

Nobilis Care North Limited

# Nobilis Care Buckinghamshire

## 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

### About the service

Nobilis Care Buckinghamshire is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 88 people using the service. Not everyone who used the service received personal care. 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 and what we found

People had their medicines as prescribed, but improvement was needed for how the service recorded medicines. We observed the required information regarding people's medicines was not routinely recorded on their medicine's administration records. We also saw people's medicines records were conflicting and not up to date. Quality monitoring of medicines records was not effective in identifying and driving improvement needed.

Risks to people's safety did not always have management plans in place. This meant staff did not have the current safe ways of working with people recorded. Some information recorded in people's plans was conflicting which placed people at risk of harm. The provider was moving people's records onto their electronic systems which was taking time to complete. At the time of our inspection this process had not been completed in full which was affecting governance systems.

Whilst incidents and accidents were recorded it was not clear what management action had been taken in response to incidents. We observed some incident forms had no management response recorded to demonstrate appropriate action had been taken.

People and relatives told us the service was safe. There were enough staff available to make sure people had the care they needed. People usually had care from the same group of staff which meant there was a continuity of care provided. This helped to mitigate risks of shortfalls in record keeping. Staff had been recruited safely and trained in a wide range of areas. Staff felt supported by the manager and the office team.

Staff told us they knew about safeguarding and how to report concerns. Staff were confident the management of the service would take action to keep people safe. People had their own care plan which gave staff details on people's likes and dislikes. Care plans included information on people's life history which helped staff to understand their needs.

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. Where needed referrals to healthcare professionals had been made and staff worked with professionals to meet people's health needs.

People told us staff were kind and caring and they respected people's choices. People were involved in their care and supported to maintain their independence. Where needed staff supported people with their nutrition and hydration. This could be simple meal preparation or support to eat their meal.

Staff had stocks of personal protective equipment and had been given guidance on working safely the COVID-19 pandemic. Staff were testing for COVID-19 following the government guidance. Systems were in place to make sure good infection prevention and control practice was followed consistently.

There was a manager employed and they had started the process to be registered with CQC. Staff were appreciative of the managers approach and told us they would not hesitate to raise any concern. Systems were in place to manage complaints and the manager kept a record of all communication about complaints with outcomes. Senior staff carried out unannounced 'spot checks' to make sure staff were following policies and check people were happy with their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12 April 2021 and this is the first inspection. The last rating for the service under the previous provider was inadequate, published on 4 February 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 a breach of regulation in relation to record keeping and assessing and monitoring quality and safety 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Nobilis Care Buckinghamshire

## **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

This inspection was carried out by one inspector and two Experts 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. A branch manager was employed and in the process of applying to be registered with CQC.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 April 2022 and ended on 13 May 2022. We visited the location's office on 27 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. This included statutory notifications and other information received. The provider was not asked to complete a Provider Information Return (PIR) prior to 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people and 15 relatives about their experiences of care received. We spoke with the manager, the training manager and nine members of staff. We reviewed a range of records and documents which included 20 people's care plans and risk assessments, multiple medication records, training information, staff recruitment files for five members of staff, quality monitoring records, health and safety records and policies and procedures.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Using medicines safely

- Whilst people had their medicines as prescribed, we observed all the information required on a medicines administration record (MAR) was not recorded. We observed the route of people's medicines had not been recorded on any MAR.
- National Institute for Health and Care Excellence (NICE) guidance for managing medicines in the community informs providers that they must record how the medicines are taken or used (the route of administration).
- The provider's medicines policy stated that all medicines should have the route recorded. The manager told us the service had never recorded the route on MAR, but they would immediately address this shortfall.
- Some MAR had no instructions on how to give the person their medicine. For example, we observed for two people, their MAR recorded they had topical creams. But there was no guidance on what to apply on which part of the body and how often.
- We also observed some MAR did not have the same medicines listed as the person's medicines profile or risk assessment or the same specific information such as allergies. For example, for one person it was recorded on their MAR they were allergic to a specific medicine. This safety concern was not recorded on their medication profile. For another person allergic to a specific medicine, this was recorded on their medication profile but not on their MAR.
- The manager assured us these shortfalls were recording issues which they would address. The service was shortly to be transferring to an electronic medicines management system which would enable the management to keep oversight of medicines more effectively.

Whilst we saw no evidence of people being harmed, failing to keep an accurate and complete record for people placed them at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training on administering medicines and had their competence checked by a senior member of staff. These checks were carried out regularly to make sure staff continued to administer medicines safely.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had been identified but there was not always detailed guidance in place for staff to follow or the information recorded was conflicting.
- Examples of these shortfalls were, for one person their care plan recorded they could eat toast, but further on in the care plan it said they could not eat toast. It was not clear what their needs were or what the risk

management plan was. One person was assessed as being confused and agitated. Staff needed to give reassurance, but it did not state how staff were to provide this.

- The manager assured us this was a shortfall in record keeping. People had a stable staff team supporting them who knew their needs well.
- Incidents and accidents had not always been reviewed by management to identify immediate action needed to prevent reoccurrence.
- We observed two people had fallen. Staff had recorded the falls on an incident form, but there was no management oversight recorded for both incidents. One person had fallen and needed medical help. Staff had sought the help and it was recorded the emergency services checked the person over. They recorded the person's blood sugars were high. There was no other information recorded as to what action was taken in response to this.

Whilst we saw no evidence of people being harmed, failing to have systems in place to assess and mitigate risks to people's health, safety and welfare and failing to keep a complete, accurate record for people placed them at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior staff assessed environmental risks in people's homes to identify any hazards which would need further guidance. For example, senior staff checked people's external paths and indoor rooms for trip hazards. Where any hazard was identified guidance was recorded for staff to be aware of action to take to mitigate risks.
- People's equipment was checked for safety. For example, some people had a hospital style bed with bed rails attached. Bed rails can cause entrapment, so they require further assessment. This had been carried out with management plans recorded for staff to follow.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe using this service. Comments included, "They [staff] make sure she does not slip in the bath and check that she is eating correctly", "I live three hours away so if I did not feel safe with the carers I would change the agency" and "They [staff] make sure I don't fall, they make sure they do the things I can't do, like reaching shelves."
- Policies and procedures were in place for safeguarding and whistleblowing. Staff had been trained on safeguarding which included the different types of abuse and signs to look for.
- Staff understood how safeguarding was part of their role and knew to report concerns without delay. Staff we spoke with told us they were confident the management would address any concerns raised.
- Systems were in place to make sure any safeguarding concern raised was reported to the local authority and notified to CQC as required.

Staffing and recruitment

- People were being supported and cared for by sufficient numbers of staff. People described the service as reliable with staff staying for the right amount of time. Comments from people and relatives included, "I have the rota and we plan our lives around it, and they [staff] are very reliable, the quality of care is incredible" and "They have never missed a visit [relative] has twenty-four-hour care, and the relief carer always comes on time."
- The provider had taken over a service from another provider. Due to the change some staff had decided to leave. Recruitment was ongoing and new staff had been employed.
- Systems were in place to make sure staff were recruited safely. The required pre-employment checks had been completed. This included a check with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The



information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- Systems were in place for staff to follow good infection prevention and control procedures. The provider had policies in place and provided staff with training and guidance.
- Staff had plenty of personal protective equipment (PPE) and were able to restock when they needed. Staff had been shown how to use PPE safely. One person said, "They [staff] wear aprons and face masks. They take all the COVID-19 tests that are needed."
- Staff were testing regularly for COVID-19 and management were aware of processes to follow should any member of staff test positive.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them starting a service with the provider. This included an assessment of all needs including health, oral care, physical abilities and mental wellbeing. One person told us, "They [staff] did a very thorough initial assessment, they are aware of the risks and did a comprehensive risk assessment. They are very good, we work together."
- People were involved in the assessment process and were able to voice their wishes for the package of care required.
- The provider used nationally recognised tools for assessments with regards to people's skin integrity. Staff completed a Waterlow assessment tool which assesses people's risk of developing pressure ulcers.

Staff support: induction, training, skills and experience

- People were being cared for by staff who had the skills and knowledge needed for their roles. New staff completed an induction when they started their jobs which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A training manager was employed who helped co-ordinate and plan training needed for all staff. Staff told us they felt they had the training they needed, and they were able to ask for further updates if they needed to. One member of staff told us, "At the moment we have online training which is updated. I get an email every Monday with what I have to do, I know when it is next due."
- Systems were in place to make sure staff had supervision. Senior staff carried out 'spot checks' on a regular basis to monitor how staff were performing. This check was also used as a supervision for staff to identify any further training or concern.

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

- Where needed staff were helping people to have a meal and drinks. If people required this help from staff it was recorded in their care plan with information on their needs, likes and dislikes.
- Comments from people and relatives about support with meals was positive, staff gave people choices of meal. Comments included, "Sometimes [relative] has ready meals, sometimes they [staff] cook for [relative], [relative] chooses what she eats", "[relative] eats well, [they] have gained weight. They [staff] give [relative] choices, [relative] knows what she likes to eat. They [staff] allow [relative] to help prepare meals" and "They [staff] cook the food they know what she likes, they try to give her a variety of foods."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff made timely referrals where needed to healthcare professionals such as GP's, community nurses and Occupational Therapists. People were happy with the action taken by staff to respond to health needs. One relative said, "[relative] has regular kidney infections, because of [their] catheter. They [staff] need to keep an eye on urine, they do this really well. They [staff] keep in touch with family and will ring, whatever the time, if it is urgent."
- People's healthcare needs were recorded in their care plan with guidance on what support was needed. Where people had specialist, health needs further specialist training had been sourced and provided to staff.
- For example, the service was supporting some people with a Percutaneous Endoscopic Gastrostomy (PEG). This is a tube which goes through a person's abdominal wall into their stomach. Staff had been trained on how to support and care for a person with a PEG by a specialist nurse.
- People and relatives had confidence in the staff's knowledge and skills for health-related needs. One relative said, "They [staff] are excellent at what they do. My [relative] has a big package of care, it gives me great peace of mind to know that they [staff] know exactly what they are doing. They are very good at observing if skin is breaking down or if the catheter is blocking. They know how to deal with it."
- Staff told us they were able to share information with each other using a communication book which was in the person's home. They were also able to read previous recorded notes to see if there had been any changes in people's needs.

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 MCA 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 and found they were.

- People using the service had consented to their care. Consent was recorded in people's care plans. Staff understood the principles of the MCA and how it applied to their work.
- Where people lacked capacity, we observed a capacity assessment had been completed. It was recorded who was involved in decision making and whether they had power of attorney to be able to help people make decisions.
- We observed for two people it was not very clear what the decision was in the capacity assessment. We shared this with the manager who told us they would review these records without delay.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives told us staff treated people with kindness and respect. Comments included, "It's the way they [staff] make [relative] laugh, they have a really good relationship with [relative]. They try to make the visit as pleasant as possible", "I am treated with kindness, they [staff] are gentle, they always ask if I want something done. If I am not feeling good, they sit and listen to me. They accept if I say I don't want a shower" and "They [staff] are incredibly patient with [relative], they show a general affection and a genuine wish to do things in [their] best interest, they care about [relative] as a person."
- Staff had information on people's backgrounds and life history which helped them understand people's needs. People and relatives told us staff took time to listen to people and understood their needs. Comments included, "They [staff] understand that [relative] has Alzheimer's disease. They are very patient with [relative] and are well aware of [relative's] limitations. They explain to me the best approaches to use to assist [relative]", "The staff know me really well, they listen to me. I make it clear what I require, and they accept and understand" and "They treat me as an individual, not a grey haired 75-year-old."
- People's cultural needs were recorded as was information on religious preferences. Care plans recorded what people wanted to do to practice their religion.

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

- People were involved in their care. Staff supported people to make choices about their care and involved them in decisions. One member of staff told us, "On a day to day working in a person-centred way, then we don't assume, we give choice in all aspects of their care."
- Senior staff visited people regularly and asked them if they were happy with their care and support. One relative told us, "They [staff] respect [relative's] opinion and when I am there, they direct questions to [relative] and wait patiently for their opinion. All the staff from the company are a lovely bunch of people."
- People had reviews of their care plan to make sure visits were still meeting people's needs. This gave people the opportunity to make changes if they wanted to. One relative said, "They [staff] did a review a month ago and said they planned to do a review every six months."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity at all times. Staff told us ways in which they supported people's dignity. Comments from staff included, "We make sure curtains are drawn, when you are helping people to wash, cover the bottom half and vice versa" and "Inclusivity, telling people what I am doing, I am going to make tea, I am going to get a drink, don't creep up behind people, let people know you are there. Covering people when they are having a wash. Making sure when people are being hoisted, cover their legs."

- Care plans were written to encourage staff to promote independence. Staff talked to us about how they encouraged people to do as much for themselves as possible.
- People using the service wanted to remain as independent as possible living in their homes. The service aimed to help people achieve this goal. One person said, "I think because they [staff] are obviously competent, they know what they are doing. They don't make decisions for me; I do have control of my life. I usually have the same person [staff]; I know her well and she knows me well. If I have any medical visits, I ask her to be there as she knows my conditions and she helps to guide me without taking over."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider's complaints policy did not contain accurate information for people to know how to escalate complaints if they were not satisfied with how they had been processed. We shared this with the provider who told us they would amend the policy.
- Systems were in place to respond to any complaints. People and relatives knew how to complain if they wanted to. One person told us, "They recently changed the time of some of my visits, I told them I was not happy with the changes, they took notice and reverted to the times I wanted."
- The provider had a procedure which informed people how complaints would be processed and in what timescale. Management kept a log of complaints, with action taken and response sent to the complainant.

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

- People received personalised care which met their needs. People had their own care plan which recorded all of their needs in a personalised way. One person said, "I have a copy of my care plan at home, and staff write in it every day."
- Staff had guidance to follow which outlined what staff needed to do on each visit. People's preferred routines were recorded for how they wanted to have their care. For example, there was step by step guidance for staff to know how people wanted to get washed and dressed in a morning visit.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified and recorded. There was clear guidance in place for staff to know how to best communicate with people.
- The provider was able to produce information in a range of ways to meet people's needs. This included larger fonts or different languages if needed. Information on the Accessible Information Standard was shared with people in the provider's 'service user guide'. This guide was given to people when they started using the service.

End of life care and support

- Nobody was being supported with end of life care at the time of our inspection. Staff spoke with us about how they had provided this care in the past and had received training on end of life care.

- Where people wanted their wishes and preferences for end of life care known, this was recorded in their care plan.
- For example, some people had made a decision not to be resuscitated should they become unwell. This decision had been recorded by the person's GP and the whereabouts of this document was recorded in people's care plans. This meant staff would be able to give this document to any emergency professional so people's wishes would be followed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were not effective and robust in assessing and monitoring the quality and safety of the service. For example, medicines audits were being completed monthly, but they had not identified that no medicines record had the route of medicines recorded. In addition, we observed medicines audits carried out for the previous four months had identified the same concern about staff recording. Action taken in response to this concern was not driving the required improvement.
- The provider was migrating records onto their systems from another provider. All this work had not been completed at the time of our inspection. The manager recognised there was more attention to detail needed to bring all people's records up to the providers standards.
- Some of the provider's policies were out of date and contained incorrect information. For example, the safeguarding policy referred to an out of date piece of legislation. We shared our findings with the provider on the out of date references in the policy.

Whilst we saw no evidence of people being harmed, failing to have systems in place to assess, monitor and improve the quality and safety of the service placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a manager employed at the service. They had started the process to apply to be registered with CQC but had not submitted their application at the time of the inspection. The manager was supported by a team of staff who were all experienced in their roles.
- The manager was supported by the provider and had senior management available to go to for advice and guidance. The manager told us they also had peer support from other managers working in other services managed by the provider. They told us they had found the peer support really helpful.
- Notifications to CQC had been submitted when needed and in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were receiving person-centred care from a team of staff who knew them. People were happy with their care and support. Comments from people and relatives included, "All of the staff are good at their job, very competent. I trust them implicitly", "They [staff] treat me like a human being, they are friendly but also professional" and "The staff are good at their job, they recognise what I need, they are a good little team."
- Staff told us they loved their jobs and enjoyed working with people. Comments from staff included, "I love



my job. I like the fact people are comfortable in their surroundings, helping someone trying to maintain living at home as long as possible with help from me" and "I love it. I am a people person, an enabler, I like to get things done properly, I like to work as a team."

- The manager had a clear vision for the service and told us they were aiming for an outstanding service provision in all areas.
- Staff we spoke with told us the manager was approachable and the office team were supportive. Comments included, "I adore [manager], she is amazing, I have every faith in her, very approachable, I think they have a good office team. I feel like there is more structure in there, representative of what we do. It is good to have people who know the job in the office" and "[manager] has worked so hard, she is a great manager, she is a good communicator. If you have a concern, they get straight on it and do their best they can. They will do more than 100% to help you. I could not praise them more. I would recommend it as a good place to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management were aware of their responsibility to be open and honest with people.
- There had been no incidents at the service which qualified as duty of candour incidents.

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

- People and relatives told us there was good communication from the service. One relative said, "I get regular emails, updates and telephone calls. They are proactive to find solutions to problems." One person told us, "I know I can always ring and ask questions."
- People and relatives were able to share their views about the service. Senior staff did regular visits to check on staff and talk with people about their views on the care provided.
- Staff were able to approach the management with any concerns and had opportunity to share their views. Staff we spoke with said they would feel comfortable talking with any of the management team about any ideas or suggestions to improve the service.

Working in partnership with others

- The service worked in partnership with others. This included healthcare professionals to liaise about people's health needs. Feedback we received from professionals about the service was positive. One professional said, "I have good relations with them. I would recommend them for anyone. The staff are very switched on, they want to do the best they can, they ask appropriate questions. This agency is good, I trust them."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess and monitor quality and safety, assess and mitigate risks and keep a contemporaneous, accurate and complete record for people.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f)</p>