

MiHomecare Limited

MiHomecare - Wiltshire

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 responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection of this service on 16, 26 January and 6 February 2015. Five breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to care and welfare, staffing and staff support, assessing and monitoring the quality of service provision and the management of medicines.

We undertook this focused inspection to check they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MiHomecare – Wiltshire on our website at www.cqc.org.uk.

This inspection took place on 10 September 2015. It was an announced inspection which meant the provider knew we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the manager, or someone who could act on their behalf would be available to support our inspection.

Summary of findings

MiHomecare - Wiltshire is a large domiciliary care agency which provides care and support to people in their own homes on a short and long term basis. The agency manages the local authority's Help to Live at Home contract.

A new manager started work at the agency in July 2015. They were in the process of registering with the Care Quality Commission, to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

New staff had been recruited and further interviews were scheduled. However, more staff were required to minimise the use of another agency covering people's visits, especially at weekends. This would ensure consistency of visits and enable people to be supported by staff who knew them well.

A staff team had been developed to monitor people's visits. All staff had been given a phone which was linked to the electronic monitoring system. The system identified late or potential missed visits, which staff then addressed, minimising the risk of harm.

Staff had received training in the safe administration of medicines and new documentation was being introduced. However, some medicine records remained unclear, increasing the risk of error.

People remained dissatisfied about the timing of their visits. A new system to schedule people's visits was being introduced to address this area. Staff told us consistency was being improved by the recruitment of new staff.

A new support plan format, to show people's needs and the support they required, was in the process of being introduced. The new plans were more detailed and person centred but some people still had the old format, which contained less information.

The majority of staff had received up to date training in core subjects. Those staff, who had not undertaken the training, were being "chased" by management or had been booked onto forthcoming courses. Staff felt well supported and were receiving formal supervision to talk about their role. More time was needed however, to ensure the systems were fully embedded.

The manager had formalised systems such as quality auditing. There was a comprehensive action plan, which identified shortfalls from the previous inspection and those identified by the team. This was being updated on a weekly basis and sent to the local authority for monitoring. Managers recognised progress had been made with improving the service but more work was planned to achieve "where they wanted to be".

At this inspection, we changed the rating of the safe domain but did not review the other ratings. This was because we wanted to see improvements are sustained and made over time. We will check this during our next planned comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found that action had been taken to improve safety.

Additional staff had been recruited but more staff were required to flexibly cover people visits without the use of other agencies.

All visits were now monitored by a team of staff, enabling potential missed calls to be identified and addressed before the risk of harm.

Whilst staff had received training in the management of medicines, records did not demonstrate safe administration.

We changed this rating to requires improvement as a system had been put in place to minimise missed calls.

Requires improvement



Is the service effective?

The service was not always effective.

We found that action had been taken to improve effectiveness.

People remained concerned about the consistency of staff supporting them. However, measures were being taken to address this.

The majority of staff had received updated training in core subjects. Staff felt well supported and received more structured formal supervision to discuss their work.

We could not improve the rating for “is the service effective?” from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service responsive?

The service was not always responsive.

We found that action had been taken to improve responsiveness.

Consideration was being given to scheduling to improve consistency but people remained concerned about the timings of their visits.

People’s support plans were being reviewed and a new format was in the process of being implemented. Each person now had a support plan and whilst improvements had been made to the content, not all plans had been updated.

We could not improve the rating for “is the service responsive?” from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led.

We found that action had been taken to improve the management of the service.

There was a new manager in post, who was experienced in stabilising agencies in crisis. Positive feedback was received about the manager and improvements that had been made to the service.

Managements systems such as quality auditing and staff supervision had been formalised. There was a comprehensive action plan to address shortfalls identified at the last inspection and those recognised by the management team.

Communication with staff was improving and people had been contacted about their views of the service. Any issues formed part of the agency's action plan.

We could not improve the rating for "is the service well led?" from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



MiHomecare - Wiltshire

Detailed findings

Background to this inspection

This focused inspection took place on 10 September 2015 and was announced. The inspection was done to check improvements to meet legal requirements planned by the provider after our comprehensive inspection on 16, 26 January and 6 February 2015, had been made. We inspected the service against four of the five questions we ask about services: is the service, effective, caring, responsive and well led? This was because the service was not meeting some legal requirements.

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

Before visiting the MiHomecare – Wiltshire office, we spoke with 22 people who used the service and some of their relatives, on the telephone. During the office visit, we spoke with 9 staff including support staff, care co-ordinators and supervisors, the manager and two senior managers. We looked at people's paper and electronic records and documentation in relation to the management of the agency. This included staff supervision and training records and quality auditing processes.

Before our inspection, we looked at notifications we had received from the service. Services tell us about important events relating to the care they provide by sending us a notification. We asked the provider to complete a 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. The PIR was received on time and fully completed.

Is the service safe?

Our findings

At the last inspection, there were not enough staff to keep people safe and meet their needs. Office staff and staff from another care agency were undertaking some people's visits. This did not provide consistency and did not enable people to be supported by staff who were knowledgeable about their needs. People had experienced missed calls, which meant they had not been assisted with their personal care, eating or drinking or taking their medicines. The missed calls were not being identified by the agency, which placed people at risk of harm. In addition to concerns about missed calls, people were not supported with their medicines in a safe way. Instructions about the medicine's prescription were not clear and staff did not consistently sign the medicine administration records to show people had taken their medicines as prescribed. As a result of these shortfalls, we identified a breach of Regulation 22 and Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches now correspond to Regulation 18 and Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We judged the safety of the service to be inadequate.

At this inspection, staffing numbers had increased but more were required to flexibly cover people's visits and to manage staff sickness effectively. The manager told us new staff had been recruited and more interviews were planned. However, there remained some agency use and office staff were undertaking some visits on a planned basis. The manager told us recruitment would be on going until sufficient staff had been employed to flexibly cover people's care packages and staff sickness. A senior manager told us the situation with staffing was improving and agency use had decreased dramatically more recently. They said "there's still a way to go but it's much better". The manager told us that whilst still needing to use another care agency to undertake some people's visits, the same staff were repeatedly called upon. Due to this, the staff were considered part of the overall team and encouraged to undertake training and attend staff meetings. The manager and senior managers confirmed this had increased consistency and reliability within the service. They said they believed the service was now safe.

Senior managers told us that since the last inspection, a team of staff had been developed to monitor the calls

people received. This gave clear focus to the calls without distraction. They said all staff had been given a phone, which was linked to the electronic call monitoring system. This meant that if a member of staff was running late and had not arrived to support a person, it would be highlighted on the system. The team would then contact the member of staff to determine why they were late. A call to the person would follow to inform them of the situation and give reassurance that their call would not be missed. Senior managers told us the completion of the visit would be monitored on the system until it actually took place. They said the system had reduced the number of missed visits to people. Staff confirmed missed visits were now rare and any issues were being picked up before they became a problem.

Any incidents such as missed calls were now fully investigated, documented and reported to the Care Quality Commission and safeguarding team. Records showed the investigation which took place and a front sheet summarized those people affected. The opportunity to use this sheet as an overview had not been undertaken as the time, reason and staff member who missed the call had not been identified. The manager told us they would add this information in order to identify potential trends. The records showed there had been two recent visits, which had been missed. We asked how these were not identified within the electronic monitoring system. The manager told us there had been an error due to similar names of the people involved. They said measures had been put in place to minimise further occurrences.

Some improvements had been made to the safe management of people's medicines. Staff had received training and consideration had been given to new documentation to record people's medicines. This was in the process of being added to people's files but had not as yet been fully completed. A senior manager told us checks in relation to each staff member's competency with the administration of medicines, were to be undertaken. People did not have any concerns about the management of their medicines.

There was a person's medicine administration record within their support plan in the office. The record was being used so it was not clear why it was in the office rather than the person's home. Whilst staff had signed the record, information about the medicines and their instruction for use, were not stated. This increased the risk of error. There

Is the service safe?

was conflicting information in the person's support plan about the management of their medicines. One record indicated the person administered their medicines independently, whilst another stated prompting was required. However, some staff had written in the daily records that they had given the person their medicines. This conflicting information did not give staff the guidance they required, to manage the medicines safely. Within the person's daily records, it was recorded that staff assisted the person with applying cream to their legs. There was no evidence of this topical cream or its instruction for use, within the person's support plan. A senior manager told us they would look into and address these issues.

At this inspection, people were more positive about the agency and its reliability. They said they now had more confidence that staff would arrive to support them. People told us due to past experience, they were more likely to call the agency if their carer was late. One person told us "I often phone the office to try and find out when my carer is due. It can be very frustrating having to phone all the while, but at least this guarantees that someone comes".

Is the service effective?

Our findings

At the last inspection, people were supported by a variety of staff, some of whom they had not met before. This did not enable consistency and staff were not aware of people's needs. Staff had not received formal supervision to discuss their work or any concerns they might have. They had not undertaken up to date training, to help them do their job more effectively. People knew how to make a complaint but did not feel listened to. They did not have confidence that their concerns would be addressed. As a result of these shortfalls, we identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach now corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people remained concerned about the variety of staff supporting them. One person told us they received the same member of staff for the majority of their visits. They said this was because the member of staff lived near them. However, other people told us they continued to have different carers supporting them on a day to day basis. People said they found it difficult to build relationships with those staff who visited them. One person told us they could often see up to eight or more different staff a week. They said at weekends it was mainly agency staff. The person told us "I spend most of my time having to explain how I like things to be done. It's not their fault, they all try their best, but it's not easy". Another person told us "I never really know from one day to the next who will appear at my front door. Of course all the carers basically know what they need to do, but it would be nice to not have to explain each time how I like things to be done. It can get very tiring".

People described staff as being basically trained rather than being competent. The majority of relatives told us they helped staff out from time to time. One relative told us "my husband has a catheter and a leg bag and this gets changed to a night bag before bed. I realised they were leaving the night bag on in the mornings which dragged to the floor and my husband was constantly getting UTIs [urinary tract infections]. I explained that they needed to change it for a leg bag and they said they didn't know how to. I ended up having to show them all how to do it. That shouldn't be my job".

Staff told us they generally supported the same people unless there was any staff sickness. They said when this occurred the office would distribute people's visits to other members of staff who had capacity. This could mean visiting people they had not met before. Staff told us they much preferred supporting people they knew. This was because they knew what the person wanted and were able to build a relationship with them. Staff told us visiting people they did not know was getting better due to the recruitment of staff. They said it was more likely to happen at weekends. In the event of not knowing a person, staff told us they would look at the person's support plan or call the office for more information. One member of staff told us they would benefit from getting more information about people's needs before visiting them. Staff told us the allocation of people's visits on a daily basis was now manageable. They did not feel they were rushing from one person to another and had sufficient travelling time to get to people effectively.

The manager told us the scheduling of people's visits was being worked on to enhance consistency. They said this would ensure people were supported by the same staff on a regular basis. Schedules on the electronic system confirmed this work was being implemented. The office staff told us it was working well but there was more to do. They said they were now scheduling visits for two weeks ahead so a much more planned approach was being adopted. At the last inspection, staff were trying to cover people's visits for the following day. This showed the scheduling of people's visits was improving. Those visits looked at on the system showed that people were generally supported by the same member of staff, at a consistent time each day.

At this inspection, the manager and senior managers told us improvements had been made to induction, staff training and supervision. They said a range of training courses had been arranged in core subjects such as moving people safely, first aid and protecting people from abuse. Staff confirmed they had undertaken training in these topics. The manager told us that once more staff were recruited, more training would be organised. This was because there would be greater flexibility to cover people's visits whilst staff attended the training. A training matrix had been developed and updated to show the training staff had completed. The matrix was colour coded and clearly identified those staff who were in need of refresher training. The manager told us these staff were being "chased" to

Is the service effective?

complete their e-learning or had been booked on to various courses, to ensure they were up to date with their knowledge. A senior manager told us that once staff had received core training, they were looking for certain staff to develop specialisms. This would include areas such as palliative care and dementia care. They said this would enable increased knowledge, which could be cascaded to the rest of the team. Another senior manager told us an extra day had been allocated to the induction programme for new staff. This was scheduled after the staff member had completed training and shadow shifts with more experienced members of staff. They said the additional day was intended to enable learning to be discussed and embedded further.

Records showed staff had received formal supervision where they could discuss their work, training needs and

any concerns they might have. There were also records of observational supervision where staff had been observed whilst supporting people. Staff confirmed they felt well supported and supervision sessions were working well. One member of staff told us “the spot checks are really good. They tell us if we could do something better. We might not even have known we were doing it wrong so it’s good. The main aim is getting it right for the person”. However, whilst the sessions were taking place, not all were consistent in frequency. The manager and senior managers told us they were aware that more time was required to fully establish the system and to see an improvement of practice, as a result. This included the introduction of staff appraisal, where an annual review of each staff member’s performance would take place.

Is the service responsive?

Our findings

At the last inspection, whilst people were generally happy with the care they received, there were concerns about the timing, length and unpredictability of their visits. Not everyone had a support plan to inform staff of their needs and the assistance they required. Those care plans in place varied in content, which did not ensure staff had the required information to support people effectively. As a result of these shortfalls, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach now corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people remained concerned about the timings of their visits. Because of this, some people told us they felt the agency placed its needs above those of people who used the service. One person told us "how can I feel cared about when sometimes they ring my bell at 6am in the morning instead of 8.30am when I'm ready to get up". Another person said "we wanted a visit at 8am for my husband to help him in the bathroom, but they seem to come anytime between 6am and 9.30am". Another relative told us "my husband wants to go to bed about 8.30pm but they seem to want to come early every night. Last night it was 6pm when I was just making our tea". Another person said "I sent them away again last night. Why they think I want to go to bed on a lovely summer's evening at 6pm is beyond me." Two relatives told us they were concerned that the timings of their family member's visits were too close together. This included a lunch time call at 1.30pm and a tea time call at 3.30pm. The relative was concerned, as they did not believe staff stayed with their family member for the required amount of time. Concerns of one relative were currently being investigated by the local safeguarding team.

Within surveys sent to people to give their views about the service, 32% thought staff were excellent in terms of punctuality. 19% said staff were very good, 24% said they were good and 25% said they were poor. Staff told us the timings of people's visits continued to be a challenge. They said people who required visits at a certain time because of health conditions were classed as time critical. These people were given priority to receive visits at a certain time. Staff said they tried to schedule all other visits according to people's preferences but this was difficult, especially if

everyone wanted for example, an 8 o'clock morning visit. Staff told us people were given a time frame in which their visits would take place. These were identified in people's support plans although preferred visit times were not stated.

Senior managers told us staff were in the process of meeting with each person to update their support plan. They said this was a big focus and was well underway although had not been fully completed. They said this meant that some care plans were up to date and in the new format, whilst others remained in need of attention. People's support plans at the office had been reviewed in terms of their storage. All were orderly stored and staff had made sure that each person had a support plan in place.

Those support plans which had been rewritten in the new format were more detailed and reflected people's preferences. There was information about a person's breathlessness so it was important not to rush them. The person had a painful arm and there was information about how to assist the person to dress with minimal discomfort. Another support plan detailed a person's health condition and how it impacted on their daily life. Whilst people's support plans had been reviewed, not all written assessments such as moving people safely had been updated. This did not ensure staff had up to date information about potential risks to people's safety.

People described staff as "polite", "considerate" and "caring". One relative told us "they look after my Dad really well and that takes the pressure off of me". Most people told us their needs were being met and their care was delivered in a way they were happy with. They said this was often due to them telling staff what they needed and what they wanted done. Within the most recent staff survey, 60% of people thought the attitude of staff supporting them was excellent. 32% said staff attitude was very good and 7% said it was good.

People told us they had a support plan although not all had been regularly reviewed. Two people told us they had recently had a review of their care package with "someone from the office". Another person told us "my condition has deteriorated since it was written. I keep telling the carer that I need things done in a different way now and it takes longer because it's a struggle for me." People commented that initial meetings with the agency were useful. However, one person told us "the meeting was a good listening opportunity for me to explain the difficulties I was

Is the service responsive?

experiencing. Unfortunately the service being delivered does not match up". Another person told us "if they had explained about the number of different carers I would

have to put up with, together with the fact that timings were very flexible, I probably would have tried to find an alternative service". Another person told us "my carers do their best but they are always rushing to the next client."

Is the service well-led?

Our findings

At the last inspection, the registered manager and senior managers were aware the service was not operating as they wanted it to. Management systems such as quality auditing were in their infancy and had not been established. This meant that shortfalls in service provision were not being identified and addressed. Any accidents or incidents were not being analysed to minimise further occurrences. Some people had been asked to give feedback on the service they received but this information had not been coordinated or acted upon. As a result of these shortfalls, we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, who was in post when the last inspection took place, left the service in June 2015. A new manager was appointed and started work at the agency on 6 July 2015. They told us they were in the process of submitting their application to the Care Quality Commission to become the registered manager.

The manager told us they were aware of the agency's shortfalls when they took their role. They said they were committed to improving the service and had experience of stabilising agencies in crisis. A senior manager told us the manager was "red hot" on organised systems and compliance. They said they had developed the service significantly since being in post. Another senior manager told us "the foundations have been built and now we can build on them and get where we want to be. I don't feel we're in crisis anymore. We're making good progress".

After the inspection, we spoke with a health/social care professional on the telephone, about the service. They told us the agency had improved greatly since the last inspection. They said this particularly applied to the increase in safety with recognising the potential of missed visits to people. The health/social care professional told us they were impressed with the progress which had been made so far and believed the systems were now in place to address issues further. They believed that due to the nature of the shortfalls, there would never be a quick fix. They said it was a process over time, which the agency was managing well.

The manager told us they had spent time improving communication with staff. This had involved introducing staff meetings and monthly newsletters. The manager told us they had an open door policy but preferred staff or visitors to make an appointment if possible. They said this ensured people were given time to discuss any issues they had without interruption. There were many positive comments from staff about the manager. This included "he's really approachable and listens", "he's interested and wants to hear what we say" and "it's just what we need. He's really good. Things are definitely getting better. He's made a real difference". One member of staff told us "the staff meetings have been really good. It's good to get together when you're lone working. Our views are welcomed. We can talk about any issues and are kept informed with what's going on. I feel part of a team now".

The manager told us there was a full complement of office staff. This enabled greater organisation, better focus on scheduling people's visits and supporting people and staff if they made contact by phone or in person. The manager told us a new post of team manager had been developed. This was working well and the staff member was providing management support in developing the agency's systems. The role of the receptionist had been developed to ensure people received efficient service on their arrival.

There were organised records in the office in relation to the management of the home. These had recently been developed. The records showed a clear auditing system and there were now records of the senior manager's monthly auditing visits. There was a comprehensive action plan which had been developed as a result of the last inspection. The action plan was sent to the local authority on a weekly basis for monitoring and was regularly updated as systems improved. The manager told us systems such as interviews with staff who had given notice to leave, were taking place. This enabled any issues of concern to be identified and addressed accordingly. Performance issues with staff were being addressed via the procedures available to the manager. The manager told us people had been contacted by telephone in order to give their views about the service. There were positive comments such as "I could not stay at home without them" and "they are a godsend. They brighten up my day". More negative comments included "you never know when they are coming" and "times are never consistent". The agency's

Is the service well-led?

action plan identified how these concerns would be addressed. There was a complaints file, which showed details of concerns raised, the investigations and outcomes.

People who had contacted the office told us the staff were "friendly" and "approachable". This was an improvement on how people felt at the last inspection. However, people did not feel their concerns were always taken seriously and

addressed. This particularly applied to the timings of their visits. One person told us "if I'd been able to influence change, I would be getting visits at times that suited me by now". Staff told us the communication with the office staff had improved greatly. They said the office staff now answered their queries and were "helpful", "friendly" and "informative".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>This was a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>There was insufficient staff to meet people's needs effectively. People had not received consistency with the times of their visits or of the staff supporting them. Staff were not always aware of people's needs due to the inconsistency of visits.</p> <p>Work was being undertaken to address these shortfalls.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Full details of medicines and their prescription were not clearly stated on the medicine administration records. Instructions were hand written without a counter-signatory to confirm accuracy. Staff were not consistently signing the records to evidence the medicines had been given. Staff had not received up to date medicine training and their competency had not been assessed.</p> <p>Work was being undertaken to address these shortfalls.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

Action we have told the provider to take

This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not fully informed of people's needs before providing support. Staff had not received up to date training to do their job effectively and did not consistently receive formal supervision to monitor and discuss their performance.

Work was being undertaken to address these shortfalls.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This is a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The planning and allocation of people's visits did not consistently meet people's needs. Care plans were inconsistent and did not reflect people's health care needs and the support they required.

Work was being undertaken to address these shortfalls.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Auditing systems were not in place to assess the quality of the service and potential risks to people's health, welfare and safety. People did not feel listened to and were reluctant to raise their concerns as a result.

This section is primarily information for the provider

Action we have told the provider to take

Work was being undertaken to address these shortfalls.