

Hartwig Care Limited

Hartwig Care Ltd (Bexley)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Hartwig Care Ltd (Bexley) is a domiciliary care agency. It provides personal care to people living in their own homes, At the time of the inspection there were 66 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

We found that the provider failed to carry out pre-assessments before people used the service. Appropriate risk assessments were not always completed, and risk management plans were not always in place to manage these risks, which included choking, skin integrity, equipment, falls, malnutrition, bedrails, Parkinson's, multiple sclerosis and epilepsy.

Staff were not always deployed to meet people's needs in a timely manner. There was a system in place to log and investigate accidents and incidents, however, these were not analysed and learning from this was not disseminated to staff. Staff had not received training in catheter care that could be evidenced. People's independence was not always promoted, and people's privacy and dignity was not always respected.

People or their relatives were not always involved in planning their care and support. People or their relatives' consent to care and support was not always documented. Governance systems were not always effective at identifying and reducing risks to people's safety.

Overall, medicines were safely managed. People were protected from the risk of infection. Appropriate recruitment checks were carried out before staff joined the service. There was a complaints system in place to manage people concerns effectively. Staff were supported through regular supervisions.

Rating:

This was the first inspection of the service.

Why we inspected - This was a planned comprehensive inspection.

Enforcement and Recommendations:

We have identified breaches in relation to safe care and treatment, staffing, person-centred care, dignity 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.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartwig Care Limited – Bexley on our website at www.cqc.org.uk.

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 not always effective

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Hartwig Care Ltd (Bexley)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 2 inspectors on the 1st day of the inspection and 3 Experts by Experience also supported this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The 2nd day of the inspection was carried out by 1 inspector.

Service and service type

Hartwig Limited 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 were 2 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection as we needed to be sure that the registered manager would be in the office to support the inspection. This inspection site visit took place on 02 June 2023 and 13 June 2023 and was announced.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification

is information about incidents or events that providers are required to inform us about. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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.

During the inspection

We spoke with 12 people and 6 relatives to seek their views about the service. We spoke with 6 members of care staff, the operations manager, a field supervisor and the 2 registered managers. We reviewed records, including the care records of 5 people using the service and recruitment files and training records of 8 staff members. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This was the first inspection of the service. At this inspection this key question has been rated Requires Improvement. This meant people were not safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were not always safe and protected from known risks of harm. Risks had either not been assessed or were not adequate in relation to choking, skin integrity, equipment, falls, malnutrition, bedrails, Parkinson's disease, multiple sclerosis, and epilepsy.
- Risk management plans were either not in place and/or not detailed to ensure that there was up to date person-centred guidance for staff on what to do should people become ill. Some people's care records were not always person-centred and contained minimal information about people's specific health needs, this included people living with choking, skin integrity, equipment, falls, malnutrition, bedrails, Parkinson's, multiple sclerosis, and epilepsy. This meant there was not always guidance for staff on how to support people with their individual needs effectively.
- Some people used mobility aids, such as wheelchairs, hoists, walking and standing frames. However, their moving and handling and falls risk assessments did not always identify the potential risks of using these mobility aids. There was not always guidance in place for staff on how to safely mobilise the person and how to minimise potential risks. A staff member we spoke with told us that they hoisted a person single handed, "There is a lack of space in the [person's] room, so can't have 2 carers to hoist, but if I need support, family members help me." This placed this person at risk of falls and avoidable harm.
- During the inspection, the registered manager told us that fact sheets about people's health conditions were kept in their care files within people's homes. However, a staff member said, "Yes, I have a [person] that has [specific health condition], they told me they have [specific health condition]. I can't remember if there was any information in the file in their house. But I know how to support them because they told me how to."

We found no evidence that people had been harmed however, we found the provider had failed to ensure systems or processes were in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us updated risk assessments and risk management plans. We will check that these have been implemented for other people using the service at our next inspection. The registered managers also confirmed that staff who complete care plans will undergo further training as well as managers who audit care plans. We will also check if fact sheets about specific health conditions were person-centred at our next inspection.

Staffing and recruitment

- Staff were not always deployed effectively to meet people's needs in a timely manner. The provider had a call monitoring system (ECM) in place to monitor staff attendance and punctuality and ensure people received their care as planned. However, when we analysed 3 months of care calls on the ECM system prior to the inspection, we identified only 71% of calls were delivered at the times scheduled.
- Staff were not always punctual. Most people told us that although they did not have any missed calls, staff were often late or too early, and they were not always informed if there were going to be any changes. People also said that this was worse at weekends. A person said, "In the morning the carer started coming far too early at 6.45am. it seems carers come when it suits them." A 2nd person said, "I have 2 carers, but most times they never arrive together so have to wait up to 20 – 30 minutes, probably because 1 is a walker or uses the bus" A 3rd person told us, "For the evening visit the carer comes far too early to put me to bed at 7pm. This needs improvement."
- Most people told us that they didn't not have consistency in care staff. A person said, "I have 5 different carers during the week and at least 4 different carers at the weekend." Another person said, "We have at least 14 different carers visiting my [family member] during the week. A relative said, "We tend to get at least 8 different carers per week. A staff member who used public transport, said, "I don't always have enough travel time as they do not plan clients geographically near each other and I have to rush. This means I could miss a bus and be late for a call."

The provider had failed to ensure that staff were effectively deployed and had received adequate catheter training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection 1 of the registered managers sent us information that they had started to call people to ensure that they were happy and satisfied with their calls, including times and the number of staff who visited. We will check this at our next inspection.
- Appropriate recruitment checks were carried out before staff joined the service.

Using medicines safely

- Overall, medicines were safely managed. Medicines risk assessment information were documented in care plans. However, although names of people's medicines were listed, the actual doses of these medicines were not always documented. Also, we noted that on occasion, people prescribed with high-risk medicines did not have appropriate risk assessment information in their care plans. This required improvement.
- We reviewed electronic medicines administration records (MAR) and found that staff signed them electronically after administering medicines.
- People's MARs included appropriate prescription information, any allergies a person may have and details of the person's GP. MARs were audited regularly to check they were being completed properly by staff.
- We saw that people received PRN medicines (to be taken as and when needed) safely and there were protocols in place to guide staff on when these medicines should be administered.
- When people joined the service, initial assessments of people's medicines were not undertaken in a timely manner, people's medicines were not always verified with their GP to ensure they were correct. This could place people at harm.
- During the inspection the registered manager told us they would ensure that medicine doses were documented. They also assured us that people who were prescribed high risk medicines had appropriate risk assessment information in their care plans. We will check this at our next inspection.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- People and/or their relatives told us that they felt safe. There was an effective system in place to safeguard people appropriately and manage concerns of abuse. However, although accidents and incidents were logged and investigated, the follow up actions taken to protect people in the future were not always documented. We also saw that the provider had failed to carry out analysis of any trends to identify areas in the service where lessons could be learnt and disseminated to staff, so there could be a positive impact in improving people's experience of the care they received. This required improvement.
- Staff had completed safeguarding training and people and relatives we spoke with told us that their family member felt safe.

- Following the inspection, the registered manager sent us an updated accident and incident tracker, which documented follow up actions and lessons learnt. We will check this at our next inspection that the lessons learnt were disseminated to staff.

- The provider had safe recruitment practices in place. at the service. The provider carried out robust checks to ensure that people were of good character and had the appropriate skills and experience to support vulnerable people.

- We found that that application forms were completed in full. Reasons for gaps in education and employment histories were accounted for. Employment references were obtained, and appropriate Disclosure and Barring Service (DBS) checks had been carried out.

Preventing and controlling infection

- We received feedback that overall infection control was appropriately managed. Some people and their relatives told us that staff almost always wore personal protective equipment (PPE). However, most people said that they had not observed staff washing their hands.
- Staff told us that they had adequate PPE available to them.
- We saw that in team meetings, the registered managers reminded staff about infection control and the practices and processes they should follow.

Is the service effective?

Our findings

Effective – this means 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always fully assessed. The provider did not complete comprehensive assessments for people before they joined the service.
- Referral information from the local authority that commissioned the service was used as a pre-assessment. This meant the provider could not be assured that they were able to meet people's care needs effectively before they offered to support them.
- The provider's internal policy states that they will complete pre-assessments within 48 hours of commencing a care package. However, the care plans we reviewed did not have any pre-assessments carried out. The provider said that there were instances where people or their relatives did not consent to staff visiting within the 48-hour timeframe.

We found no evidence that people had been harmed however, this was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection the provider stated that they would ensure that going forward they carried out their own assessment of people's needs within the 48-hour period. If this was not possible then reasons why not would be documented in people care records. The provider also confirmed that they would use the pre-assessments to inform people's care plans.

Staff support: induction, training, skills and experience

- All staff had attended an induction and staff new to the caring profession, had completed an induction in line with 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.
- We received mixed feedback about how well staff were trained. Positive feedback included, a relative saying, "[Staff] are very well trained in what they do." Another relative said, "[Staff] have all the knowledge they need" and a third relative said, "[Staff] are very skilful in what they do."
- We reviewed the training matrix and saw that staff training was up to date. However, the provider could not evidence where required staff had undertaken catheter training. 1 of the registered managers told us, that staff had undertaken in-house catheter training which came under 'Personal Care' and that district nurses provided on-site training. However, feedback from people and relatives included, "New carers I have....are not trained at all in emptying or changing both my catheter bags safely and securely.... It really is not

acceptable." A relative said, "[Staff] don't know how to change a night catheter bag to a day catheter bag. I end up doing it or my [relative] will have an unpleasant wet bed. Carers should be shown how to do this safely and correctly by a nurse. I have never seen any carer being trained to do this task by this agency." Another person said, "The young carers I have now, are learning, but are not by any means trained to do the job efficiently, or empathically to be able to understand my needs." This meant that staff who worked independently and without supervision in the homes of vulnerable service users had not received adequate catheter training to meet service users' needs safely.

- Staff we spoke to told us that they had been trained in catheter care by the service's training manager, but none had received training by district nurses. For example, a staff member said, "I have had catheter training, I never had any training with District Nurses." A 2nd staff member said, "I had catheter training at the head office, no training was given by District Nurses." A 3rd staff member said, "Catheter training was in-house. I've had no training with district nurses, I wouldn't mind doing this, it would be helpful." Therefore, despite staff having some training, not all staff were confident to provide catheter care and needed more input and training.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered managers confirmed that they would look into additional catheter training for staff. We will check this at our next inspection. The registered managers said that they would also look at extending the period for carers to shadow more experienced staff.

- We reviewed staff files and found that staff had been supported with regular supervisions. This meant there was a formal process between staff and managers where staff could review their workload, monitor and review performance, and identify any learning and development opportunities.

Supporting people to eat and drink enough with choice in a balanced diet

- People were not always supported safely with their nutritional needs. We found two people who were at risk of choking did not have choking risk assessments in place and there was not guidance in place for staff on how to safely support people when eating and drinking.

- It was not clear from care records if staff had met with people who at risk of choking to ensure that they were meeting people's needs effectively.

- Care records documented when people required a diabetic diet. However, there were no person-centred diabetes risk assessments in place, which documented what a diabetic diet meant and what to do if people become unwell.

- Following the inspection, the provider confirmed that 1 of the people whose care records showed that they were at risk of choking, was not actually at risk and their care records had been updated. The provider sent us updated risk assessments for people living with diabetes and at risk of choking to ensure that staff were able to support them safely.

- Most people either made their own meals or they were supported by relatives. We spoke with people who were supported by staff, and they told us said that staff made them sandwiches or heated meals for them. A person said, "At lunch time they make me a sandwich and a piece of fruit. Teatime they put a ready meal in the microwave for me." A relative said, "[Staff] warm the milk for [my family member's] breakfast and try to coax them to eat...as eats very little."

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

- People were not always supported to live healthier lives as staff did not have detailed information about people's specific health and medical needs.
 - People's care plans did not always clearly document the support they required. For example, people living with Parkinson's disease multiple sclerosis and epilepsy did not have person-centred detailed guidance in place for staff on how to safely support people living with these conditions.
 - People's care records did not always document if the provider was working with other care agencies to support people's specific health conditions.
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- Following the inspection, the provider sent us updated care records with detailed information about specific health needs and updated guidance for staff.

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.

We checked and saw the service was working within the principles of the MCA

- The registered managers and staff had an understood the principles of MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs.
- People's rights were protected because staff sought their consent before supporting them.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Peoples' dignity and privacy was not always respected. Late calls meant that people were left waiting for support and meant that people's dignity could be compromised. This was because systems were not effectively used to address late or missed calls and ensure that people's dignity and individual needs were not impacted or compromised.
- We received mixed feedback from people and their relatives. Some people told us that staff were kind, caring and respected their dignity. A person said, "[Staff] put a towel over me when they wash me. I don't feel uncomfortable." A relative said, "When [staff] are doing personal care they do place a towel over [my family member] and close the bathroom door to promote privacy and dignity."
- Other people and their relatives said that their privacy was not respected. A person said, "Well the carers I have now place me on the commode and strip me and wash me while I am on it. No, they don't protect my dignity or privacy." This person also said, "Carers move me from one room to another whilst I am on my commode." A relative said, "Carers bed bath my [family member] they just get on with it without any conversation, only chatting in their own language over my [family member]. Not at all respectful." A staff member told us, "Yes, I do a strip wash on the commode, I just tell the client what I am going to do."

The provider failed to ensure people were always treated with compassion, dignity and respect was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, 1 of the registered managers told us that they were not aware of these issues and were determined to ensure that people's dignity was always promoted and respected. The manager also confirmed that they would be meeting people individually to discuss and rectify any concerns. The registered manager also told us that they would meet with staff to discuss 'dignity and respect' and further training will be arranged if required. We will check this at our next inspection.

Ensuring people are well treated and supported, respecting equality and diversity. Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives told us that staff were kind and caring.
- Notwithstanding the positive feedback, we were not assured that staff were deployed effectively to ensure people's dignity and respect was not impacted and they received support in line with their needs in a timely manner.
- The registered manager told us that presently, no-one required support with cultural needs. However, if

they did then they would explore people's individual needs and offer the support they needed.

- People were supported to make decisions about their day-to-day support. People and/or their relatives were supported to be involved in decisions about their care. For example, care records documented if people were able to choose what they wanted to wear or eat.

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 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. End of life care and support

- Some people's care plans were not always person-centred and contained minimal information about them and their care needs.
- We received mixed feedback about people's involvement in the planning or reviews of their care. A person said "We had a review just a couple of weeks ago. It was very comprehensive to make sure everything was all in order." A relative said, "I was involved with my [family member's] care plan." Another person said, "No I haven't seen my care plan." Another relative said, "No, I haven't [been involved] and no, the [agency] don't discuss anything with me. A third relative said, "No, we haven't seen any care plan for my [family member's] care support."
- We saw that some care plans were not always signed by either the person using the service or the relative consenting to their care. We also saw that staff had not always signed and/or dated support plans.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider sent us some updated plans that people and/or their relatives were now involved in planning and reviewing their care. We will check this for other people using the service at our next inspection.
- The registered managers told us that there was no-one receiving end of life care. However, should anyone need support with this, then they would ensure that care records would contain advance decisions about people's choices about the end of their life.

Improving care quality in response to complaints or concerns

- The provider had a system in place to handle complaints effectively. Overall people and relatives told us that they did know how to make a complaint and there was information in the folder in their home. There had been no complaints to date.
- During the inspection the registered manager told us that they would be speaking to people and their relatives to ensure they knew how to make a complaint and remind them that information about making complaints was in the care folder within their home.

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 (AIS). 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.

- The provider had an AIS policy in place. However, 1 person's care records showed that their communication needs had not been clearly recorded in their care plan to guide staff on how to communicate with people effectively.
- There was no information available in different formats should people need them to meet their personal needs. The registered manager was not aware of the AIS.
- Following the inspection, the registered manager sent us the updated care plan to clearly guide staff on how to communicate effectively with the person who needed support with their communication needs.

Is the service well-led?

Our findings

Well-Led – this means 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

- People did not always receive a service that was always well-led. The provider did not always have oversight of the service.
- Monitoring systems in place did not always ensure that there was effective oversight of the service. This meant the provider had failed to ensure they always operated effective systems to assess and improve the care provided.
- Risks relating to skin integrity, equipment, falls, malnutrition, bedrails, Parkinson's disease, multiple sclerosis and epilepsy were not always addressed safely and effectively by the provider.
- Accidents and incidents were logged, however the provider failed to carry out any analysis and did not always disseminate any learning to staff on how to minimise these in the future.
- Although the provider had carried out audits in relation to medicines, compliance, staff files and care plans, they had not identified the issues we found at this inspection.

The provider had failed to ensure systems for governance and management oversight were robust, safe, and effective. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Following the inspection, the registered managers told us that they will be looking at the findings of this inspection and would be driving improvements going forward.

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

- The registered manager had held regular staff meetings. We saw the minutes of meetings held in May 2023 however, the minutes did not demonstrate that any learning had been disseminated to all staff.
- Staff were supported through regular supervisions, which meant that they were given the opportunity to feedback individually to drive improvements.
- We saw that the provider had sent an annual survey to people and their relatives prior to the inspection and were awaiting responses. The registered manager told us that once the responses were received, they would analyse them and produce an action plan to drive improvements. We will check this at our next inspection.

- We received mixed feedback from people or their relatives regarding if they had been asked for feedback about the service. A person said, "I have spoken to the office in the past on the phone about my views... they take your opinion into account." A relative said, "We have spoken on the phone regarding the reviews... I couldn't praise them more." Another person said, "No one has phoned me for any feedback about the service." A third person said, "No they don't ask for feedback."

When asked people about the registered managers, some people told us they did not know who the registered managers were. A person said, "No I don't know the manager and have never spoken to them." Another person said, "I have never spoken to the manager so don't know them." A relative said, "I have got the name of the manager, but have never spoken to him and he has never phoned me to see if the service is to my or mums liking."

- During the inspection, the registered managers told us that they had spoken to people using the service or their relatives, but they not realised that they were speaking to the registered managers. The registered managers said that following the inspection, they would ensure when they spoke to people or their relatives that they knew who they were. We will check this at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and understands and acts on duty of candour responsibility when things go wrong

- People did not always receive good outcomes. This was because there were not always clear and accurate records maintained to provide staff with robust guidance to ensure positive outcomes.

- Care plans were not comprehensive and failed to detail all of people's needs and preferences to ensure person-centred care and support was provided. However, following the inspection, the provider sent us updated and detailed care plans.

- People were supported by a service that had adequate understanding of the duty of candour. The registered managers were able to identify the appropriate steps to follow when things went wrong.

Working in partnership with others.

- The service worked with the local authority, district nurses and any other healthcare professionals if required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs were not always assessed and care plans were not person-centred People or their relatives were not involved in planning their care needs
Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People dignity and privacy and independence was not always maintained
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessment and risk management plans were not always in place
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems for governance and management oversight were robust, safe and effective
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not effectively deployed to meet people's needs in a timely manner