Heath Lodge Care Services Limited

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Inspection report

Suites 1 & 2, The Monument
45-47 Monument Hill
Weybridge
Surrey
KT13 8RN

Tel: 01932851151
Website: www.heathlodgecareservicesltd.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 21 December 2016 and was announced.

Heath Lodge Care Services Limited is a domiciliary care agency providing personal care for people in their own homes. This includes people that may be living with dementia, some that are old and frail, (that may have disabilities) and younger people with disabilities. There were 135 people using the service at the time of the 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.

People were not being protected against all risks and action had not always been taken to prevent the potential of harm. The provider did not always follow safe recruitment practices, so they did not know that all staff were suitable for the job. The provider was not able to demonstrate that all staff were interviewed for their role.

Staff were available to meet the needs of people however the provider was actively recruiting additional staff to cover for absences. Because of staff pressures and travel time some people did not always receive the full time they were contracted to receive.

Medicines were managed safely and people received their medicines when they needed.

People's rights were not protected because the staff did not act in accordance with the Mental Capacity Act 2005 (MCA). There was no evidence of anyone's capacity being assessed in relation to any decision and staff lacked knowledge of the MCA.

Staff did not always have the updated training they needed to meet people's needs or have their competency checked to ensure their practice was to the expected standards. However people were positive about the care staff gave them. New staff were supported to complete an induction programme before working on their own, and people were supported by staff that had supervisions (one to one meetings) with their line manager.

Staff did not always have access to a fully personalised care plan including people's history, needs and communication needs to use to guide their work.

The provider did not have effective systems in place to monitor the quality of care and support that people received. Field spot checks were not always carried out to ensure people received quality care and results of a customer satisfaction survey were not actioned. Staff reported because of lack of travel time they were

sometimes late providing support to people.

Staff were aware of people's dietary needs and preferences, and people's care records showed people's health care needs were met effectively.

People and their relatives told us that staff were caring and they were happy with the care they received.

People were actively involved in making decisions about their care, treatment and support, were supported to remain independent and were treated with dignity and respect.

People's concerns and complaints were encouraged, investigated and responded to in a timely manner. They were used as an opportunity for learning or improvement.

Staff were aware of the aims of the service and received a regular newsletter from the provider.#

During the inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made three recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe

People were not being protected against risks and action had not always been taken to prevent the potential of harm.

The provider did not always follow safe recruitment practices, so they did not know that all staff were suitable for the job.

There were not sufficient staff to always meet the needs of people and to always stay for the full visit time.

Peoples' medicines were managed and administered safely.

People were protected against the risks of potential abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not protected because the staff did not act in accordance with the Mental Capacity Act 2005.

Inductions for staff were undertaken however staff did not always have the updated training needed.

People were supported by staff that had supervisions (one to one meetings) with their line manager.

Care plans contained details on people's food preferences and people's dietary requirements.

People's care records showed people's health care needs were met effectively.

Is the service caring?

Good

The service was caring

Staff were caring

Staff treated with kindness and compassion.

People felt that staff always treated them with dignity and respect.

People were actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Requires Improvement

The service was not always responsive

Peoples care plans lacked the detail required for their personalised care needs to be met.

People's concerns and complaints were encouraged, investigated and responded to and were used as an opportunity for learning or improvement.

Is the service well-led?

Requires Improvement

The service was not always well led

Effective systems were not in place to monitor the quality of care and support that people received.

Staff reported that not having travel time meant they were late providing support to people.

Staff were aware of the aims of the service and felt valued.

Heath Lodge Care Services Limited

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 21 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection team consisted of three inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR). 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.

During the inspection we spoke with ten people who used the service, four relatives, eight staff, the registered manager and the Regional Director. We reviewed a variety of documents which included the care plans for eight people, seven staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the service. After the inspection we had telephone interviews with eight people.

The service was last inspected on 7 March 2014 when we identified no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe at the service. One person told us, "I absolutely feel safe. When care staff arrive they always call out to me to let me know that they are here. I change the key code regularly and let the office know." Another person said, "Staff have a key card and they look after me." Another person said, "I do feel safe. I feel like I can trust them (staff) all" whilst another said, "I feel safe because I have regular carers." One relative said, "If I thought there was any abuse I would stop it straight away." They said they had never had concerns. We found that although people made positive comments about feeling safe, improvements were needed to ensure they always received safe care.

People were not always being protected against risks and action had not always been taken to prevent the potential of harm. One person was identified as being at risk of choking. They did not have a risk assessment in place. This person had been seen by the Speech and Language Therapy (SaLT) Team and advice given on their diet however this had not prompted a risk assessment being completed. Staff were not following the guidance provided by the SaLT team and were giving the person food that was in-appropriate for them. There was a risk that new staff did not have the appropriate guidance around the risks to people. Two people were identified as being at risk of falling and there were no risk assessments completed and no moving and handling plans were in place. According to their care plans bed rails were in use for one person. Bedrails are safety devices intended to reduce the risk of accidentally slipping, sliding, rolling or falling from bed. A risk assessment is required because some deaths have occurred due to people becoming trapped in the bed rails. There was no risk assessment in place for this person for the use of these. We asked the manager about the lack of risk assessments. They told us, "We are behind on risk assessments due to shortages of staff".

The provider had not ensured that appropriate risk assessments were in place to protect people from harm or the risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example one person had a risk assessment in place in relation to their smoking and had been referred to the Local Authority Fire and Rescue Team. Another who was at risk of falling had an assessment in place to reduce the risks. There was detailed guidance for staff on how to safely move them. People that we spoke with felt that staff understood the risks to them. One person said, "Staff will pick up on the signs of my (health care condition) deteriorating and prompt me to take action." Another person said, "Staff make sure the floors are clear of objects to help prevent me from tripping."

People were not always protected from being cared for by unsuitable staff because robust recruitment was not in place. In one file no references were provided, and in another there was no photographic identity. There were references for another member of staff that did not relate to the position they had applied for, and in another file the reference was in a different language and had not been translated. There was no full employment history in another member of staffs file. The provider was not able to demonstrate that all staff were interviewed for the job. A senior member of staff said, "I do Skype interviews but they are not

recorded." They were unable to show us any records of notes made from these interviews.

As there were not robust recruitment procedures in place this is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of recruitment were undertaken. A staff member said, "They (the office) really checked me out." Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

There were mixed responses from people when we asked if there were enough staff. One person said, "They have too many clients and not enough staff. They don't get travel time and they have to fit too many people in", "Staff are pressured to finish quickly and cut time", "Staff have never not turned up. I usually know who is coming", "Staff always stay for the full amount of time." One person said in the customer satisfaction survey, 'When they are late its distressing. We do not always get 40 minutes am. Teeth cleaning and showering are not always done.'

The provider told us that they had enough staff but were "Constantly recruiting candidates and only take on new packages of care if we know that we have staff levels to do so." They said that they allocated a certain amount of staff to be on annual leave in any one period of time. They said if necessary the management team would cover calls where they may have gaps in the rota or where they was a shortfall of care staff. If the provider was struggling to provide care (due to staff shortages) people or family members were contacted to explain the situation to see if call times could be moved or if a family member could assist. The provider told us that there were never missed calls and people that we spoke with confirmed this.

Staff did feel that there was added pressure on them to cover calls. One staff member said, "I don't think there are enough staff, not with current sickness levels. I was getting over flu and was asked to come in. There are never enough staff. We have had a few leave recently." Another member of staff said, "We are short of staff. We go out and do the calls ourselves. Mainly due to staff sickness especially in winter months". Another staff member said, "I'm always picking up extra calls – every day they ask me. I work about 46 – 50 hours a week. It's a constant stream of different faces for the clients and they don't like it."

We recommend that action is taken to ensure that enough staff are deployed to always enable people to receive all of the care they need for the full time of the contracted visit.

People told us that their medicines were managed well by staff. One told us, "Although I manage my own medicines staff will ask me if I have taken them. I do need this reminder." Another told us, "Carers will go through my medication to check whether it is in date and remind me when things need to be replaced."

The registered manager told us the people who used the service required some support with their medicines. They told us staff supported people to order their monthly prescription and collected their medicines for them. Staff maintained a record of people's medicines which included the amount received and when medicines should be taken. MAR charts were being completed and contained a note of allergies and GP's name and number.

People were protected against the risks of potential abuse. This is because staff had the knowledge and confidence to identify safeguarding concerns. One staff member said, "I keep people safe from harm. Keep people safe from abuse. I have training every two years and If I suspect abuse I report it to the manager then Surrey safeguarding team and the police." Another staff member said, "I look for the signs e.g. bruising,

change of mood. I had safeguarding training this month. I would report to the manager, CQC, the police and Surrey Social services if I did not feel action had been taken. I would not hesitate". Another staff member said, "I'd report it (abuse). I'd call the agency manager. It's like using the whistleblowing policy. I always check windows and doors and keep the key safe", and another said, "If people live on their own I always make sure I lock something on the way out. I always tell people not to answer the door if they are not expecting someone." There was a safeguarding adult's policy that staff were able to access and staff had received training in safeguarding people.

Requires Improvement

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.

There were people at the service that were living with dementia and may have had difficulties making decisions. However there was no evidence of anyone's capacity being assessed in relation to any decision. For three people the consent to care and treatment had been signed by a relative without a MCA assessment having been completed, and without proof of the relative having Lasting Power of Attorney. There were staff that lacked knowledge of the MCA. One staff member said, "If a new person we ask and tell them what we are doing. Regular people we do not ask because they know the routine." There was no understanding that MCA was about the person's ability to make decisions. Another staff member told us that they would ask the family to provide evidence that capacity assessments had taken place. We found that 36% of the staff had received MCA training.

However the people we asked told us that they were asked consent. One told us, "I signed a consent form at the start. Staff don't need to keep asking me everything. They know what I want." Another told us, "Every single carer asks me what I want. They don't assume anything."

We recommend that the provider reviews the MCA training provided to staff and that they review whether they are acting in accordance with the Mental Capacity Act 2005.

Other staff did have knowledge of the MCA and its principles. One told us, "I always ask for peoples consent before doing anything e.g. Can I wash you now? I let them make their own decisions. Consent, you always ask for this for example dressing, helping with personal care. Do as they ask you to do". Another staff member said, "I assume people have the capacity to make decisions unless proved otherwise. We discuss with family who has Power of Attorney. There are meetings with social services, the person, family and staff. Best interest meetings. I always ask for consent every time especially with personal care".

We asked people whether they thought staff were trained. Comments from people included, "They (staff) know exactly what I need. Some staff may need a little brush up with their training"; "Staff know what they are doing. I would not be here today without them."

New staff were supported to complete an induction programme before working on their own. A staff member said, "I had induction in medicines, health and safety, first aid, policies and procedures, safeguarding, moving and handling, COSHH, RIDDOR, and infection control. I shadowed (staff) for three days. It equipped me to carry out my role". Another said, "I had a lot of training – about a week and then out and about shadowing. When I was working on my own I could ring them every five minutes if I needed too and they (the office) were really helpful." However we did find that staff had not always received updated

training. One member of staff said, "We do not do first aid any more or infection control. I have not had dementia training." It is the provider's policy to provide annual update training in safeguarding, health and safety (including first aid), moving and handling and medicines administration. Training records showed 24% of staff had received training in health and safety, 48% in safeguarding, 44% in medicines administration, and 43% in moving and handling in the last year. One member of staff said, "They always telephone you when it's due – moving and handling, health and safety. Although people were generally satisfied with the care they received staff should have regular training and competency checks to ensure they continue to use best practise whilst caring for people.

We found that staff did not always have their competencies tested in relation to medicines. One staff member said, "I have had medicines training but in the nine months I have worked at the agency no one has checked my competencies in this area." A senior member of staff told us that they did test the competencies of staff but did not always record this.

We recommend that the provider reviews their training policy and provision to ensure staff have the training needed to meet the needs of people.

People were supported by staff that had supervisions (one to one meetings) with their line manager. It is the provider's policy that staff receive four monthly supervision and an annual appraisal and these were taking place. These supervisions also consisted of spot checks that included whether the member of staff was on time to people's homes, their appearance, their attitude, the care being provided and any training needs.

Staff were aware of people's dietary needs and preferences. One person told us, "I can get my own meals but If I am not feeling well then they will make sure that I am left with a coffee or cup of soup. They will make meals in the microwave for me If I need it." One staff member said, "I know what food people like by reading the care plans and talking to people and their family members." Another said, "I love cooking. One person wanted poached egg on toast and I did this and made it interesting so it looked nice for them. (She showed us a picture of it). I will always put something nicely on the plate for a person, so it makes them want to eat it. I have clients who are diabetic and celiac and this information is included in the care plan".

People's care records showed people's health care needs were met effectively. A staff member said, "If anyone is unwell I would call the office and try to call the family to let them know. I often accompany people to hospital, dental or physio appointments". Another staff member said, "If my client was unwell I'd ask them what they wanted me to do. I might go to the chemist and get some paracetamol, or I might call their family". They added, "I have phone numbers I can call if there is a problem with the ventilator."

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person said, "Staff are good at their job. They are very nice girls." Another person said, "Staff are wonderful". Whilst another told us, "Staff are so caring. It's the little things. One carer treated me to a coffee from the café." Whilst another said, "I always feel like I am being cared for. They have a conversation with me. Ask me how I am feeling. Makes me feel that they are interested in me." One relative said, "I find staff patient and caring." Comments on the service customer satisfaction survey said, "(Staff) whose services we value highly. She makes such a difference to the quality of my relative's life. (Staff member) has amazing qualities, has an excellent ability to connect with X and give them the attention which X does not receive elsewhere." The agency had compliments passed to them by local social services staff. One relative had said that the person and their family want the agency to know that they are very pleased with the quality of care received. They said that the service staff were kind, caring, sympathetic, 'thoroughly professional'.

We asked people whether they felt involved in their care. People told us that they were able to decide when the carer came and what they wanted in their care plan. One person said, "I had an appointment to go to and I was able to change the time that the carer came. I've never had a problem." One person said, "If I need help I ask". One relative said, "There is a care plan in the house, which I was involved in putting together." Staff told us that they involved people in everyday choices. One member of staff said, "I will always ask what clothes they want to wear, if they would like a shower, what food they want and what activities they want to do. I do everything they want." Another staff member said, "I ask what they want for example clothes, food."

People were supported to remain independent. One person said, "Staff will pass me my son's school book so that I can go through it" whilst another told us, "Staff really help me with my independence. If I am brushing my hair, they won't just assume I am struggling to do it. They will only take over when I ask." One staff member said, "I encourage people to do what they can for example dressing and cooking" and another said, "I let them do as much for themselves as they can for example washing, dressing and cooking" Whilst another told us, "Let them do themselves. Do not assume they want you to do it."

People told us that they were treated with dignity and respect. One person said, "I am treated with the upmost dignity and professionalism. There are times that I could have lost my dignity (when personal care was being provided) but staff were very good with me." Another person (who was visually impaired) asked staff to give them advice about the clothes I was wearing. They said, "They were very honest with me and I appreciated that."

We asked staff how they would treat people with dignity and respect. Comments included, "I attend to personal care needs in the privacy of the bedroom with door and curtains closed. I cover exposed parts of the body with a towel". Another said, "If I'm strip washing someone I put the towel over their lap or their shoulders. I always warm the towel on a radiator first." Another said, "I draw the curtains and ask visitors not to come into the room whilst I'm supporting someone with personal care," and another said, "I show respect and dignity by talking nicely to people, smiling all the time and making them happy."

People were able to build positive and caring relationships with the staff that supported them. One person told us they received Christmas cards from the staff and that this meant a lot to them. Another person told us, "(Staff) folded a napkin for me with my lunch. I never bother with that but it's nice when they do it. It's all those little extras."

Requires Improvement

Is the service responsive?

Our findings

Care plans were not personalised and lacked the detail guidance required for staff. In one care plan a person was identified as having mental health needs, being at 'risk of self-neglect' and sometimes behaving in a way that challenges. There was no information on the care plan to identify the support that the person needed with this. This person also had been assessed as being at risk of their skin breaking down and care workers were to monitor their skin integrity with any changes to be reported to district nurses. There was nothing in the care plan about how often they should do this, or what may indicate a change that needed to be reported. Another person who was identified as being at risk of pressure sores and currently had pressure sores had no information in their care plan around the measures that were needed to care for the pressure sores.

Care plans lacked details on people's communication methods and their life history. One person's care plan asked staff to, 'Engage (The person) in conversation'. There was no detail of this person's interests or life history to support staff with this. Another person was identified as having 'limited speech ability but will use key words to express her own needs and choices and should be encouraged to do so.' There was no information on what these key words were. All of the care plans that we looked at were task focussed. There was a bullet point list of tasks with no detail for example, 'get up, 'wash, 'dress' and 'give breakfast'. There was no information for staff on how they needed to provide this care. Although people were positive about the care they received from individual staff, planning their care in a personalised way to guide staff is an essential requirement in ensuring the right care is always delivered.

Care and treatment was not always planned to meet people's individual and most current needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that before they started using the service an assessment of their needs was undertaken. One person said, "They (the manager) came and met with me. They were very professional and they discussed my needs and what I felt I needed." Another person said, "They (the manager) came and visited me. They needed to know if they could provide the care." They also told us that their care was reviewed when they needed it. One person told us, "The manager came to visit me when my needs changed to see if I needed increased support. They are brilliant."

People told us that they were always contacted when staff were going to be late. One person said, "I will always get told. I either get a call from the office or the carer will call." Whilst another told us, "I get plenty of warning if staff are going to be late. It is never an issue. Carers will always ring if they are going to be five to ten minutes late."

Some staff reported that people had care plans that clearly explained how they would like to receive their care, treatment and support. A staff member said, "The care plan gives you pretty much everything you need to know". Another staff member said, "The care plans are the bible. I read the care plan, and the bullet points list what you need to do"

People's concerns and complaints were encouraged, investigated and responded to in a timely manner. They were used as an opportunity for learning or improvement. One person said, "I have complained. Its small things – the person not suitable. They have dealt with it". Another person said, "I have complained a couple of times. They hadn't told me the person was going to be late and I wasn't happy with (name of staff member). I said I didn't want them back. I decided to give them another chance and they are a lot better now, coming along." Seven complaints had been made in the last year. They had all been responded to and had learning points identified. These included staff leaving lights on in the afternoon so people are not left sitting in the dark, staff taking their time and not rushing people, matching people's needs and carer and lateness due to travel time. Measures had been taken to address these complaints.

Requires Improvement

Is the service well-led?

Our findings

There were aspects to the quality assurance that were not effective and had not identified the shortfalls that we found at inspection. None of the audits identified that travel time affected how long staff stayed at visits, the lack of MCA assessments and the lack of personalised care plans. Field spot checks were not always carried out to ensure people received quality care. It is the company's policy to complete spot checks by telephone with people or their representatives every three months and home spot checks every six months. However these were not always being done. One staff member said, "Spot checks. I haven't had any." Another staff member said, "I have had no spot checks to date," and another, "I've never had a spot check done on me in the field, but I come into the office every three months or so for a chat about how I'm doing". Where telephone spot checks were completed they lacked details of what action was taken when something was found to be wrong. There were no other audits taking place at the service.

A customer satisfaction survey was completed in December 2015. Things that were raised included staff not speaking or understanding English, would like a visit from an office staff member once a year, new staff not knowing how to care, staff leaving before they should. There was no action plan put in place to address this feedback from people. A customer satisfaction survey had been completed in December 2016 and was not yet analysed.

Staff told us that there was not enough travel time in between calls that meant they were late providing support to people. A staff member said, "Travel time is not allowed for between clients. This can make you late. Rotas need to be looked at to cover travel times between visits". Another staff member said, "They (the office) don't think where places are and you end up going from one call across town to another and then back again and it all wastes time. There is only about five or 10 minutes in between calls for travelling time and it isn't enough and doesn't make allowances for busy times on the road". We spoke to the registered manager about this who told us that time was built in between calls. They had not taken steps to address the concerns that staff were raising.

As systems and processes were not established and operated effectively this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed that spot checks in their home did sometimes take place. One person said, "I do have spot checks and phone calls. I like them doing this. It helps me feel safe." There were aspects to the quality assurance that were effective. Of the home spot checks done they identified issues with staff wearing jewellery, staff being overbearing, staff not wearing ID, staff not reading the care plan, and staff not promoting independence. Staff were spoken to at the time and were reminded in newsletters. The provider emailed a regular newsletter to staff. These included information on the social media policy, confidentiality, uniform and ID, road closures, and personnel matters. Confidentiality, Uniform and ID were issues picked up when spot checks had taken place and through a complaint. A staff member said, "The office email out a newsletter which keeps me in touch with anything that is going on. Occasionally there are meetings".

We asked people what they thought of the management of the service. Comments included, "At the

moment they need to manage getting more staff. Other than that they (management) do the best they can", "I don't speak to the manager often but I know when I ring the office and ask for something it gets sorted for me", "They (the management) communicate well", "I think there is room for improvement. They are stretched and need to get more staff." People said that they were asked their opinions on the service. One told us, "They (the manager) makes sure everything is in order."

The provider told us that there had not been any accidents or incidents in the last year for them to learn from.

Staff were aware of the aims of the service. One staff member said, "They are to provide personal care that meets all their needs so that they can remain independent in their own home. To provide a good service". Another staff member said, "To keep people in their own homes and be independent" and another, "To provide safe and secure care that is centred on the individual, to enable them to remain independent." We found that staff were putting these aims into practice when caring for people.

Staff were complimentary about the management of the service. One staff member said, "The manager is approachable, has an open door policy, very supportive. I always get support from the manager". Another said, "We get really good support". Another said, "They are very approachable, open door, helpful in the office" and another "We get regular text updates about changes. It's really good support and another, I feel supported and valued. From time to time I get a letter with a thank you".

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 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not planned care in a person-centred way

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not protected people from the risk of harm.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have robust quality assurance processes in place

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider did not have effective recruitment and selection procedures in place