

Nobilis Care West Limited

Nobilis Care South Gloucestershire

Inspection report

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21 March 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nobilis Care South Gloucestershire is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were 127 who were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Some people and staff raised with us they were unhappy with the response they received when they called the office as they felt calls were not always handled satisfactorily. They also felt improvements were needed to visit times and rotas. The registered manager confirmed following our inspection this was an on-going area of improvement and they were taking action to address this.

People felt supported by staff who they described as kind and caring. Although improvements were required to people's care and support plans, risk assessments and other important information was available for staff such as life histories, hobbies and any interests. Improvements were also required to paperwork where people might lack capacity, and what decisions had been made in their best interests.

Staff promoted people's independence and gave them choice and control about their care and support. Staff knew people well including how to support the person with their individual needs. The registered manager worked in partnership with health and social care professionals including safeguarding teams when required.

An action plan was in place that identified areas of improvement including, medicines administration charts, mental capacity assessments, staff training, supervision and appraisals. The registered manager acknowledged our feedback where some care plans required additional information. They planned to address this with a new quality assurance system and an allocated member of staff to oversee this.

Rating at last inspection and update

This service was registered with us on the 26 September 2022, and this is the first inspection.

The last rating for the service under the previous provider was rated as requires improvement. Published on 4 March 2021.

Why we inspected

This inspection was identified for an inspection by the local authority due to the previous rating of requires improvement.

Enforcement and recommendations

We have identified breaches in relation to people's care plans and records being accurate and complete and their being a robust system in place that identified this shortfall.

Please see the action we have told the provider to take at the end of this report.

We recommend the provider seeks best practice guidance relating to complaints and where people' might lack mental capacity.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

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 ●

Nobilis Care South Gloucestershire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave notice of the inspection as we needed to be sure that the

registered manager would be in the office to support the inspection.

Inspection activity started on 14 March and ended on 21 March 2023. We visited the location's office on the 16 and the 21 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager, regional manager, two team leaders, and an office administrator. We reviewed various electronic records relating to 10 people's support and care plans including risk assessments and medicines administration charts. We looked at two staff files in relation to recruitment, staff training and supervision records. We also reviewed systems relating to the management of the service such as the providers action plan, audits and rostering system.

As part of this inspection, we also contacted 21 staff and managed to gain views from seven. We emailed six health and social care professionals and gained feedback from one. Views were gained from six people and eight relatives about their care experience.



Is the service safe?

Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care plans were not always detailed to provide important information relating to how to support people with their individual needs. For example, one care plan identified the person required support from staff with their mobility and a health condition. Their care plan had no specific guidance in place on how staff should support the person with their health need. No risk assessment was in place that identified what support staff should provide the person with regarding their moving and handling needs.
- Another person was being supported by staff to cut up their sandwich. However, the person's care plan and nutritional assessment was unclear as to the reason why the person needed their sandwich cutting up and if this was due to a risk of choking or personal choice. We fed this back to the registered manager so they could review this person's care needs.
- Another person's risk assessment had limited information relating to risks around their medicines following a recent incident. We were also informed they used a wheelchair around the home but not when accessing the community. No details were recorded within the person's care plan around this information and why they used the equipment in this way.
- Staff had access to an App on their phone which confirmed where their visits were and to whom. Some additional information was available to staff through this App on their phone. This included additional information around what equipment they used and what support they required from staff. This information was not always available within the person's care plan or detailed within a risk assessment. We fed this back to the registered manager so they could review this and take any necessary action.
- Staff were able to confirm how they supported people with their day to day care and support needs. This meant people received support from staff, but improvements were required in the recording of information within people's care plans and risk assessments.

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

Using medicines safely

- People received their medicines from staff who had training in the safe administration of medicines.
- Most people were happy with the support they received from staff with their medicines. One person told us, "The carers are very good at putting cream on". Another person told us, "Yes they support me well and are so careful". One relative raised a concern with us about a recent medicines issue. We shared this with the registered manager for them to review and take any necessary action relating to this.

- Some medicines administration charts were not always completed to confirm the person had received their medicines as required. For example, the registered manager had undertaken an audit in February that identified out of 10 medicines administration charts five had been unsigned. The audit identified, families had been informed and additional training identified for staff involved.
- We reviewed one person's medicines administration chart for medicines and pain patches. We found improvements were required with the recording of where the person's pain patch was to be placed on the body and when and where topical creams were to be applied. We raised this with the registered manager for them to review this person's medicines paperwork.
- Medicines risk assessments were completed. Although two people required additional information to be added to their risk assessment. For example, one person's medicines risk assessment had no address completed. Another person's risk assessment had no information relating to pharmacy involvement where they were having their medicines crushed and administered. This meant improvements were required to the recording of people's medicines.

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

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew the different types of abuse and who to go to. One member of staff told us, "Any concerns I go to the manager". They went on to describe the different types of abuse, who else they would report concerns to and they felt people received safe care.
- People were happy with the support from staff. One person told us, "I do feel so safe. The carers are really very caring and lovely people and do everything to try and help me".
- We received positive feedback from one health care professional with how the registered manager had worked in partnership with them. They told us the registered manager had attended meetings and liaised with them following working with them with a safeguarding concern. They confirmed actions were taken following those meetings.
- Limited information was available relating to safeguarding records including actions taken at that time. This was due to an incident where records had been accidentally shredded. We discussed with the registered manager what action they would take if a concern was raised with them. They told us they would raise a concern with the local authority and CQC. They also confirmed certain actions taken with two different safeguarding's and who they had liaised with along with the actions they took at the time to support the person.
- Safeguarding concerns were recorded by office staff onto the person's electronic daily notes. The branch manager confirmed they reviewed safeguarding's including actions. At the time of the inspection limited information was available to show an oversight of all safeguarding's raised including actions taken. We fed this back to the registered manager for them to review this.

Staffing and recruitment

- We received mixed feedback from people and staff relating to care visits being completed on time. Although people were happy with the support from staff. One person told us, "They arrive at different times but really the carers are very nice". Another person told us, "They don't always come on time". Positive comments included, "(The) carers are on time" and "(I have had) no problems so far with times or care".
- Staff told us rotas and people's calls were often changed last minuet. One member of staff told us, "Always changing times and calls". Another member of staff told us, "It changes an awful lot".
- The registered manager confirmed they tried to keep staff in an area as this aimed to cut down travel time and improve efficiency. They confirmed this was still in its infancy but was an on-going action. They felt this should help to improve people and staff's experience.

- Staff accessed their rota via their phones. They logged in and out of care visits via scanning a code. People's visits were monitored and confirmed by an office member of staff to ensure staff were staying for the allocated time.
- People were supported by staff who had checks completed prior to working in the service. Depending on the checks required, records were held confirming sponsored information, identification checks, police checks, references and other recruitment requirements.
- People were supported by staff who had a Disclosure and Barring Service (DBS) check in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were supported by staff who at the time of the inspection continued to wear personal protective equipment whilst supporting people with their personal care. One person told us, "They always wear masks and gloves and personal protective equipment".
- The registered manager confirmed at the time they were taking measures to ensure staff wore personal protective equipment and undertook testing for Covid-19 if required.
- Staff had access to personal protective equipment. This included gloves, aprons, masks and hand gel.
- The provider had an infection control policy in place.

Learning lessons when things go wrong

- Incidents and accidents were logged electronically by office staff when care staff informed them of any incidents such as a fall. Records confirmed what action had been taken following an incident for example a referral for equipment to improve someone's safety whilst mobilising. The registered manager had oversight of incidents and accidents and was able to confirm actions being taken even though some paper records were unavailable.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who prompted them to make decisions and choices about their care and support. One member of staff told us, "Choices are respected". Another member of staff told us, "I'll care for them how they (prefer)".
- People's care plans confirmed if they had a medical diagnosis. However, it was not always clear if people lacked capacity and the reason why. For example, one person had a medicines risk assessment which identified the person lacked mental capacity. However, we found no supporting mental capacity assessment and best interest decision in relation to why they lacked capacity and in relation to what decision.
- Another person had a diagnosis of Alzheimer's. A mental capacity evaluation completed by the service confirmed they lacked capacity. However, the member of staff told us this was more about the person being unable to communicate their wishes.
- We spoke with the registered manager about these individuals and what mental capacity assessments and best interest decisions had been made. They confirmed they would review these people's care needs and liaise with professionals as required.

We recommend the provider seeks best practice guidance relating to the Mental Capacity Act 2005 (MCA) to

ensure the principles are being followed where people may lack capacity.

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

- The provider had a service user guide that covered accessible information should the person required their care plan in an alternative format.
- Staff knew people's needs well although we found limited information within people's easy read care plans. Some information was provided to staff via the App on their phone, however this was not always reflected on the person's easy read care plan. We fed this back to the registered manager so they could review this.
- Staff respected people's individual characteristics. One member of staff told us, "(People should) not to be judged by me or others". They went on to describe if the person went to church or if they were vegetarian that was their choice and this was respected and supported
- Another member of staff told us how important it was to provide care that reflected and respected the person's religion or language. This they felt was part of providing quality care.
- Most staff had received training in equality and diversity. Where the training matrix identified staff requiring this training the registered manager confirmed they were addressing this with allocating staff the training they required.

Staff support: induction, training, skills and experience

- People were supported by staff who undertook shadowing an experienced member of staff prior to working by themselves.
- Training was allocated to staff and monitored by the registered manager. We reviewed some individual training records. Records confirmed staff had attended mandatory training such as medicines competency, safeguarding adults, fire safety, privacy and dignity, mental capacity, deprivation of liberty and moving and handling. Staff had access to additional training such as nutrition and hydration, person centred care, first aid and recording and reporting.
- At the time of the inspection some staff still required supervision and an annual appraisal. This had been identified on the providers action plan. Where staff had received supervision, it covered how the member of staff was feeling, their role, any training needs and any other business.
- People were supported by staff who undertook the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were happy with the support they received from staff to maintain their diet and hydration. One person told us "The carers when they are here do ask me about drink choices and anything I would like to have on my bedside table at night they are very thoughtful and considerate and really do care".
- People received support that reflected their individual wishes with meals and snacks. For example, one person told us, "The carers do porridge, different sandwiches and pots of tea". Another person told us, "The carers put the meals in the microwave and make tea and drinks".
- Staff had access to important information such as their likes and dislikes via care plans and the app on their phones. One person had recorded in their care plan they could let staff know what they liked and disliked. What they liked was recorded such as, sausage rolls, bacon sandwiches, toast and cappuccinos. This meant care plans gave examples for staff to offer should they not be familiar with the person's individual needs.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to access professionals when the need arose. During our inspection one member of staff confirmed they had visited a person that day to review equipment with a health professional following the person's needs changing.
- At the time of the inspection the service was providing reablement to some people following time in hospital. The service worked in partnership with social workers and health professionals to provide care that reflected the person's individual needs. Meetings were held weekly and were an opportunity to review the support provided including making any changes to people's support visits should they no longer require them.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access health care services when required. One member of staff told us how they support each other if an emergency should arise. They gave an example of when they had supported a colleague when someone was unwell.
- Another member of staff confirmed if they found someone unwell, they would check the person's care plan and records for any information about whether they had been feeling unwell previously. They confirmed they would call the office and would seek medical assistance such as a call to the doctor or ambulance service.
- People's care plans contained a list of their medical histories.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the support provided by staff who they described as kind, caring and lovely. One person told us, "We are very happy about the carers they do care and are lovely". Another person told us, "Every day they look after me well". Another person told us, "I really look forward to the carers coming". One relative told us, "Very happy with the carers".
- Staff were able to give examples of how they support people to make choices. One member of staff told us, "We ask if they would like a wash or a shower, giving different options to choose from. Including the channel on the television". Another member of staff told us, "People's choices are respected, for example what they would like to wear". They went on to say respecting choices, their rights and treating people as individuals was important.
- People told us how staff always asked them if there was anything they needed or wanted. One person told us, "Well they always ask if there is anything I need and they always want to help". Another person told us, "(The) carers are just lovely and want to help as much as they can".

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

- People gave examples of how staff supported them with their wishes about their care. One person told us, "The carers when they are here do ask me about drink choices and anything I would like to have on my bedside tablet at night. They are very thoughtful and considerate".
- Another person told us, "They support me well and are so careful, they never force anything and always check that things are correct and always ask if I want things done one way or another. They are very caring".

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected them and who promoted their independence.
- At the time of the inspection some people were being supported by the service to gain independence following an admission to hospital. The service provided 6 weeks support which aimed to promote people's independence and reduce their care needs. One member of staff who worked in this part of the service told us, "We adapt the care and always encourage individual goals to become independent".

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

- People's care plans were not always detailed providing personal information such as life histories, likes and dislikes, hobbies and interests and other important information.
- Most care plans we reviewed did not contain important information relating to the person's individual needs. The registered manager confirmed pre-assessments were undertaken prior to supporting the person. Those assessments covered aspects such as life histories, relationships, cognition, sensory needs and nutritional needs. However, we found this information did not pull through to people's individual care plans.
- This meant although people were happy with the support they received. By not having a detailed care plan could mean staff who are unfamiliar with the person may not have all the details needed to provide care to the person as per their individual needs and preferences.

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

- A system was in place to review people's care plans every 6 to 12 months and a telephone review took place in between. Care plans were highlighted when a review of their needs were due.

Meeting people's communication needs

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

- The registered manager confirmed should people require their care plan in an alternative format this could be provided. No-one at the time of the inspection required their care plan in an alternative format.
- Staff were aware of how to support people with their individual needs. One member of staff told us how they used a wipe board to communicate as well as using visual cues from the person to understand their choice and wishes. No information was within the person's care plan in relation to their individual communication needs. This is important as staff who are unfamiliar with how the person communicates their wishes would need to know how best to support the person.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. However, we received mixed feedback from people and relatives where they felt concerns were not being addressed or taken seriously so improvements could be made to people's experience.
- For example, some people raised with us they had experienced problems with getting through to the office and when they did this was not a positive experience for them. One person told us, "The office is a problem".
- One relative felt unable to raise a complaint as they felt it would not be taken seriously. They told us, "I have never put in a formal complaint because it is just not worth it. The office just does not care they never come back to me". They went on to say they are told staff are coming when they are not.
- Other comments from relatives included, "There is little communication with the office which is difficult and can be very frustrating". Another relative told us, "The office is terrible it is a complete waste of time".
- We raised this feedback with the registered manager and area manager. They confirmed following our inspection an action plan was in place and they would be looking to improve people and relatives experience.

We recommend the provider seeks best practice guidance around improving people and relative's experiences where concerns and complaints are identified.

End of life care and support

- No one at the time of the inspection was receiving end of life care.
- Some staff had received training in end of life care. The registered manager monitored training required for staff along with identifying this through their supervisions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were not always in place to identify shortfalls found during our inspection relating to people's individual care plans including their support plans, risk assessments and information relation to their personal histories and other important information. We discussed this with the registered manager who confirmed following our inspection improvements were being made to ensure care plans were going to be audited more regularly.
- Although the providers action plan identified shortfalls. We found during our inspection some records relating to how topical creams and pain patches were to be administered required improving.
- During our inspection we identified old registration documents were being displayed within the office. We raised this with the registered manager who confirmed they would address this.

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

- The provider had an action plan that identified areas for improvement. This included the recording of medicine administration charts, daily care records, staff supervisions and appraisals. Details included who was responsible for the action, the date to be completed by or if this was an on-going action.
- Electronic quality monitoring systems were in place for staff training, care reviews, call logs and recruitment. The registered manager and regional manager were responsible for monitoring these systems.
- Prior to our inspection an incident occurred where paper records had been shredded accidentally. We reviewed electronic records where possible however not all records were available to confirm action taken relating to safeguarding's, incidents and accidents, all completed medicines audits and other paperwork. The registered manager confirmed the improvements they planned to make to prevent this from happening again.

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

- At the time of our inspection people, relatives and staff had mixed experiences of the service. This was mainly around the communication with the office and calls being inconsistent. An action plan was in place to improve this experience for people and staff.

- People felt happy with the support they received from staff. Positive written compliments were available within the office. Comments included, 'Thank-you for all that you do for me' and 'Thank-you for the amazing support through my husband's illness'. Another comment included, 'So grateful for the care and support'.

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

- The registered manager demonstrated a positive attitude of working with others to improve people's care experience. They were able to give examples of liaising and working with health care professionals and family members when the need arose.

- The registered manager was responsible for making notifications to us when required. This is a legal responsibility to inform us of incidents and events whilst managing the service. They were able to tell us of notifications made and when they would raise these.

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

- The provider sought feedback from people and staff.

- The registered manager had an on-going action plan which identified areas for improvement such as staff training and improvements to staff and their rotas and communication around any changes.

- Staff felt supported by the manager and their colleagues. One member of staff told us, "The manager is amazing". Another member of staff told us, "The management team are very supportive". Another member of staff described their line manager and the registered manager as, "Brilliant".

- Some feedback from staff included at times it was difficult for them to attend team meetings. One member of staff told us they had difficulty attending team meetings due to where they lived. Another member of staff confirmed team meetings were around every six months. The registered manager confirmed they were looking to improve team meetings going forward so that staff could attend on the days that they worked within their working hours.

- People could provide online feedback through an online share your care experience. Feedback sought covered, if people were involved in their care, if they received regular carers, if staff arrived on time and if staff promoted people's independence.

Continuous learning and improving care

- The registered manager attended provider meetings. They confirmed these were an opportunity to discuss any changes and monitor the quality of the service.

- The registered manager was supported by a regional manager who undertook weekly meetings with them. Topics discussed included, recruitment, training, and any other business.

- At the time of the inspection limited information was available to show an overview of improvements taken following incidents and accidents. However, electronic records we reviewed confirmed incidents were logged, along with the actions being taken and those involved to improve care for people.

Working in partnership with others

- The registered manager worked in partnership with the local authority, safeguarding teams, health and social care professionals. They also attended support groups with other registered managers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had no quality assurance systems in place that identified shortfalls found during the inspection in relation to care plan audits.</p> <p>Records relating to the regulated activity such as people's care plans and support plans, medicines administered, were not always accurate and complete.</p> <p>Regulation 17 (1) (2) (a), (b), (c), d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>