal care support had activities sought for them by the staff team. A range of places such as, local colleges, attending interviews for voluntary work, such as gardening were accessed to offer people the chance to engage with the community. The service also in 2016 offered a holiday for people to give them a break from their usual routines. Through accessing the various places the care workers were familiar with the activities and resources on offer for people and could provide occupation to people who might otherwise be isolated at home.

One social care professional commented positively on the service and how the staff team had worked with the person using the service and had supported them, "creatively and flexibly." They went on to say the staff team had also managed the "family's expectations" alongside meeting the person's needs.

We asked people and their relatives if they had made a complaint or raised a concern. Relatives told us, "I would have no concerns to call the office" and "Any complaints are dealt with." People using the service commented, "I would call the office to complain." One relative said the office staff did not take action or listen to them and this was fed back to the registered manager. One relative said, "I don't feel the office take action, or they don't come back with a response." The registered told us that all complaints were responded to and we saw a record for when people had telephoned the office to query a visit.

The registered manager kept a record of complaints which included information about the investigation into these and any action taken as a result. The registered manager was aware that the feedback we received was consistent about poor communication and not knowing when visits were running late. They acknowledged that this had been an issue and they were working to address this. There was now a dedicated email address for each local authority that commissioned work from the service and one professional said this had helped with better communication. The service also had a feedback email address that people and their relatives could use to provide their views on the service. The office staff regularly contacted people using the service so that any issues were picked up and dealt with.

There was no-one receiving support towards the end of their life.

Requires Improvement

Is the service well-led?

Our findings

The provider had in place many different types of checks and audits. Some of these included checking staff files and people's files. We could see that these audits had identified some areas for improvement and it was noted when points had been addressed. However, these had not always been effective in recognising there were improvements to be made in a number of areas. On one care worker's application we had noted a gap in their employment history and there was no clear evidence that this had been picked up and explored with the care worker. When viewing people's care documents, some had dates for 2017 but several were dated 2016 with no indication that the individual documents had been reviewed. Information was not always individualised in some people's care plans and risk assessments and this had not been picked up in the care file audit.

Where there had been a care worker administrating medicines to a person without this task being agreed and the necessary records being in place, this had not been identified during the spot check visits to the person's home. This had taken place for several months before the registered manager was made aware that this was an issue. Action was then taken to ensure the person safely received their medicines.

During the inspection we identified that although some systems were in place to gather people's view using satisfaction surveys, there was no report or action plan developed showing that the comments had been noted and action taken to address the negative comments. This was only completed once we highlighted this to the registered manager.

Although we received positive feedback about some aspects of the service, there was regular feedback to us from people using the service and their relatives that there was poor communication from the office. Comments included, "I don't feel the office take action, or they don't come back a response" and "I would call the office but feel the office are disorganised, as if I call it's about late calls and they don't know seem to know what's going on."

The registered manager told us there had been a change of staff based in the office over the past few months and they were trying to have the best staff working in the service. They said they would monitor and make further improvements in this area and had introduced a new telephone system to better respond to people's and relative's calls to the service.

The above is a breach of Regulation 17 of the Health and Social Care Act 2017.

Care workers spoke positively about the culture of the service and the support they received. Their feedback included, "I can talk with the manager if I need to," "Each manager has a role and the service is well led" and "Management are always there if you need them."

Meetings were held for staff in their different roles so that they could receive updates on the service and the delegation of tasks was discussed. Outcomes of complaints, incidents and accidents were looked at by senior staff so that all staff could improve their practice and implement any lessons learnt from the outcome

of investigations. For example, live in care workers were now visited by a senior staff member on a more regular basis to ensure there were no issues. Care workers confirmed they also attended meetings and there were social events held for staff, people using the service and their relatives to encourage people to meet and support each other. The informal events also enabled people to meet with the registered manager and talk through any concerns.

The registered manager had been in post for several years. They held a relevant management qualification in Health and Social Care and attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums. They were a dementia champion and held events in the local library for people and their relatives.

The registered manager was open to receiving comments from the staff team about the service and there were regular office meetings so that full feedback was given to them on how things were working and what areas needed to be improved. The registered manager recognised that all staff needed to be professional and this was discussed with them when we received an email containing unprofessional information from one of the staff members. The registered manager said they knew there were different personalities working in the service and continuously looked at ways to ensure staff worked together, communication was efficient and that the language used represented the service in a positive way.

There was a task list for office staff so that it was clear who was responsible for the continued running of the service. A consultant had been employed to identify where improvements and adjustments could be made. They confirmed they were looking at what was recorded and they planned to streamline systems where possible to make it easy to view information such as staff recruitment, training completed, risks and issues.

We saw evidence during the inspection that the registered manager and staff team worked closely with other agencies to ensure people were cared for appropriately. Communication was via email, phone calls and meetings.

The registered manager understood their responsibility to share information with relevant professionals as and when it was required and they notified the Care Quality Commission (CQC) of any reportable significant events.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality and safety of the services provided. Regulation 17(1)(2)(a) The registered person did not always maintain an accurate record in respect of each service user. Regulation 17(1)(2)(c)