

Mears Care Limited

Mears Care - Rossendale

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 29 June 2016 at the agency office and was completed by contacting people using the service with telephone interviews on the 30 June. The first day was announced. This is because it is a community based service and we needed to make sure the registered manager was available.

Mears Care Rossendale is part of Mears Care Ltd and provides domiciliary care services to people in east Lancashire. In addition to this the provider offers a short term domiciliary crisis service. The office is located in Haslingden. The service provides flexible personalised care and support for people who require additional support to live independently within the community. Additional services are offered such as domestic support and carer support. At the time of the inspection 165 adults were using the service for personal care and or domestic support.

The service was last inspected on 22 May 2014 and was found compliant in all areas inspected.

The registration requirements for the provider stated the home should have a registered manager in place. 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 there was a manager in post who had submitted an application with the CQC to become registered which is currently being processed.

We found the service to be in breach of four regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of systems and processes in place to effectively investigate and document any allegation of abuse. Not having effective systems for receiving and acting on complaints, not following the provider policy in relation to providing an adequate amount of supervision meetings for all staff and not operating established and effective quality assurance and audit systems to monitor and improve the quality and safety of the services provided. You can see what action we told the registered provider to take at the back of the full version of the report.

During this inspection people indicated that they were pleased with the service and told us that all staff were punctual, well presented and kind. People told us they felt safe and secure and cared for by staff who knew and understood their support needs. Staff gave suitable examples of how to keep people safe. We saw evidence of risk assessments in people's care files which considered the person's home environment and any perceived risks at the property.

We noted the provider had policies and processes around safeguarding and whistleblowing; however these policies and processes were not always being followed.

People told us that staff arrived on time. Staff told us they never felt rushed and were able to stay their

allocated time. Staff rotas were prepared in advance to ensure all visits were covered. We noted there was a sufficient number of staff to cover all visits. Appropriate recruitment practices were followed and relevant checks were done, this helped to ensure only suitable staff were employed to care for people.

Staff told us they felt supported in their caring role; however, we noted an absence in staff supervision. Staff had attended appropriate training sessions to help them carry out their role and this was confirmed by people using the service. However, due to the lack of certificates on some topics the manager had requested that a variety of training sessions were to be re done to ensure all correct certification was evident.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and Court of Protection. These provided legal safeguards for people who may be unable to make their own decisions. The manager also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

People received an individualised care and support package which reflected their individual preferences, likes and dislikes and promoted their independence. People told us they were involved in planning and reviewing their care. People felt they were treated with kindness, sensitivity and care and staff gave appropriate examples of ensuring people's privacy and dignity was maintained. People told us they were involved in making decisions about how they would like to be cared for and were supported to eat and drink in accordance with their care plan. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

People who used the service expressed a confidence that should they raise an issue it would be dealt with appropriately. However, none of the people we spoke with had raised a complaint and therefore they could not offer any positive examples how they were managed?. We noted through complaints received prior to the inspection and lack of evidence around known complaints that the complaints process had not been consistently followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment records did not always contain information required to be in line with current guidance.

People told us they felt safe. They were cared for by staff that had received appropriate induction and training prior to starting their caring responsibilities. Maybe in effective?

The service did not follow their procedural guidance around recording and monitoring safeguarding concerns.

Staffing arrangements were appropriate and enabled staff to meet people's individual need and risk effectively and in line with allocated time slots.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received care and support that was personalised to meet their individual needs and requirements.

Supervision meetings for all staff were not frequent and in line with provider policy.

People were supported by staff that were trained. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People were effectively supported with their health and wellbeing and appropriate referrals were made to health professionals when required.

Is the service caring?

Good ●

The service was caring.

People described staff as being respectful and felt their needs

were understood. People felt protected and their right to privacy was respected and were treated in a kind and dignified manner.

People's care and support was provided according to their wishes and preferences and they were encouraged to maintain their independence.

Is the service responsive?

The service was not always responsive.

Complaints had not been investigated or documented in line with best practice and the provider's procedural guidance.

People's care plans were individualised and centred on their wishes and needs. They were kept under review.

Staff demonstrated a good understanding of people's needs and preferences. The agency offered a flexible service that responded to any changes in people's requirements including emergencies.

Requires Improvement 

Is the service well-led?

The service was not always well led.

We found the service did not have robust or effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a manager in place who had submitted a registration application to the Commission.

The manager was approachable and had identified areas for improvement and was actively working towards an action plan to ensure good practice was embedded into the service.

Requires Improvement 

Mears Care - Rossendale

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 June 2016. We gave the manager 48 hours' notice of our intention to inspect the service to ensure she was available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law.

We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with seven people who used the service or their main carers. We spoke with five staff members and the manager. We looked at the care records of eight people who used the service and other associated documents such as policies and procedures, safety and quality audits, quality assurance surveys. We also looked at eight staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with indicated they were, "Very pleased" with the service they received. People gave examples of how they felt staff supported them in a safe way and how staff ensured their homes were left secure following their visit. Comments included, "Brilliant service, the carers are very good. They always leave my home secure" and "The carers always ensure I am well looked after and have everything I need. They are also very punctual. I feel safe in knowing I can stay at home and have regular calls to check I am ok."

All people we spoke with confirmed they had never had never experienced a missed visit and if staff were late they would receive a phone call from the office to inform them. Staff we spoke with gave positive examples of how to care for a person safely and the procedures to follow should they face an emergency situation. One person said, "I always check risk assessments and care plans to ensure I have a good understanding of the situation. If I am required to stay over my visit time due to an emergency I would contact the office to let them know." Appropriate examples were also given by staff about effectively securing a person's property following a visit. Examples included the 'Scrambling' of key pad safes to ensure only people with the key code can gain access.

The service had safeguarding and whistleblowing policies and procedures which gave staff information on what constituted abuse and guidance on how to and who to report any concerns. Staff had received training in protecting people from abuse. Staff spoken with showed a good understanding of safeguarding and protection matters and were aware of the various signs and indicators of abuse. Staff told us they would contact the 'office staff' should they have any concerns. Although the care staff told us that they would refer any issues to the 'office staff' we did not see any evidence that that the correct procedures to follow were known by the staff in the office. The manager was new in post and told us that she had also identified this as an issue which she was addressing

We noted a 'safeguarding file' was situated at the office; however, there was no evidence of any recent safeguarding alerts which had been raised. The policy states, "All safeguarding allegations will be recorded using a safeguarding report form". This policy was not being followed. The manager told us she had already sent a memo to staff to inform all safeguarding referrals were to be directly sent to her so they can be effectively logged onto the system and appropriate action taken to refer incidents to the local authority.

This meant the registered provider had not taken appropriate steps to ensure robust systems and processes were operated effectively to document and investigate any allegation of abusive practice. This was a breach of Regulation 13(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records we looked at did not always contain information required to be in line with current guidance. We noted that five out of eight files seen did not have any evidence of a Disclosure and Barring Service check (DBS) number. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The manager could not assure us at time of inspection that the missing DBS applications had been made

before the person had been successfully appointed. This was due to her newly appointed role within the service. However, the manager informed us she felt confident that these had been done but had been removed from the files due to the new guidance that certificates should now not be stored in personal files. She did acknowledge that a record of the number should still be evident.

Following the inspection we received an action plan from the manager which detailed information that that a 'memo' had been sent out to all care staff to ask them to provide their most update DBS certificate to the manager to ensure all DBS details are recorded on a spread sheet as evidence that they had been obtained.

We looked at what processes the service had in place to maintain a consistent staffing team. We looked at staff rotas and time sheets covering a four week period. We noted there was a sufficient number of care staff employed to meet people's needs safely and effectively. Comments from staff included, "I never feel like I have too many people to see" and "My hours are great." People we spoke with told us they never felt rushed when care staff visited. One person said, "The carers are like friends to me. I enjoy their company and they always have a chat with me. They make me feel relaxed and never rushed."

Duty rotas were prepared in advance and the manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. We received positive feedback from people using the service to confirm this. The manager told us that the recruitment of new care staff was underway to allow the service to accept additional packages of care from the local authority.

Care was planned and delivered to protect people from unnecessary harm. We noted in all four care records individual risks had been assessed and recorded. Risk assessments had been produced before any care was given. Individual risks to people had been considered such as well-being, moving people safely and the management of medicines. The person's home environment was also risk assessed to consider risks associated with areas such as access and lighting, electrical appliances and stairs. Staff told us any changes noted would be reported to the office and a 'senior staff member' would attend the property to re assess the situation. All risk assessments we saw had been reviewed in the past six months.

Care and senior staff we spoke with had a good understanding around the risk assessment processes. They were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they choose, but they recognised this should be done in a safe way.

Some people required support with shopping. We found there systems and processes in place for staff to handle people's money safely and people told us they were happy with the arrangements in place.

Staff confirmed the provider had systems in place for out of hours support either over the telephone or in person if needed. People's care records also contained information about services which staff might need to contact in an emergency such as next of kin and emergency services.

We reviewed the providers' arrangements in place for supporting people with their medicines. People were encouraged to manage their own medicines as far as practicable. People receiving assistance told us they received their medicines when they needed them. We looked at four people's medicines records and noted no errors or missing signatures. Care staff showed a good understanding of the procedures to follow in line with current guidelines and confirmed they had received medicines training.

Medicines audits were evident and carried out by senior care staff. However; we noted these audits were not robust enough, for example they did not appear to capture adequate detail around missed signatures. The

manager told us this was an area she had identified and was currently working on a more robust monitoring tool to enable her to identify any specific issues.

We saw all staff were provided with an identity card that remained the property of the company. These were required to be returned when staff left. Staff told us they were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection. Care plans included details for staff to follow best practice for the safe disposal of continence products. We noted care staff had received 'infection control' training and showed a good understanding around infection prevention and control issues. People we spoke with confirmed care staff left their houses clean and tidy. One person said, "The staff are very well trained, they always have their gloves on and are always very neat and tidy."

Is the service effective?

Our findings

People we spoke with indicated the service was effective. People told us they felt that staff had the correct skills and knowledge to support people effectively. Comments included, "They provide me with a fantastic service, they are trained very well" and "Brilliant, their punctuality, friendliness and professionalism is second to none." Staff gave examples about caring for a person effectively and felt they had the right level of training and support from the office staff to carry out their role. One staff member said, "The induction was brilliant. I received lots of training and shadowing before I went out alone. I was also assessed on medicines administration before I was signed off."

Staff supervision was not in line with the services procedural guidance which states, "All care workers must receive a minimum of four supervisions sessions per year." We looked at six staff files related to this and noted the last dates for all six supervisions were in 2015. Additional supervision documentation was evident but did not have a date present therefore we could not establish when these sessions had taken place. We spoke with the manager about this who commented this was something she had also identified and had planned to ensure supervisions would be done on a three monthly basis.

This meant the registered provider had not followed their policy or best practice in relation to effective supervision sessions. This was a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the processes in place for staff training. The services induction process for new staff was detailed and thorough and staff we spoke with felt it equipped them with the knowledge and skills to carry out the role. The manager told us all staff are observed and are required to be, "Medicines competent before being signed off the induction process". Staff confirmed this. The manager told us the Care Certificate was also to be introduced and all staff would work towards this. The Care Certificate is a set of standards that social care and health care workers should adhere to in their daily working lives.

Staff told us they felt they received a good amount of training which enabled them to confidently and safely support people with a diverse range of needs. A training matrix was evident which provided a suitable variation of training topics relevant to the role. The topics included, safeguarding, infection control, fire safety and mental capacity. The manager told us although staff had received training, some staff had not received certificates due to the training provider leaving the service and therefore, those staff would be required to re-take the training. We saw evidence of a training schedule which was displayed in the office detailing staff names and dates when the training would be completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. One staff member told us, "I always ask the person what they would like me to do. It is very important to also explain what you are doing and why." We saw consent forms were used by the agency to demonstrate people's agreement to the care to be provided in line with their care plan and where necessary to staff assisting with their medication.

The manager was aware of the processes involved if a person was thought to lack capacity to make specific decisions about their care. All people spoken with during the inspection confirmed staff asked for their consent before they provided any care and support. One person said, "The girls always explain things to me and ask my permission."

People told us the service supported them to maintain good health and were happy to discuss their health care needs. People also told us they felt supported if they were unwell and felt they could ring the office and ask for support and advice. Staff shared examples of when medical advice was needed and how this was sought. One staff member said, "I would always stay with the person until advice and help was sought." People's care plans contained important information about their medical histories and any health care needs. This meant that care workers were aware of any risks to people's wellbeing and what action they should take if they identified any concerns.

Processes were in place to assess and monitor people's nutritional and hydration needs. The service's standard assessment process included a nutritional risk assessment. We noted care staff had received training on fluid and nutrition. This helped to make sure any risks relating to poor nutrition or hydration was identified and addressed. People we spoke with told us they were always consulted by staff each day about their choice of food. One person said, "Staff always respect my opinion."

Is the service caring?

Our findings

The people we spoke with were pleased with the care and support they received from the service. People told us the staff always treated them with respect and kindness. Comments included, "Staff are very respectful towards me and my family. I don't think they can do anything any better" and "The company is great in every aspect. They make me feel relaxed and valued and really look after me. I am well supported with everything."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for example, supporting people with personal and domestic chores instead of doing it for them. People spoken with told us that staff respected their rights to privacy and dignity. People told us staff entered their home at the agreed times and that staff were respectful of their personal property. We noted staff had a handbook which contained essential information in relation to a 'code of conduct'. This would ensure staff were adhering to best practice guidance.

People indicated that the staff listened to their wishes and feelings and would explain things in a manner which could be understood. We noted individual care plans covering preferred communication methods and these were individual to the person's requirements. Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. Staff told us that their visits were consistent wherever possible. This helped provide continuity of care to people. People confirmed this to be the case. However, people understood that when regular carers were absent such as when on holiday this meant a different member of care staff would visit.

People confirmed they had been part of the care planning process and would receive a visit from senior staff to review their care files which they were also involved in. One person told us, "Staff always review my file and I am always part of it, well after all, it is information about me and I know me better than anyone else." This helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach.

People told us they enjoyed visits from staff, one person told us how they, "Looked forward" to staff visiting and how they would take time to sit and ask them about their day. Staff we spoke with talked respectfully about the people they supported and gave examples of how they enjoyed sitting and speaking with people and why this was important. One staff member said, "Sometimes we are the only face people see in a day so it is important to sit for five minutes and have a chat."

People spoken with indicated they were able to express their views about the service through care plan reviews, conversations with staff or satisfaction questionnaires. People were given a service pack which contained relevant information about the service including the services aims and objectives and a service user guide as well as their care plan documentation.

Feedback received by people using the service and their families, emphasised the caring approach delivered

by staff and the positive relationships staff had established to enable people's needs to be met. We also noted one compliment from a social care professional which commended the efforts of one member of staff, it stated, "I found him to be exemplary in his approach and mannerism."

Is the service responsive?

Our findings

People we spoke with told us they were happy with the way their needs were being met by care staff who visited them. People added that they felt they received care which was based on their individual needs and wishes and felt listened to. They said they were able to express themselves about the way their care was delivered. Comments included, "I am in control of my care, and the carers listen to me and respect my wishes."

We noted that several safeguarding concerns had been raised in relation to complaints not being taken seriously. The provider's complaint policy stated, "When managing a complaint a complaint record should be completed in full to ensure all required steps of the process are completed and documented." We saw no audit trail of these complaints. The manager was not in post when the complaints were raised therefore could not comment on the lack of evidence and audit trail. The manager also informed that prior to her employment the office did not have a 'complaint record file' and this was something she had identified and recently introduced. We saw evidence in this file of one recent complaint which had been dealt with appropriately by the manager.

The provider did not have effective systems for receiving and acting on complaints. The provider had also failed to investigate and implement necessary proportionate action in relation to several recent complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An initial assessment of a person's care needs was carried out before the package of care commenced. In addition to this a social work assessment had also been completed and was present in the care files we saw. We found the assessment contained specific information which considered areas of need such as support needed with personal care, shopping and domestic chores. Each of these areas was individual to the person. People who used the service and their relatives confirmed that they had been part of the initial care planning process which meant they were able to express how they wished their care to be delivered.

Following the initial assessment a 'care plan' was developed with all relevant details of the person's needs. We looked at four people's care plans and found adequate documentation to support the development of the care planning process and support the delivery of care. We noted care plans in response to identified needs and preferences. These covered subjects such as well-being, personal safety and risk taking, specialist input from other health care professionals and personal care requirements.

Staff told us they used the care plans to help them identify people's needs and confirmed they referred to them during the course of their work. Staff told us they felt the care files were kept accurate and up to date and contained a number of relevant person specific care plans and risk assessments. We saw evidence of this in the care files we looked at.

Staff told us they were kept up to date about people's changing needs. Care coordinators told us that any change in need was logged at the 'national call centre' and each morning an area specific report was

generated. All information was then communicated to the care staff via telephone by the care coordinators. All staff confirmed this was an effective system. A record of the care was also completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being.

The manager told us that all staff were required to familiarise themselves with the contents of the care plans on a regular basis. Staff confirmed this and added that following a period of absence they would be required to contact the office to obtain any updates and also review the care notes in the person's home. We looked at a sample of records and noted people's needs were referred to in a dignified and respectful way.

We noted that staff worked closely with other social care and healthcare professionals as well as other organisations, to ensure people received a consistent coordinated service. We saw there were good links with local GP's and health care services. In the event of a medical emergency whilst providing care, staff told us they would stay and support people until they were confident the person was safe under the care of relevant professionals such as a GP or hospital admission. People who we spoke with confirmed this happened.

Is the service well-led?

Our findings

All people spoken with told us they received a, "Brilliant" service which was, "Punctual and friendly." One person said, "The carers are lovely, nothing is ever too much trouble." Staff we spoke with also told us they, "Loved" working for the service. Comments included, "I would advise people to work here" and "I feel much supported in my role. Everybody is so caring" and "The company is good in every aspect, they look after the people who use the service and the staff."

The manager had submitted an application to register with the Commission and this was currently being processed. The manager had responsibility for the day to day operation of the service. Throughout all our discussions with the manager, it was evident she had a clear understanding of her role and responsibilities and demonstrated good organisational skills.

We noted the absence of manager at the service prior to the appointment of the new manager had had an impact on the running of the service and its governance processes which was reflected in the findings of this inspection.

We found that the provider had failed to ensure adequate quality assurance and audit process were in place and completed, prior to the new appointment of the manager. Although we saw evidence of some auditing processes had been introduced such as quality questionnaires we noted other audit processes were not robust such as medicines audits. Further audit systems were needed around key areas of care such as health and safety, infection control, staff training records, call logs and care plans.

This meant the registered provider had failed to implement and establish robust systems and process to ensure the effective assessment and monitoring of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager expressed a commitment to develop the service and was able to describe her achievements since being appointed. She had identified areas for improvement and was actively working towards an action plan to ensure good practice was embedded into the service. She acknowledged that although she had made good progress there was still more work to be done in areas such as staff monitoring, supervision and ensuring that all training is current and in date.

The manager also talked about ways of improving the service further and described her planned improvements over the next 12 months for revising all care files, ensuring and effective audit systems were in place and developing staff recruitment processes. This demonstrated the manager had a good understanding of the issues in the service and strove to rectify these. The manager provided us with an action plan following the inspection detailing the areas for improvement that she had already identified and how these issues would be rectified.

The manager told us she had ensured all people using the service had received a memo containing information about her new appointment and offering a name and point of contact for people to contact her

with any complaints or questions. People we spoke with were aware that a new manager had been recruited. We asked people if they felt able to contact the manager with any issues they may have. People indicated they had no issues with this and all felt their concerns would be dealt with appropriately. People also showed a good understanding of how to make a complaint; however, we noted none of the people spoken with to date had not had cause to make any formal complaints.

We saw the provider had a range of policies and procedures which were easily accessible in the office. We noted essential policies were also evident in staff files. These provided staff with clear information about current legislation and good practice guidelines. The manager told us that all policies were currently being reviewed and updated. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

The manager told us she had ensured satisfaction surveys had been sent to all people using the service. These surveys asked about the quality of the service, independence promotion, staff conduct and time keeping. Out of the 25 we looked at we noted all were satisfied with the service and had made no negative comments.

Staff meetings were not frequent. The manager told us she had held two meetings for area staff since she had been in post; however, prior to this the last meeting was held in September 2015. The manager told us that staff meetings were to be planned for every three months going forward.

At the time of inspection there was always a manager or a senior member of staff on duty to ensure there were clear lines of accountability and responsibility within the service. There was also an out of hour's team that was initiated at 5pm until 9am Monday to Friday and over the weekend a senior member of staff was always on call.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered provider had not taken appropriate steps to ensure robust systems and processes were operated effectively to document and investigate any allegation of abusive practice.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered provider did not have effective systems for receiving and acting on complaints. The provider had also failed to investigate and implement necessary proportionate action in relation to several recent complaints.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to implement and establish robust systems and process to ensure the assessment and monitoring of the service provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not followed their policy or best practice in relation to effective supervision sessions.</p>

