Care Quality Commission

Nestor Primecare Services Limited

Allied Healthcare York

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**

Overall summary

The inspection took place on 29 April 2015. The inspection was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

Allied Healthcare – York provides domiciliary support to people in their own homes. There were approximately 50 people being supported at the time of our inspection. The service provides care to older people and to people living with dementia.

The service did not have a registered manager as the previous manager had left and a new manager had been employed but they were not yet registered. 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.

Summary of findings

At the previous inspection which took place in October 2013 the service was compliant with all of the regulations we assessed.

People told us they felt safe and staff were clear of the process to follow should a safeguarding allegation be made. Although we had received some alerts previously we did identify an incident which had not been appropriately reported.

Risks to people were not always well managed and although risk assessments were included within care plans they were not always reviewed at sufficient intervals.

We found and people told us that there were not enough staff and staffing levels were impacting on the care being delivered. The agency was trying to recruit additional staff and appropriate recruitment checks were completed on new staff.

People told us they received support with their medicines when this was needed. Minor improvements were required to the recording on medicine administration records.

Staffing levels were said to be impacting on the effectiveness of the service as calls were late and in some cases missed.

Staff received induction, training and supervision to support them in their roles although some staff felt that more role specific training would be beneficial.

People did not always sign their agreement to their care records and staff did not always evidence that they were asking people to give their consent.

Some people received support with the preparation of their meals. They told us that staff cooked a meal of their choice.

People said that they were confident that staff would support them in accessing any health support required and we saw that people's health needs were included in their care plans.

Although people consistently told us that they liked the staff and were well cared for; we found that staffing levels were impacting on the care provided to people.

There was little to evidence that people were involved in planning and discussing their own care preferences.

People told us that when staff attended their visits on time they were treated with dignity and respect, however when they attended late this could impact on their dignity.

Although end of life care was provided staff working at the agency advised that the paperwork did not support them. They recognised that this may benefit from review.

Each person supported had an assessment and care plan in place. Care plans were in the process of being reviewed and updated onto alternate documentation. People told us they were not always involved in reviews of their care.

Although there was a structured system for managing complaints this was not always managed effectively. People were not always satisfied that complaints were investigated or responded to. We found that complaints were not always responded to within the appropriate timescales. Some people felt that their views of the service were sought others did not.

We found that improvements were required in regard to the way in which the service was being managed. We have identified four breaches in regulation in relation to risk management, staffing, person centred care and good governance. You can see what action we have told the provider to take at the back of the 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?

Requires improvement

The service was not always safe.

Risks to people were not well managed which meant that people may not be kept safe.

There were insufficient staff to ensure the health, safety and welfare of people using the service.

A recruitment drive was on-going and robust recruitment checks were completed before new staff started work.

People received their medication safely and as prescribed.

Is the service effective?

Requires improvement

The service was not always effective.

People told us that the current staffing levels meant that they did not receive an effective service.

Staff received induction, supervision and training to support them in their roles. However some staff felt additional role specific training may be of benefit to them.

There was little to evidence that people's capacity was being considered and that people were asked to give their consent which meant that their views were not always considered.

People told us their health needs were supported by staff.

Is the service caring?

Requires improvement

The service was not always caring.

Although people spoke highly of the staff who provided care to them and the majority of people said that they were treated with dignity and respect, the current staffing levels were impacting on the care people received.

Is the service responsive?

Requires improvement

The service was not always responsive.

People had care plans which recorded how their needs should be met. Care plans were not always reviewed with input from people using the service. This meant that care may not always be delivered in the way which people wanted it to be.

Complaints were not always effectively managed or responded to. This meant that people were not confident that their concerns or complaints would be listened to or acted upon.

Summary of findings

Is the service well-led?

The service was not always well led.

The service did not have a registered manager and people raised concern about the way in which the service was being managed and run.

Although monitoring systems were in place they had failed to highlight the concerns we identified during our inspection. This meant that management systems were not always effective.

Requires improvement

Allied Healthcare York

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.

The inspection took place on 29 April 2015 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. There were approximately 50 people using the service when we carried out our visit.

The inspection was carried out by one inspector who was supported by 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. The expert by experience carried out telephone interviews in the two weeks following our inspection.

Prior to our visit we looked at a range of different information which included information we hold about the service. We also looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people using the service, eight relatives and/or friends and we interviewed six staff. We also looked at four care records, three staff files and other records used to monitor the service.

Prior to our visit we spoke with City of York Council Commissioning and Safeguarding staff to seek their views of the service provided.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel safe when the carers are working with me" and "I'm very pleased with the carers and how they support me. When they give me a shower they are very careful and make sure that I'm safe and they ask me what I want doing."

All staff received safeguarding vulnerable adults training as part of their induction. In addition this training was updated on an annual basis. One member of staff said "I have had safeguarding training. It is part of the annual training." Another staff member said "I have reported concerns previously. The office staff responded straight away." The staff we spoke with said they were clear of the process to follow and all confirmed that they would report any concerns to management.

We saw that safeguarding alerts were recorded and notifications were made. However, we saw one example of an entry in an individual's care file which had not been notified to the Care Quality Commission where the Police were called to an incident. The agency also carried out root cause analysis to determine any themes. There was a daily handover to the out of hour's staff which senior management could access at all times. All information was logged onto a call management system. This was then viewed by members of the management team so that areas of concern could be addressed.

We looked in people's care files and found that risks were not always well managed. For example, we saw that some people were at risk of pressure sores and others at risk of falling. Although these risks were included within people's care records they were not being reviewed or updated frequently enough. For example we saw a pressure risk assessment dated 12 September 2013. This was updated on 12 September 2014 with a risk rating of 'very high risk'. There was nothing further recorded from that date. We saw another risk assessment in relation to someone falling dated 12 September 2014 which again had not been updated as it said to review in one year.

We also saw a further example where an individual kept falling out of their chair and also kept burning themselves. Although this person had capacity there was nothing recorded to identify these risks or to help minimise them.

There were a number of entries within daily records which made reference to them happening. We shared these concerns with the manager and area manager during our visit.

This was a breach of Regulation 12(2) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Part 3.

We saw from care files that people had a section entitled 'What areas do I need support to stay safe?' We saw examples recorded such as a pressure mattress or a commode. However records did not state why these may be needed. This meant that staff may not be clear regarding how or why these items should be used.

We looked at accident and incident analysis. We saw that these were logged onto the computer system and then reviewed to look for trends or patterns. This information can assist staff in implementing systems which can help minimise risks to people.

The service had an emergency out of hour's telephone support system. One member of staff told us that if they needed to contact a client if they were running late for example, then they would ring the office and ask them to pass the message on. However, the people we spoke with told us that often they were not contacted when staff were running late. Staff also said that sometimes it took a long time for the out of hours to respond. One staff member said it took 12 minutes to get a key safe number so that they could access a client's home. They told us it was better when they knew the team supporting people as they could deal with any problems directly. People told us that when they rang the office, staff rang them back. Management told us they were recruiting additional staff.

People told us that they did not think there was sufficient staff on duty. Comments included; "Not long ago they missed my call completely" and "Carers are mainly on time." Other comments included, "They are sometimes a bit late but they can't help it. They have never missed calling on me." "I have my calls at the time I want, but they are late sometimes." "They are late sometimes but they can't help it and they have never missed my call." "A few days ago I had to wait six hours for a carer to come and help me to the toilet. That's far too long to wait." "There is a high turnover of staff so there is little continuity."

We spoke with relatives who also expressed concern about calls being missed. Comments included; "The carers

Is the service safe?

missed calling two days last week. Yesterday no-one turned up for the call. The planning is not good with late or missed calls. They don't have enough staff to cover the calls." And "There is a high turnover of staff so little continuity." "We were informed that the carers were running so late they were told to forget the morning call and start the lunch time calls. They rarely attend the calls at the times we have agreed and as they are running late they don't stop for the full allotted time. I don't know why they send out rotas as it's rarely the carer who turns up."

Staff also expressed concern at the way in which they were continually 'asked' to do extra shifts on their days off. They told us that if they said they were unavailable they would receive repeated calls asking them to cover. Comments included; "Sometimes you get repeated calls asking you to do something" and "I have been called in on both my days off, it happens a lot." Four of the six staff we spoke with confirmed that there were not sufficient staff employed. They told us that they were working additional hours and that there were changes in rotas.

This was a breach of Regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Part 3.

Staff working at the agency said a recruitment drive was taking place and on the day of our visit we saw that there was an open day for carers. We were told that there were 28 staff employed with an additional four in the pipeline.

We looked at three staff recruitment files during our visit. Appropriate recruitment checks were completed on all new staff before they commenced employment, this included reference checks and a disclosure and barring check (DBS). These checks helped to ensure that only staff who had been assessed as fit to work with vulnerable people were employed. We also saw that regular competency checks were being carried out on staff by senior care workers to check that they were following company procedures and carrying out their roles effectively.

We looked at the systems to record and administer medicines. We saw that people had a detailed medication risk assessment within their care file. This included consent to self-manage their own medicines. There was a detailed medication policy in place dated August 2014. We looked at a sample of medicines records and support plans for people that the agency provided care for.

The service provided assistance with medicines only when it was specified as part of someone's individual care package. Care workers supported people to take their medicines in a variety of different ways depending on their individual needs and preferences; for example, some people needed care workers to give them all their medicines whilst others only needed help with applying creams. These individual needs were clearly recorded in people's support plans for care workers to follow. Care workers had clear instructions about where, when and how creams, inhalers, eye drops and other products were to be used. One person said, "The staff prompt me to take my medication and stay with me until I have taken my tablets." People were encouraged to 'self-medicate' where possible. A relative said, "One good thing is the medication. They prompt my relative to take it and stay with them until they have done so." Another said "Medication is administered to (my mother) safely and it is signed for." Minor improvements were required to medication administration records (MARs) so that commencement dates were recorded.

We saw that audits were completed on MARs to ensure that people were receiving their medication as prescribed. Competency checks were completed on staff to ensure they were following company procedures.

Requires improvement

Is the service effective?

Our findings

People had mixed views about the service being provided. People and relatives spoke highly of the staff who were providing care to people. However, some people did not feel the agency was effective due to lack of continuity in staffing numbers or because of staff knowledge and skills. One person said "The carers are with my relative 24 hours a day. 90% of the time they are good but I have had some carers removed as they lacked the training and understanding of my relative's dementia. I complain about the skills shortage of some of the carers but others are good. Also there is a high turnover of staff so there is little continuity." Some people told us that they did not think the agency was effective as staff were not attending calls on time.

We spoke with the local authority prior to our visit, as they were working with the provider to bring about improvements. They had also received concerns regarding missed calls and some of these had been considered under safeguarding vulnerable adults procedures.

Each person had an assessment to see whether the agency could provide the care that was needed. Assessments formed the basis of the care plan. We saw evidence that some people's assessments and care plans were kept under review. However, when we talked to people about their review meetings we received the following comments: "I have been with the agency for three years and can't remember having a review of my care package" and "I can't remember having a review or a spot check." A relative said, "There was a review but Allied were invited to attend but they didn't turn up."

Some people told us that they did not think the agency was effective as staff were not attending calls on time. However others were positive and spoke positively of the support they received. One person said "They do my shopping and they always give me the correct receipts and change. They are always polite and kind to me." Another said "The rotas are a waste of time as the people on the list are rarely the ones that turn up." A relative said "They are so short of time they don't always wash up and put things away. I have asked for a domestic slot. They won't provide one but won't give a reason why. The 15 minute calls are not long enough to do the tasks needed."

We looked at the induction, training and supervision of staff. New staff received an induction. We spoke with staff who said the following; "I had an induction when I started. This included shadowing someone for four days" and "I did four days shadowing with an individual who needed 24 hour care." The staff we spoke with told us that they received support from the new manager and from staff at the office. They told us they received supervision, which is a one to one meeting with their manager to discuss performance and training. We saw records of these meetings during our inspection.

We were shown a copy of the staff training matrix. This was colour coded and recorded the percentage of training completed. For the 25 staff recorded on the matrix in York, 23 of them had completed 100% of their training. This included training in fire prevention, food hygiene, health and safety, infection control, moving and handling, safeguarding vulnerable adults, management of medicines and basic first aid. However, some staff told us that they would benefit from further role specific training for example training in dementia and in supporting people with challenging behaviour. They told us that this training had been agreed but that courses had been cancelled. Role specific training is beneficial to staff as it provides them with the skills needed to care for people.

There was very little to evidence that people's mental capacity was being assessed. We saw some consent forms in place; however these were signed by staff. We saw that staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Some people required support from staff with the preparation of their meals. People said; "They give me breakfast of my choice and make me a nice hot drink. Then I have soup of a lunch time and carers make sure I have something to eat and drink during the day" and "They cook the meals of my choice. The food is well cooked and presented on my plate. They then wash up and clear away. They then leave me with snacks and drinks until the next time they come to see me." However, one person said that the late calls meant that appropriate meals were not always provided and in one instance said their relative's meal had been cold.

Requires improvement

Is the service effective?

We asked people if they felt supported in terms of their health needs. One person said “If I’m not feeling well they let the office know and they arrange for the doctor to come and see me.” Another person said “If I am not well the staff will help me.”

We saw a section in individual people’s care records which covered their health needs. This included ‘about my health’ current health conditions. We saw that hospital discharge checklists had been developed so that staff were clear about any necessary information if a client was discharged from hospital. Early warning screening checklists were also completed when clients rang the office so that office staff could record safeguarding issues or make contact with the relevant health professionals for example the GP or district nurse.

Requires improvement

Is the service caring?

Our findings

People spoke positively of the staff who provided care for them. Comments included; “The carers are good, kind and compassionate. When they carry out my personal care they are gentle and go at my pace. They then help me chose my clothes for the day.” “The carers are nice, kind and compassionate and know what they are doing. More than capable in helping with personal care.” Also “The carers knock on the door and shout out who it is and then come in to see me. They can be late at times but they have never missed me.”

However, other people expressed negative feedback about the care they received. One person said “I like the carers but not the way its run. A few days ago I had to wait six hours for a carer to come and help me to the toilet, that’s far too long to wait. It’s like that of a night time when the carers come to put me to bed after using the toilet. One night it was 11:00pm and there was no sign of them so my husband had to help me” and “Not long ago they missed my call completely.”

We spoke with relatives who said the following; “The carers missed calling two days last week. Also my relative didn’t have a shower or have her hair washed for weeks. I know my relative is difficult and is challenging but carers need to be a little more persuasive. Yesterday, nobody turned up for the afternoon tea call. The planning is not at all good with late calls or missed calls. Often the carers are so busy, they let my relative sit in the armchair with little stimulation. They don’t have enough staff to cover the calls and other staff are leaving the agency. I have discussed this but didn’t get a reason why. I don’t know why they are constantly late and I complain but nothing happens. The 15 minute calls are not long enough to do the tasks needed.” Another relative said “The carers are often late, last week no one came until in the afternoon, 2:45pm then two sets of carers arrived at the same time. Last Saturday carers didn’t arrive until 00:15am to put my relative to bed. We have no problem with the quality of care provided it’s the management of the carers. We were informed that carers were running so late they were told to forget the morning call and start the lunch time calls. They rarely attend the calls at the times we have agreed and as they are running late they don’t stop for the full allotted time. Carers are really good they tell us the truth and are honest and caring. I don’t know why they send out rotas as it’s rarely the carer who turns up.” We shared our concerns regarding staffing and the impact this was having on people’s care with the manager after the inspection. They told us that they were going to carry out home visits to people to determine what the issues were. We also shared our concerns with the local authority so that they could continue to support the agency in bringing about improvements.

There was very little evidence in care records that people were involved in planning their own care which meant that people’s views may not being considered in relation to how their care needs should be delivered. People were aware that their care records were held in their home and could be accessed by them at any time. We saw an entry in one person’s care file which stated ‘Person' wants a shower but care plan won’t allow it. 'Person' not happy.’ There was no follow up from staff to demonstrate what had been done about this.

Despite the care staff’s willingness to help people, and some positive comments from people living at the home, we found that the areas of concern reported on in other areas of this report demonstrated that the quality of care provided overall required improvement. Examples of this included staffing levels, lack of robust risk management and management systems which help to ensure the health, safety and well-being of people being supported.

Our findings demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The majority of people that we spoke with said that they were treated with dignity and respect by the staff who cared for them. Comments included; “They treat me kindly and are patient with me” and “They respect my privacy; they close the curtains and doors when helping me.” However, the comments made by people regarding missed calls meant that if staff failed to attend the visits on time or failed to turn up people’s dignity may be impacted upon.

We discussed end of life care with the manager and staff as this is a service which the agency provide to people. The staff unanimously told us that the paperwork was unsuitable and made supporting people at the end of their life difficult in terms of having to ask people or their families’ questions which were not appropriate. Staff told us that this was company documentation so they had to use it but they recognised that this could be improved upon. We discussed this with the manager and area

Requires improvement

Is the service caring?

manager who were in attendance during our inspection, they also confirmed that the documentation was lengthy and said they would share this with senior management within the organisation. We shared this with the local authority after our visit who agreed to provide additional guidance documents to the service in this area.

Requires improvement

Is the service responsive?

Our findings

We looked at the assessments and care plans for four people who were receiving a service. They contained useful contacts (although some of these were blank), 'about me' (name, gender, spiritual needs, others involved in my care), my health, support needed to stay safe, risk assessments, how I want to be supported, and information about what a good day or bad day could look like.

We were shown a copy of new care plan documentation which was due to be implemented. This was far more comprehensive than previous care plans and contained detailed information about all aspects of people's care.

Although each person had a care plan there was little to evidence to demonstrate that people were involved in the planning or review of these records. This was further demonstrated from feedback received during our visit. Comments from people included; "I'm not sure if I have a care plan or if it's in the folder that the carers fill in on each visit." Also "In my folder, I have all the information from the agency and the carers fill it in before they go. There are all the numbers and the emergency numbers in there."

Management told us that all clients received a weekly rota so that they knew which staff members would be visiting them. However, people we spoke with said that these were not useful as they changed and different staff attended rather than those allocated on the rota. We saw a weekly timetable in each person's care file. This recorded the number of calls required each day, the time of call and the day of the week which the call took place. We looked at a sample of individual staff timesheets with the calls they were completing being recorded. This included start and finish times. Although the timesheets we saw did not identify any missed calls, the staff we spoke with during our visit confirmed that calls were often late.

We asked the manager and staff what action they would take if they visited a client at home and they were not at home or not answering the door. The agency had developed a 'no reply' policy. This was in response to a previous incident where staff had failed to seek advice when they attended a call which was not answered. Staff had signed their agreement to confirm that they had read and understood this policy.

All of the people we spoke with said that they could raise any concerns or complaints. However, some people did not feel that these were responded to effectively. Comments included; "If I wanted to complain I would call the office where I leave a message on the answer machine and then they call me back in a reasonable time. Not that long ago they missed my call completely so I had to complain about that." "I feel well treated but if I needed to I would ring the office and complain."

We looked at the record of complaints during our visit. We saw that 16 complaints had been recorded in the last six months. The agency had a complaints policy which detailed a 28 day timescale to investigate and respond to complaints. Any complaints not responded to in this timeframe were highlighted as an action point for the agency as part of their quality monitoring. However we did see from records that not all complaints were responded to within the agreed timescales.

Some of the relatives we spoke with during our visit said that they were unhappy with the way in which complaints were investigated and responded to. One person said "I feel it especially important to talk to you as I feel there is a lack of transparency within the management at Allied. I and many others (staff, service users and families) have reported a concern directly to Allied - York and no action or investigation has been undertaken." Another said "I can speak with the service about any concerns; things improve for a while but then sometimes slip again."

We recommend that the agency review their systems for managing complaints so that people are confident that they will be addressed promptly and fully.

Requires improvement

Is the service well-led?

Our findings

The agency did not have a registered manager as they had left in January 2015. The provider had employed a new manager who told us they were in the process of applying to be registered with the Care Quality Commission. Their application for registration has been submitted. We asked people if they knew who the manager was. People said; "I don't know who the manager is; I think it's the co-ordinator that we speak to" and "Is the manager the co-ordinator? I don't know." Staff told us that the new manager was carrying out calls to people and was helping to cover shifts so that they could get to know the people being supported. The new manager confirmed this but told us they had not yet had the opportunity to meet with all of the people being supported.

People told us they were dissatisfied with the way the agency was being managed and run. Comments included; "I am happy with the care but not the people who organise the calls" and "I certainly wouldn't recommend this agency to anyone." Other comments included; "The caring is great but the management is poor" and "I really don't want to say anything about them (Allied). They are so disorganised." Comments from relatives included "The planning is not at all good. On one occasion a person who works in the office came to see my relative, they walked in saw my relative was up and walked straight out again. The organisation is a waste of space. There was a review of care, Allied were invited to attend but they didn't turn up." "My relationship with the management team and the office is poor. We have to instigate all the information sharing; we never have a care review. The management and office rarely contact me to inform me of anything. I have no confidence in the management. I am not aware of spot checks being carried out; if they have no one has informed me." We shared some feedback after our inspection regarding these comments. The area manager confirmed that they were aware that there had been problems at the agency previously, which they had been addressing. They told us they were working closely with the local authority and had handed some of the care packages back, however at the time of our visit they also said that the care packages had since increased.

We spoke with staff about the management arrangements at the agency. Comments included; "We get really good support. I could go to the manager or to the co-ordinator. I feel confident that any issues would be addressed." Another staff member said "We get support by telephone and we can pop into the branch. If policies change you get a text or a phone call." All of the staff we spoke with were positive about the new manager and felt that they were making improvements.

We asked some staff about the vision and values of the agency however they said they were not sure what these were. We were told that policies and procedures were updated centrally. Staff told us that they received email and text alerts to update them if policies and procedures had changed.

We asked people if their views and opinions were sought. Comments included; "I'm sure I filled in a questionnaire it was a long time ago", "I can't remember if I have filled in a survey or questionnaire or if people have asked me about what I think of the care they give me" and "I can't ever remember having a spot check carried out while the carers are doing their jobs."

We saw in some people's care files that telephone questionnaires had been completed, however these had been done in January and February 2014. We also saw customer quality review forms but these were dated November 2013. However, we were also shown other files where telephone questionnaires had been carried out more recently in both February and March this year.

All new staff had had a first shift follow up call with the client to check that they were happy and we saw evidence of this taking place. This helped to ensure that the right staff were matched to clients.

We were shown copies of staff meeting minutes which had taken place in February and March 2015. Care workers received a staff newsletter. We spoke with staff who told us that staff meetings were held each month. All staff received a copy of the minutes so that if they had been unable to attend they could see what had been discussed.

We asked if any audits were taking place. We were shown a copy of the MAR audit checklist and audits of people's daily records. The audits on care records focused on the content in daily recording rather than the content of the care plans which meant that changes were not always being identified. We were shown a copy of the business

Requires improvement

Is the service well-led?

contingency plan which included emergency arrangements if the power was lost or the phone lines went down. We saw that the agency was carrying out health and safety checks for example; on fire extinguishers and on hoists.

However, despite there being a range of management systems in place our findings during the inspection and the feedback received demonstrated that these systems were not always effective. For example people did not always feel their complaints were appropriately responded to, people did not always receive a regular review of their care and risks to people were not always well managed. The comments in regards to the management of the agency including rotas, calls being missed and staff regularly running late demonstrate that the service was not being well managed.

This is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Part 3.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12(2)(a) and (b) Safe Care and Treatment** People who use services and others were not protected against unnecessary risks because of inadequate risk management.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18(1) Staffing** There was not always sufficient staff to meet the needs of people using the service.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Regulation 9(3)(b) Person centred care** People who use services did not receive person centred care which was appropriate, met their needs and reflected their personal preferences.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17(2) (a) (b) and (e) Good governance** The registered provider did not have an effective system to assess, monitor and improve the quality and safety of the service provided.