

MiHomecare Limited

MiHomecare - Reading

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 26 February and 4 March 2015 and was an announced inspection.

MiHomecare is a domiciliary home care service offering personal care to people in their own homes. The 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. 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. At the time of the inspection the registered manager had resigned and was not available. There was an area manager and the provider's compliance manager responsible for the day to day running of the service and providing support to ensure the service was run well at the time of the inspection. We were told a new manager had been appointed but was not yet in post at the service.

Summary of findings

People told us they were happy with the care they received from their regular care workers. However, people did not always have regular care workers and they were less happy with the care received from staff they did not know well. People said they were not always informed by the service when changes had to be made to their allocated care worker due to illness or emergency.

People were not always safe. On some occasions, staff did not arrive for visits and people did not receive the support they needed. This meant there was a risk to people's well-being. Other people received late visits, so they had not received their care when they needed it. The provider had taken action to address these concerns and introduced permanent 'rounds' for staff. A 'round' is a schedule of visits in an identified area and completed in a set order. We were told that permanent care workers were to be allocated to those 'rounds' in order to maintain consistency of care. The introduction of electronic monitoring of visits had also begun, which helped office staff to monitor any visits that were not attended on time, track the care worker and keep people informed as to when their care worker would arrive.

Risk assessments were not always specific to people's needs and some lacked detail to guide staff in keeping people safe. Medicines were not managed safely and errors had occurred. Not all care plans were personalised which meant people may not have been receiving care in the way they preferred.

People were not spoken about or treated with respect at all times and some people did not feel informed about or involved with their care. People did not feel they were listened to and raised concerns with us about lack of communication with the service. Complaints had not always been responded to promptly. However, this was being addressed and outstanding complaints were being investigated. Quality monitoring of the service was not effective. Although concerns had been identified through audit and an action plan developed, issues had not been resolved.

Staff received training and support. They told us they felt more confident they would be listened to since the two managers supporting the service had been present. Staff said they had been able to speak openly to the managers and express their views. Staff had a good knowledge of how to identify abuse and report concerns when necessary. They understood their responsibilities in relation to gaining consent before providing support and care.

The provider had plans in place to manage emergencies.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

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 safe. People did not always receive their visits when they needed them and some visits had been missed.

Risk assessments were not always specific to the individual person and medicines were not managed appropriately.

Staff had received training in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

Inadequate



Is the service effective?

The service was effective. Care staff had completed training and it was refreshed regularly. Staff had opportunities to gain further qualifications and develop their knowledge.

Staff felt supported through one to one meetings with their supervisor and felt they could approach the managers overseeing the service for advice.

People were supported to eat and drink enough and they were enabled to access health services when necessary.

Requires Improvement



Is the service caring?

The service was not caring. People were not always cared for by staff who knew their needs well.

People were not always shown respect and they told us they were not always kept informed about their care.

People told us they were happy when they received care from their regular care staff but less positive when unfamiliar care staff arrived for their visit.

Requires Improvement



Is the service responsive?

The service was not responsive. Care plans did not always reflect people's needs and were not always updated in response to a change in a person's need. However, improvements to care plans were being made and reviews were being carried out to reflect people's preferences and individual needs.

Complaints had not always been dealt with promptly. However this was being addressed and outstanding complaints were being investigated.

Requires Improvement



Is the service well-led?

The service was not well led. People had concerns about communication with the service. Their calls were often unanswered or not returned.

Quality assurance audits were not used effectively. Action had not been taken to address concerns raised in an audit.

Requires Improvement



Summary of findings

Staff found communication with the office difficult however they told us this was improving and they felt listened to by the managers currently overseeing the service.

MiHomecare - Reading

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 was announced and took place on 26 February and 4 March 2015. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection. The

inspection was undertaken by 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.

We spoke with seventeen people who used the service and family members on the telephone. We spoke with six staff, the area manager and the provider's compliance manager. We looked at seven people's care records, seven staff supervision, training and recruitment records, quality auditing processes and policies and procedures relating to the management of the service.

Before the inspection, we looked at notifications we had received from the service. Services tell us about important events relating to the service they provide by sending us a notification. We also spoke with the local authority quality and performance monitoring and safeguarding teams who raised concerns with us about the service.

Is the service safe?

Our findings

People did not always receive safe care. Staff were sometimes late arriving for people's visits, one person told us, "Their timekeeping is awful, abysmal. They've turned up at 11:25pm to help me into bed." Staff had completely missed visits on other occasions. One person told us, "nobody came for my late visit on Sunday". Prior to the inspection concerns had been raised by the local authority quality and performance monitoring team with regard to the significant number of late or missed visits over the previous six months. The managers supporting the service told us this was now being closely monitored and there had been improvements in this area. They told us they had made changes to the way visits were rostered. For example, 75% of visits were now arranged to ensure visit times matched those requested by the people using the service. We saw they had introduced a system of electronic monitoring of visits. This alerted them when a care worker did not arrive at the expected time. They were then able to check with the care worker what had happened and inform the person due to receive a visit. The managers told us they would be continuing to monitor this system to ensure people received their care and it was on time.

We were told staffing levels were determined by the number of people using the service and their needs. We reviewed the visit schedules for the period 31 January 2015 to 6 March 2015. We found that there were insufficient staff to ensure care visits were completed and staff had adequate time to travel between each visit. Although some people told us care workers did arrive on time and they were informed if they were going to be late, most people told us staff arrived late. They said that office staff failed to tell them of changes to their planned visit times or of cover arrangements when their regular care workers were on holiday or off sick. One person said, "when our regular carer is off sick, the office just send anybody, we never know who they're going to send until they turn up." Staff were not always deployed effectively and sufficient time was not consistently allowed for travel between visits. This resulted in staff often being late for visits. People told us they felt staff were rushed, one person said, "The girls are always rushing around and don't spend the right amount of time with me." Another person told us, "I think the carers think they can make up a bit of time with me, they often rush things." We found that the registered person had not protected people against the risks of having insufficient

numbers of staff. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were not being met safely. Where people relied on assistance from care workers, for example to prepare a meal or take their medicines they did not always get the assistance they needed when they needed it. This increased the risks of people not having their nutritional needs met or becoming ill due to not having their medicine. One person's records showed that on a number of occasions, staff were late to help prepare and serve breakfast and finished at the time staff were due to visit to assist with lunch. This meant the person's nutritional needs may not have been met adequately because they were not getting breakfast at the correct time.

Four of the care files we looked at did not have specific risk assessments in relation to falls, skin integrity and medicine administration. The managers supporting the service told us this was being addressed. All care plans were being reviewed and new paperwork introduced to include these risk assessments where appropriate. We reviewed one person's care file containing the new paperwork and saw these risk assessments had been completed. A 'significant risk summary' had been included to highlight any major risks and included the control measures staff should employ when supporting the person. Risk assessments such as those relating to the environment in a person's home were in place.

Risk assessments were not always used appropriately to ensure staff knew how to care for people safely. For example, basic moving and handling risk assessments had been carried out. They provided some guidance with regard to the number of staff needed to move and position a person safely. However, they did not inform staff about how to perform tasks to prevent injury to the person or themselves. We found that the registered person had not protected people against the risk of receiving inappropriate care and support to meet their individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected against the risks associated the medicines as appropriate arrangements were not in place.

Is the service safe?

People told us errors had been made by staff when administering people's medicines. One relative said, "The carers do give [name] medicines, but I'm concerned that they give the right dosage. I had a problem recently where they gave her the incorrect dosage, luckily I spotted it." Another said, "One carer gave [name] a double dose, it makes me feel very unsafe with the agency." These errors had been reported appropriately as safeguarding concerns to both the local authority safeguarding team and the Care Quality Commission (CQC). Records showed there was insufficient guidance for staff when they supported people with some medicines. For example, one medicine required the dose to be varied dependent on blood test results. There was no explanation of this or instructions for staff to follow to ensure the correct dose was administered and accurately recorded. This meant people may receive too much or too little of the medicine.

Some people were prescribed medicines to be taken 'as necessary' (PRN). There was no guidance to help staff understand what may indicate that a person needed this medicine if the person could not ask for it. Not all medicine administration records (MAR) were available at the inspection. Those we reviewed were not fully completed, staff had not always signed the MAR when medicines should have been administered. Therefore, we could not be assured that people had received their medicines at the time they were needed. We found that the registered person had not protected people against the risks associated with the unsafe use and management of

medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

People were protected from the risk of abuse. The provider had a clear policy for staff to follow. Staff had a good understanding of what safeguarding people meant and had undergone training when they began working at the service. This training was refreshed annually. We asked staff what they would do if they had concerns that a person may have been abused. One staff member told us, "I report anything that's out of character, it all needs to be followed up." Another told us they were aware they could contact the police or CQC if they needed to. Staff were familiar with the provider's whistleblowing policy and understood it was a way they could raise concerns about potential poor practice in the workplace.

Safe recruitment procedures were followed before staff were appointed to work with people. Appropriate checks were undertaken including a disclosure and barring service check (DBS). This is a check to ensure that prospective employees do not have a criminal conviction that prevents them from working with vulnerable adults. References were sought from previous employers and managers told us these checks were completed before staff were allowed to work in people's homes. The provider had emergency plans in place to deal with foreseeable emergencies. Staff were familiar with the actions they should take in the event of an emergency.

Is the service effective?

Our findings

Staff told us they had regular one to one meetings with their line manager and there was a system which ensured there was an ongoing programme of planned meetings for each member of staff. Staff said these meetings gave them an opportunity to discuss their work and one staff member said, “I can raise concerns or worries I have”. In addition to the one to one meetings, spot checks were carried out by field care supervisors to assess the practical skills and development of staff. They provided support and direction when issues or concerns were identified. One member of staff told us, “spot checks are thorough, they check everything even how you enter the house and let people know you are there.”

The managers supporting the service told us appraisals should be conducted every year to review staff performance and plan development for the following year. However, some staff told us they had worked for MiHomecare for over a year and had not had an appraisal. Records showed the managers had identified this and had a programme in place to complete appraisals for all staff. At the time of the inspection only 25% of staff had completed an appraisal since January 2015. The managers supporting the service told us dates were being organised for the remaining appraisals to take place.

Staff received induction training when they began working which included eLearning and face to face teaching. They completed training in mandatory topics considered essential by the provider. The provider had established a ‘Learning Zone’. This was an on-line programme for all staff enabling them to access training in areas such as self-development and assertiveness. Mandatory training was refreshed in accordance with the provider’s policy and there was a system to identify when staff were due to undertake refresher training which was then booked.

New care workers completed ‘shadow shifts’ before visiting people on their own. During these shifts staff were able to observe an experienced care worker supporting people. They were then observed by the experienced care worker

carrying out their duties to ensure they were competent. The number of ‘shadow shifts’ completed was dependant on the care worker’s previous experience and confidence. Once these shifts were completed the competence of the new care worker was checked by their supervisor and recorded. Staff were offered the opportunity to gain a nationally recognised qualification (NVQ). One member of staff told us, “I have discussed my development needs and doing a qualification, they would be happy for me to do it but I can’t commit the time at the moment.” Another told us they had gained two qualifications. Sixteen staff had gained appropriate qualifications and others were working toward gaining them.

Staff had knowledge of the Mental Capacity Act (2005) (MCA). The MCA legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Staff were able to tell us how people’s capacity was considered when making decisions about their care. They were able to describe how a decision would be made in a person’s best interests if they were unable to make decisions themselves and who would be involved in making such decisions. Staff told us how they asked for people’s consent before they did anything and checked people were happy for staff to assist them.

Staff told us they supported people with meal preparation. Most of the food preparation involved heating up ready prepared meals or making sandwiches, snacks and drinks. Staff described how they gave people choice by letting them know what food was available and helping people select what they wanted. Staff had received training in safe food handling practices and were knowledgeable about the signs of dehydration and malnutrition.

Staff told us they would always report any concerns regarding a person’s welfare and if necessary they would contact the person’s GP or call an ambulance. One care worker told us they regularly visited the same people and were able to recognise if there was something wrong or if people were unwell. Contact details for people’s GPs were available and records showed contact had been made appropriately with healthcare professionals.

Is the service caring?

Our findings

People did not always receive consistent care and support from staff who were familiar with them.

Mixed feedback was given by people and their relatives about the care provided. Most people told us they were happy with the regular staff who visited them but felt less positive about receiving care from staff they did not know well. People told us they were often unaware when their regular care workers were absent and did not know who would arrive to support them. One person said, “my regular morning carer is OK but the others fluctuate so much, it seems to be completely random who comes to me.” A relative told us, “I am pleased with the regular carers who come, but it’s the weekend when things fall down.” Other people were more complimentary, for example, one person told us, “I am extremely pleased with the regular carers who come, in fact I think they are first class.” Another said, “I’m very happy with the carers and I get on well with them.”

We raised the issue of inconsistent staff attending care visits with the managers supporting the service. They told us this was being addressed by the introduction of pre-arranged visit times and the introduction of permanent ‘rounds’. They said they had realised they required a better mix of times when staff were available. During the inspection we observed staff being spoken to with regard to their availability and working hours. Office staff also spoke with a person who uses the service over the telephone and asked them what visit times they would like and which staff they would prefer to support them on a regular basis.

Care workers had a good knowledge of people’s needs when they visited them on a regular basis. For example one told us, “I usually visit the same people every day, I get to know them really well, I know just how they like things done.” However, they went on to say that they sometimes did not have any information about new people they were

going to support or people they were not familiar with prior to their first visit. Some people told us that care workers do not know them well or have information about them before they visited. One person told us, “The office do not introduce carers to me, they just turn up and I have to explain what needs to be done, although there is a book, they never look at it to understand my condition.” This meant people did not always receive care and support in the way they wanted.

People were not always shown respect, for example a relative told us that when they complained their visit was late, they were told, “[name] has dementia so doesn’t know if I’m late or not.” One person said they had asked for two female care workers to be sent to help with personal care, but often one male and one female were sent. They said, “I have to tell him to leave the room at times. I don’t think that is very good.” People also told us they were not always kept informed or involved in decisions about their care. Comments were made by people and their relatives such as, “They are poor communicators. I talk to all sorts of different people in the office and they say they’ll ring me back but they never do.” and “The office is extremely poor at communicating. They never pass on messages and they never phone me back.”

Staff told us they had received training in how to respect people’s privacy and dignity and they were able to describe the actions they took to maintain this. For example, one member of staff told us they made sure curtains were closed and they covered people up whilst they supported them with personal care. Another member of staff said they felt offering choice was part of respecting someone and maintaining their independence. They added, “if you don’t give choice you are taking away their voice.” Care files and other confidential information about people were kept in the main office in locked filing cabinets. Information kept on the computer system was password protected. This ensured that unauthorised people could not gain access to people’s private information.

Is the service responsive?

Our findings

People were aware of how to make a complaint and the provider had a complaints policy which was given to people when they began using the service. We reviewed the complaints log and saw a number of complaints had been made. Not all of them had been dealt with in a timely fashion. However, the managers supporting the service acknowledged this and showed us evidence of how they were working toward resolving all outstanding complaints promptly. This involved using other managers to investigate and resolve complaints where necessary. Most people and their relatives told us they had no confidence they were listened to, for example, one person said, “When I call the office nobody listens, nothing changes. They say they’ll ring me back but they never do.” Another person said, “They just don’t ring you back, nobody ever phones us to ask if everything is OK.”

The managers supporting the service told us they were aware that some people did not feel listened to and were not happy with the service. They told us they were working toward building better relationships with people and listening to people’s views about how improvements could be made. They also stated they knew the service was not currently providing the service they wanted to provide but they were committed to making improvements to enable the service to be responsive to people’s needs. They had begun a training programme for all care co-ordinators in handling and managing complaints. The registered person did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An assessment of people’s needs was carried out and from this a care plan was developed. However, the care plan did not always accurately reflect people’s needs. The service supported some people who were living with dementia. People did not always have a personalised care plan with

specific reference made to signs and symptoms they may have. There was no guidance for care workers on how they should communicate with people or manage situations when people were confused and refused care. For example, one person’s care plan stated they may not co-operate with care workers when carrying out personal care. There were no specific guidance for care workers to follow to avoid this situation or manage it if it should occur. Other care plans gave times of visits and a list of tasks to be carried out at each visit but no detail of how the person should be supported or their preferred routines.

People had been involved in planning their care and where they were able they had signed their care plan to indicate they agreed with the care to be provided. Where people were unable to sign themselves a relative had been involved and signed to acknowledge their involvement. Reviews of people’s care plans were carried out but not all those we reviewed had been completed in the six month timescale set by the provider. Care plans were not always updated to reflect changes in people’s needs. For example, one person’s record had not been changed to reflect additional visits required. While the additional visits had been scheduled care workers may not have been aware of the support that person required at those visits.

The managers supporting the service told us they were aware the standard of people’s care plans was not consistent. They told us all care plans were being reviewed and new paperwork in a standardised format was being introduced. This included detail of people’s preferences and guidance for care staff to follow. We reviewed two such care plans. They contained details of people’s preferred routines and how people liked to communicate. They were written in the voice of the person and were personalised, giving guidance to care workers on how to support the person. The managers supporting the service stated all staff who completed assessments and wrote care plans had received training in completing the new style paperwork and had received accredited training in risk assessment. They told us they were working hard to complete a review for each person using the new paperwork.

Is the service well-led?

Our findings

At the time of the inspection the registered manager had resigned and was not working at the service. The area manager and compliance manager were supporting and managing the day to day running of the service in the absence of the registered manager. We looked at how the management of the service impacted on the care provided to people. One person told us, "I'm not happy with the standard of the agency. I've lost confidence that they can do a good job." Another said, "No, I cannot say they are well led, quite the reverse." A relative told us, "The office told me that any new carers would be introduced by them and inducted by them – it never happens."

People and their relatives expressed concerns about communicating with the service. One person told us they had received a phone call asking about the service and had reported that care staff were good but the office staff are poor communicators. They added, "I never heard back."

Although the provider carried out quality monitoring visits at the service they were not always used effectively to improve the service. The audit carried out in October 2014 identified a number of shortfalls and a detailed action plan had been drawn up to address the issues. However, we found not all the recommended actions had been completed to improve the service. For example, the audit had highlighted that people's preferred method of communication was not clearly detailed and care plans were not person centred or adequate to meet people's needs. It also identified gaps in the recording of medication which were unexplained. These concerns remained in some of the care plans we reviewed.

The managers supporting the service told us that people were given the opportunity to make comments and give feedback on the care they received during the spot check visits and quarterly telephone monitoring calls were also made. However, not all care files contained records of telephone monitoring calls and some people told us they had not been asked for their views on the service. One person said, "Nobody asks my opinion" and another told us, "Nobody has asked me anything about the quality of the service and I've never seen a manager." We found that people were not given a regular opportunity to provide feedback on the service they received or their level of satisfaction. This was a breach of Regulation 10 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had concerns regarding communication with the office. However, they told us things had improved recently, since the two managers supporting the service had been in charge of the day to day running of the office. One member of staff said, they had recently had a conversation with the one of the supporting managers and had felt confident their view had been listened to. They told us issues raised were being dealt with. Another staff member told us, "I get on well with the office now, I wouldn't have said that a couple of months ago." A member of office staff told us they felt they were, "being taught by people who understand the service and I can see the positivity coming through from carers now." One member of staff told us they had been looking for another job as they were unhappy with how the service was run. However, they said things had changed for the better and they now felt support was available and had decided to stay. They commented, "It's amazing what can be achieved with the right people in place in a short space of time."

Staff also told us of improvements in the way their duty rotas were being planned. They told us previously they may not have received their rota for a particular day until half an hour before they were due to start work and changes were not always communicated efficiently. They said this had changed and they were now being sent their rota for a whole week ahead of schedule. Any updates or changes were being confirmed by the new electronic monitoring system by means of text messages.

The managers supporting the agency told us they were aware of the concerns and issues raised and were in the process of working through them to improve the service. They had recently started to work with this branch of the agency but told us they were, "determined to make a difference" and "we are not going to let it fail." They told us a new manager had been appointed and was currently undergoing induction at another branch of the agency. The managers supporting the service were clear that they would continue their support until improvements had been completed and the changes made had been embedded to provide stability.

Unannounced visits (spot checks) were carried out by field care supervisors at people's homes to ensure they were

Is the service well-led?

receiving appropriate standards of care. Any issues raised during these checks were discussed with care workers either at the time or during the one to one meetings between them and their supervisor. Staff confirmed they had regular spot checks and felt them to be thorough.

Team meetings were held. However, staff told us it was often difficult for them to attend due to work commitments. This was despite each meeting being held

twice to try to accommodate different shift patterns. Staff told us they could read the minutes of the meetings if they did not attend. These meetings provided an opportunity for discussion and information sharing between staff.

During the inspection an open culture between the supporting managers and the agency staff was evident and we saw staff approach both the supporting managers for advice and guidance. One member of staff said they felt the culture had become “more supportive” in recent weeks and another “I enjoy to coming to work now I can see progress.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person had not taken proper steps to ensure people received care to meet their individual needs and to ensure their welfare and safety.</p> <p>Regulation 9 (3) (b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not use systems to monitor the quality of the service effectively. Issues and concerns identified had not been addressed by the registered person.</p> <p>Regulation 17 (1) (2) (a) (b) (e) (f)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not protected people against the risks associated with medicines because the registered person had not made appropriate arrangements for the safe and proper management of medicines.</p> <p>Regulation 12 (g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments.

Regulation 16 (2)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not deploy sufficient numbers of staff.

Regulation 18 (1)