Sihara Care Limited

Sihara Care

Inspection report

Office 105, 10 Osram House
Osram Road, East Lane
Wembley
Middlesex
HA9 7NG

Tel: 02089009158

Date of inspection visit:
12 August 2022

Date of publication:
27 September 2022

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

About the service
Sihara care is a domiciliary care agency providing personal care to people living in their own homes. The services they provide include personal care, housework and medicines support. At the time of our inspection the service was providing personal care and support to a total of 54 people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:
Areas of potential risks to people were not always identified and appropriate risk assessments were not always in place. Some risk assessments lacked detail. This could result in people receiving unsafe care and we found a breach of regulation in respect of this.

Appropriate medicines management and administration processes were in place.

People who received care from the service told us they felt safe and supported in the presence of care workers. There were systems in place to help safeguard people from the risk of possible harm.

There was a recruitment system in place. However, we noted that it was not always clear who provided references for newly recruited staff. We have made a recommendation in respect of this.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

People and relatives told us that care workers were respectful of people's privacy and dignity. They told us care workers were kind, helpful and considerate.

Staff were up to date with their training, which ensured they had the knowledge and skills to safely and effectively meet people's needs. However, we noted that in some staff records there was a lack of detail about what was discussed during supervision sessions and have made a recommendation in relation to this.

The service had a system in place to monitor the quality of the service being provided to people. However, we found that there were some instances where the service failed to effectively check various aspects of the care provided and identify deficiencies with aspects of care. For example, the service had failed to identify issues in respect of risk assessments, care plans and staff recruitment. We found a breach of regulation in respect of this.

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

People's care plans we looked at included details about people's medical background, details of medical diagnoses and social history. Care support plans we looked at were specific to each person. However, the level of detail in each person's care records varied and information was not consistently recorded. We also noted that a number of care plans had not been reviewed since 2020.

Systems were in place to take learning from any suggestions or complaints, should these be made.

Staff we spoke with told us they enjoyed working at the service and they were well supported by the management team and their colleagues.

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 the service was good (16 March 2021). Since the previous inspection, the provider has been taken over by different provider and is under new management, although it is the same legal entity running the service.

Why we inspected
This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection since the change in provider and management.

Enforcement and recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Sihara Care

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 Health and Social Care Act 2008.

Inspection team
The inspection team consisted of one inspector and 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.

Service and service type
Sihara care provides personal care to people living in their own houses.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection there was not a registered manager in post.

Notice of inspection
We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 12 August 2022.

What we did before the inspection
We reviewed information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. However, the deadline for submission of this had not passed at the time of this inspection and therefore we did not use a PIR during this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
During the site visit we met and spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also briefly met the HR office coordinator, care coordinator and field care supervisor who were all in the office on the day of the site visit. We reviewed a range of records relating to the management of the service.

We spoke with 13 people who received care from the agency and 13 relatives. We also spoke with seven care workers. We looked at eight people's care records and multiple medication records as well as records relating to the management of the service and the safety and quality of people's care. We also looked at records showing us how staff were recruited and trained, and compliments received by the service. We reviewed quality assurance records, policies and procedures. We obtained feedback from one care professional.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Potential risks to people's safety were not always assessed appropriately. People's care records included risk assessments which included falls, pressure sore care and diabetes. However, we noted that some of these contained limited information about how to mitigate risks and some areas of risks to people were not identified. For example, one person was at risk of absence seizures, however there was not an appropriate risk assessment in place. Another person had a history of strokes, but there was no risk assessment in place addressing this. Another person used a rollator frame due to limited mobility but there was no risk assessment to help manage the associated risks related to the use of this equipment.
- We discussed risk assessments with the nominated individual who explained that they were in the process of reviewing all risk assessments and inputting them onto the new electronic care planning system. At the time of the inspection, the nominated individual confirmed that they had completed 25 and had 29 left to complete.
- We looked at a sample of risk assessments in the new format and noted that some lacked detail and raised this with the nominated individual who advised that these would be reviewed and amended accordingly.
- Risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment.

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

- We discussed this with the nominated individual who explained that they would take action to ensure that risk assessments with the appropriate level of detail were in place for each person. We will follow this up at the next inspection.

Staffing and recruitment

- Systems were in place for the recruitment of new staff. Checks were undertaken for each candidate. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK had been completed. References were obtained. However, there were instances where it was not clear who had provided these as referee details were limited. There was a lack of evidence to confirm that references had been verified to check their authenticity.

We recommend the provider reviews their recruitment process specifically in relation to reference checks to ensure people were supported by suitable staff.

● There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. Management confirmed that they would only take on further clients if they had sufficient care workers employed.
● The majority of feedback received regarding punctuality was positive. One person told us, "No issue about the punctuality, they are on time." Another person said, "Mostly they come on time, no issue with punctuality." Another relative told us, "Sometimes they come late." We fed this back to the nominated individual who confirmed that they would look into specific concerns regarding punctuality.
● An electronic homecare monitoring system was in place. This monitored care worker's timekeeping and punctuality in real time. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call care workers to ascertain why a call had not been logged and take necessary action there and then if needed.

Using medicines safely
● The service managed people's medicines safely. At the time of this inspection, the service assisted seven people with medicines support. People's medicine support needs were documented in their care plan.
● There was an electronic medicine recording and monitoring system in place. This enabled care workers to record medicines administration electronically. We looked at a sample of Medicine Administration Records (MAR) and found no unexplained gaps indicating that medicines had been administered as prescribed.
● Staff received training to administer medicines. However, a number of staff had not completed medicines competency checks. We raised this with the nominated individual who said that care workers were in the process of completing these.
● Appropriate guidance was in place for medicines prescribed 'as needed' (PRN) for staff to know how and when to administer the medicine.
● The nominated individual carried out monthly medicine audits. These looked at the completion of MARs as well as storage of medicines.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of harm and abuse. Systems were in place to safeguard people from harm and abuse.
● The care people received was safe and met their needs. One person told us, "I feel very safe, they are very nice." Another person said, "I feel safe, I am getting very good care." When asked if relatives were confident people were safe, one relative told us, "Yes, [my relative] is very much safe." Another relative said, "[My relative] is safe enough, it gives us satisfaction."
● Staff completed safeguarding training. Care workers we spoke with were able to describe their role in keeping people safe and reporting safeguarding concerns.
● Staff said they would feel comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.

Preventing and controlling infection
● Effective systems were in place for managing and controlling infection, including COVID-19. The service managed risks associated with infection control and hygiene.
● The provider had an up to date infection prevention and control policy which included guidance on the COVID-19 pandemic.
● Staff completed relevant training and followed current guidance to keep people safe from risks associated

with poor infection control and hygiene. They used personal protective equipment (PPE) effectively and safely. This was confirmed by the feedback we received. One person said, "Yes, [the care worker] is very careful using PPE." One relative told us, "They do observe hygienic practices, always using gloves, mask and washing hands."

Learning lessons when things go wrong.

● A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.

● We looked at a sample of the most recent incidents/accident recorded. We noted that the records detailed the nature of the incident/accident, immediate actions taken, the outcome, follow up action and lessons learnt to prevent reoccurrence.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection we rated this key question requires improvement. Since this inspection, the service has changed management and care is provided by a different provider but with the same legal entity. At this inspection the rating has remained the same as the previous inspection. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had undertaken training that was needed to support people effectively. People and relatives spoke positively about the skills and knowledge of care workers. One person told us, "Care workers are trained, every time I ask them to do something, they do. They are excellent." One relative said, "They are trained."
- There was a system in place to monitor staff training. Staff had completed online training which included safeguarding, fire safety, first aid and moving and handling.
- Our inspection in January 2020 found that there was a lack of evidence to confirm that supervisions had taken place consistently. During this inspection, we noted that supervisions had taken place however, the information documented in these were generic and there was a lack of detail as to what was discussed during these sessions and it was not evident that the session was tailored to individual care workers. We discussed the lack of detail with the nominated individual who explained that these supervisions had been carried out by another member of staff and she would discuss the content of supervisions with them.

We recommend the provider seeks and follows best practice guidance on monitoring and supporting staff.

- The nominated individual explained that staff underwent an induction programme when they started working for the service. We looked at a sample of completed induction forms. These listed topics that were covered as part of the induction, but there was no detail as to the content of the induction and what was specifically covered with staff. We raised this with the nominated individual who said that the staff handbook was used as the basis for the induction but would review this.
- Staff told us that they felt well supported by the nominated individual and that they were always able to contact the office when needed.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

● The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans we looked at included some information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care. The nominated individual explained that they were in the process of reviewing all of these and updating these in the new format care plans.

● Staff received training of the requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.

● People were encouraged to make day-to-day decisions about their care and support needs, including the how they took their medicines, the food they ate and how they spent their day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.

● A care plan was created following the assessment process. This included information about what care people needed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented.

● We received feedback that the provision of care was generally centred around the needs, wishes and preferences of people receiving support.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat and drink enough to meet their needs. Care workers prepared breakfast for people and in some cases, staff were responsible for heating meals and assisting people where necessary.

● People's support plans contained information about their dietary needs and preferences. This included information about people's cultural, religious and preferred dietary needs.

● We saw evidence that care workers had undertaken food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The service worked with other agencies including social care and healthcare professionals to ensure people received a level of care that met their individual needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people].

● Daily records of people's health and well-being were in place. Staff, people and their relatives where appropriate worked together to ensure people received effective care and support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from care workers who were respectful and understood and responded to their individual needs. One person said, "[Care workers] are very supportive and kind." Another person, "Care workers are very caring and gentle."
- People's preferences were included in their care plans; care workers used this information to get to know people and to build positive relationships with them. People felt valued by care workers who showed genuine interest in their well-being. One relative told us, "The service is very good, the positive thing is [my relative] is getting healthier." Another relative told us, "I am very happy because [my relative] is happy, she is so precious to me "
- Wherever possible, people were provided with consistent staff who got to know them. This resulted in positive communication between people, relatives and staff and helped to ensure people received care that was personalised. One person told us, "A regular care worker comes just in the morning (once a day), very kind and helpful." One relative said, "Care worker comes three times a day, the same [care worker], no complaints."
- The service understood the importance of working within the principles of the Equality Act and supported people's diversity in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people were asked questions relating to their protected characteristics before the support commenced.
- People and care workers were matched together based on their personality, interests and cultural needs. The nominated individual explained that they ensured care workers were able to speak people's first or preferred language so that they could easily communicate with them and talk about cultural topics. One relative told us, "[My relative's care worker is Gujarati speaking, she comes on time and [my relative] feels very comfortable."

Supporting people to express their views and be involved in making decisions about their care.

- People felt listened to and valued by staff. People had been consulted about their care and support needs. The service involved people and their support network where applicable, in making decisions to ensure their needs were met.
- People and those acting on their behalf were encouraged to express their views about the care and support from the initial assessment through to care reviews and telephone calls.
- Management obtained people's feedback to check whether they were satisfied with the level of care and support they received was continuing to meet their needs. One relative said, "They do ask for feedback/questionnaire, but I don't have time to fill it out but 8/10 so far." Another relative told us, "I filled

one feedback form a couple of weeks ago, I tell you service is 10/10."

Respecting and promoting people's privacy, dignity and independence

● People were supported in a manner that enabled them to maintain their existing skills and to develop new ones to keep their independence as far as practicable. Care plans detailed what tasks people could do on their own and the areas they required support.

● Care workers supported people and encouraged them, where they were able, to be as independent as possible. This was confirmed by people and relatives we spoke with.

● Care workers we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. Feedback indicated that care workers were always respectful of people's privacy and dignity. One relative told us, "They are polite and kind. They do everything [my relative] asks to do." Another relative said, "The positive point is that my mother is satisfied. They talk, they understand what she needs or wants, etc. We think the service is very good 8/10."

● Care records and files containing information about staff were held securely stored electronically. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

● Care plans we looked at included details about people's medical background, details of medical diagnoses and social history. There was also information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. They included information about people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. Care support plans we looked at were specific to each person. However, we noted that the level of detail in each person's care records varied and information was not consistently recorded.

● During the site visit we looked at a sample of care plans and noted that they had not been reviewed since 2020. We raised this with the nominated individual who explained that they were in the process of reviewing all care plans and changing the format of these. The nominated individual explained they were changing the care management system and inputting information onto the new system. At the time of the inspection, they had reviewed 25 out 54 people's care records. We will follow up on this when we next inspect the service.

● Care workers told us management communicated with them about people's changing needs and support regularly. One care worker said, "[Management] are very good at providing updates and information I need." Another care worker told us, "Communication is awesome here. I get the information I need."

● Systems were in place to ensure any changes in people's care needs and planning arrangements were promptly communicated to staff, so people would continue to have the care they wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Communication needs had not always been fully assessed. Care plans did not always contain clear information about how people communicated.

● There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The nominated individual confirmed that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place, and we found that complaints and concerns had been documented and responded to in line with this policy.

● People and relatives we spoke with told us they were aware how to make a complaint and felt management would act if they need to make a complaint. One person told us, "If I have a problem, I can contact them immediately." Another person said, "I don't have any issue, if I have I would complain loudly." One relative told us, "We had problems a couple of months ago and now resolved due to new management."

End of life care and support

● At the time of the inspection no one was receiving end of life care from the service.

● Care plans did not evidence a discussion surrounding end of life wishes had been considered. We raised this with the nominated individual who explained that as part of their review of care plans, such discussion would be documented where appropriate.

● The training matrix indicated that the majority of staff had not completed end of life training. We raised this with the nominated individual who advised that prior to the service providing end of life care, relevant training would be completed to ensure they were equipped to deal with people's needs safely and sensitively.

Requires 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Management completed some audits in areas such as care plans, MARs and staff files. However, these were not carried out consistently and had not effectively identified the issues that we identified during this inspection in relation to inconsistencies and lack of information in risk assessments, lack of detail in supervision records, inconsistencies in the level of detail in care plans and lack of care plan reviews.
- The current auditing systems in place were not robust enough to assess and improve the quality and safety of the services being provided to people.

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

- There had been changes to the management of the service since the last inspection. The previous director sold the service to another provider and at the time of this inspection the service was under new ownership. At the time of the inspection there was not a registered manager in post. The nominated individual explained that they did previously have a manager in post, but this person left at the end of May 2022. Another manager was then appointed but they left in August 2022. The nominated individual was therefore responsible for the day to day running of the service until a new manager was appointed. A new manager was due to start working on 7 September 2022.
- The nominated individual had the experience and knowledge to carry out their role, however we found shortfalls in the oversight of the service.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and professionalism.
- Staff received regular informative updates from management; this included up to date guidance on the COVID-19 pandemic.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The nominated individual understood their responsibilities relating to duty of candour and the importance of having open and honest discussions, learning from errors and implementing improvement plans.
- During this inspection, the nominated individual was open and receptive to our feedback and indicated a willingness to make improvements.

● Care workers we spoke with told us that staff morale was positive and they enjoyed working at the service. They told us they felt supported and valued. One care worker told us, "Management are understanding and caring. I feel valued here and can say I am treated well here." Another care worker said, "[The nominated individual] is very good and professional. She has been operating things without the manager being there. She is really good."
● Care workers also told us that management had improved in recent months and the service was operating well. They spoke positively about the nominated individual. One care worker said, "Things have got better recently. The new manager [nominated individual] is understanding and really helpful. Things have been better with [the nominated individual]." Another care worker said, "[The nominated individual] is very good and professional. She has been operating things without the manager being there. She is really good."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● When asked about management of the service, the majority of people and relatives spoke positively about how the service was operating. They told us that they were confident with how the service operated and said it was well-led. One person said, "Management has changed, they are good." Another person told us, "[Management] are doing their best. 10/10 outstanding." Another person said, "I must say 10/10 excellent." One relative said, "We have some concerns with the previous company, but present management is good so far."
● There was mixed feedback from people and relatives about communication between them and the office. One person said, "I have got Sihara's office number. Usually, they forward this call on to mobile. They are reactive, not proactive sometimes." One relative told us, "The office staff are very helpful, very accommodative, no complaints." One relative said, "It is difficult to contact them in an emergency, bad communication." We fed this information back to the nominated individual who explained that the service did experience issues with their telephone system which meant there were sometimes issues with incoming calls. She explained that they were actively changing this and a new system was in the process of being implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others
● The service obtained feedback from people and relatives about the service through telephone calls and questionnaires. One person told us, "I got a questionnaire a long time ago and once they asked me about the treatment of the care worker on phone." Another person said, "They asked me about the service, I don't remember the date." One relative said, "I filled one feedback form a couple of weeks ago, I tell you service is 10/10."
● The nominated individual aimed to promote an inclusive and open culture. People and relatives told us that they wouldn't hesitate to raise concerns with management. One person said, "I know the management, if I have any problem, I can call them straight away."
● Since the nominated individual had been managing the day to day running of the service, she had held one meeting with care workers to introduce herself and inform them of the changes. The nominated individual also explained how she held office meeting weekly to discuss the running of the service and share updates. These meetings were also an opportunity to share good practice and concerns staff had.
● Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

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 Risks to people were not assessed effectively. Regulation 12 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17 (1) (2) (a) (b) (c)