

Amber Home Carers Ltd

# Amber Home Carers

## Inspection report

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Date of inspection visit:  
02 May 2023

Date of publication:  
07 June 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Amber Home Carers is a care agency providing personal care to people living in their own homes and to people living in supported living schemes. 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.

At the time of our inspection 30 people were receiving help with personal care in their own homes. We have referred to this part of the service as 'homecare' within our report. Most of these people were older adults. Some people had learning disabilities. There were also 9 people receiving care and support within 5 supported living services. These people were adults with learning disabilities and autistic people.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. However, improvements were required as they were not meeting all of the principles.

**Right Support:** People did not always have the maximum possible choice and control over their lives and some decisions about their care were made without formal agreements. Medicines were not always managed in a safe way. People were supported to take part in meaningful activities. Staff worked with other professionals to help meet people's healthcare needs.

**Right Care:** People received personalised care and support. However, the provider had not always recorded detailed information about how care was planned. The provider had not always assessed the risks people were exposed to. People were supported by kind staff who treated them with respect. The staff understood how to protect people from abuse. Staff communicated well with people and understood their needs.

**Right culture:** The provider's systems for monitoring and improving the quality of the service were not always operated effectively. However, people received personalised care and were happy with the service. The staff felt supported and had the training and information they needed to care for people. Complaints, accidents and incidents were appropriately investigated and responded to.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

#### Rating at last inspection

The rating at the last inspection was Good (published 18 January 2020)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

#### Enforcement

We have identified breaches in relation consent to care and treatment, safe care and treatment and good governance at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Amber Home Carers

## 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.

#### Inspection team

The inspection site visit was conducted by 2 inspectors. One inspector visited the office location. The other inspector visited 2 of the supported living services. A third inspector and an Expert by Experience supported the inspection by making telephone calls to people using the service, their relatives and external care professionals. 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 houses and flats.

This service also provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 April 2023. We made phone calls to people over the next week on various days. We visited the agency office and supported living schemes on 2 May 2023. The inspection ended on 3 May 2023 when we made our final phone calls to external professionals.

### What we did before the inspection

We looked at all the information we held about the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted the local authority quality monitoring team for their views on the service.

### During the inspection

We spoke with 3 people who used the service and the relatives of 15 other people on the phone. We spoke with 4 external professionals who worked with and supported people. We received feedback from 3 care workers.

We visited the agency offices and looked at records they used for managing the service, these included care records and staffing records. We spoke with the office staff who included the registered manager. We visited 2 of the supported living schemes and met people who lived there and staff on duty.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

### Using medicines safely

- Medicines were not always managed in a safe way.
- Some people were prescribed medicines to be taken 'as required' for pain, constipation, and other needs. There was no specific guidance for staff about when they needed to administer these. When staff had administered these 'as required' medicines, they had not always recorded the reasons for this and had not stated whether the desired effect had been achieved.
- Some people were prescribed medicated creams. There were no directions about when how or where these should be applied to people. Some of the creams were highly flammable and the build-up of these on clothing and bedding meant there was an increased risk of these items catching fire. There were no recorded assessments of the risks relating to the use of these or information about how to reduce these risks.
- In the supported living service, we saw that medicines were not always correctly labelled. Some medicines had passed their expiry date. The staff did not always record the dates they had opened topical medicines such as creams. There were no systems to record when medicines were received, disposed of or when they were taken out of the service for social leave. This meant that there were no records for some medicines held at the service. Failure to have a safe system for recording and checking medicines placed people at risk.
- Whilst staff had undertaken training in managing medicines, the provider had not always carried out assessments of their knowledge and competencies to do this. This meant they had not assured themselves staff were handling medicines in a safe way.

We found no evidence people had been harmed. However, failure to manage medicines in a safe way was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service and their relatives said they received their medicines as prescribed.
- People were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

### Assessing risk, safety monitoring and management

- The provider had not always assessed the risks to people's wellbeing and safety. We viewed the care records for 4 people who were supported with homecare services and 7 people living in the supported living schemes. There were no recorded risk assessments relating to health, equipment used, mobility, skin integrity or eating and drinking for 5 of the people and only basic information for a further 3 people. Whilst

people using the service, their relatives and professionals felt staff kept them safe, the provider had not assessed and planned for risks appropriately. This meant these risks may not always be safely managed.

- In one of the supported living schemes we visited, windows on the first floor were not restricted and could open wide enough for a person to climb or fall through. The risk of this had not been assessed or planned for. We found that there were no recorded risks for the supported living environments or for the home environment for some people who received a homecare service.

We found no evidence people had been harmed. However, failure to assess and plan for risks was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had worked with external healthcare professionals to create support plans for people who sometimes got agitated or physically aggressive. The plans included strategies to minimise the risks relating to this, to de-escalate situations and to support people when these techniques had not worked.

#### Learning lessons when things go wrong

- The systems for recording accidents, incidents and other adverse events were not always followed. For example, in January 2023, records showed there was an incident where a person hit another person using the service. The records did not describe what had happened before, the staff response or learning from this. The staff had not always completed monitoring charts to track incidents such as these and therefore formal systems for learning from these were not in place. We discussed this with the registered manager so they could make sure there were always accurate records to help staff monitor and learn.
- The registered manager told us they discussed accidents, incidents and concerns as a management team and with staff. This helped them to identify when improvements were needed.
- The management team worked closely with other professionals to develop improvements to the service.

#### Staffing and recruitment

- At our last inspection, we found the provider had not always carried out thorough checks on staff suitability. The provider took immediate action to address this following that inspection. At this inspection, we found thorough checks were being made.
- There were systems for recruiting staff which helped to make sure they were suitable. These included checks on the staff before they were employed. Many of the staff were recruited from abroad and had professional qualifications, such as nursing, from their home countries. Although they were not able to practice their profession in the UK without adaptation to UK standards and registration with professional regulators, they had already acquired knowledge and skills which helped them understand about meeting people's needs and providing good care.
- There were enough staff to keep people safe and meet their needs. The provider did not take on new care packages unless they had the staff to support people. People and their relatives told us they were cared for by the same group of familiar staff. People told us most of the care visits took place on time and staff stayed for the correct amount of time to meet their needs.
- One external professional explained that there were a small group of core staff who worked in the supported living settings. They told us, "Amber Home Carers have retained the same staff to work with people and have built an amazing rapport with them. This has helped to reduce a significant level of challenges."

#### Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from abuse. These included policies on reporting and responding to allegations of abuse. The staff had training regarding safeguarding adults and understood



how to recognise and report abuse.

- The provider had taken appropriate action following allegations of abuse. They had worked with the local authority to investigate concerns and put in place protection plans for people.
- People using the service and their relatives told us they felt they were safe. Some of their comments included, "I feel [person] is absolutely safe", "I trust them", "I feel very safe with all the carers" and "I've had about 10 different carers on and off and I feel safe with all of them. They are very efficient. They are careful with me."
- The staff supported some people with shopping and handling their money. There were systems to help make sure they did this safely and the risks of financial abuse and mismanagement were minimised.

#### Preventing and controlling infection

- There were systems to help prevent and control infection. The provider had appropriate procedures, which had been reviewed and updated in line with government guidance regarding COVID-19. The staff undertook relevant training.
- Staff were supplied with enough personal protective equipment (PPE) such as gloves, aprons and masks. They knew when they needed to use this and how to wear this correctly.
- People using the service and their relatives told us staff followed good hygiene practices, washing their hands and wearing gloves, masks and aprons when needed.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider had not gained authorisation for, or followed the best interests process, when imposing some restrictions on people. The staff routinely took one person's electronic tablet away from them against their wishes. The staff told us the tablet was returned for 'good behaviour'. The registered manager told us the decision to remove the tablet was not designed to be a punishment, but in order to help promote a wider range of activities. However, this restriction had not been properly assessed, planned for, or agreed as in the person's best interests.
- Some people lacked the mental capacity to make informed decisions and some people needed additional measures and support to help them make decisions. The staff had not always completed mental capacity assessments regarding these decisions. Nor had they recorded how to present information to help people understand choices.
- The provider used closed circuit cameras (CCTV) to monitor some of the communal areas in the supported living settings. Provider's must only use recording equipment with the permission of the person being cared for, (or their representatives if the person is not able to give permission). There were no recorded agreements for the use of this nor an explanation of how the recordings would be stored and used, or who would have access to these.

Failure to obtain the consent of the 'relevant person' to care and treatment, including restrictions, was a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were given enough to eat but sometimes the people living in the supported living services were not given a wide range of choices. Some relatives told us had the same limited meal choices and processed food over several days. Relatives felt there needed to be better planning of meals, a better understanding of people's dietary restrictions and how to meet their needs.
- Some people needed their fluid intake monitored. The staff were not always maintaining clear records, and this meant it was hard for them and professionals involved in their care to check fluid targets were being met.
- We discussed these issues with the registered manager so they could address these with staff.
- Most people using the service and their relatives told us they were happy with the support people received with meals.
- The provider had made referrals for additional professional support from dietitians and other professionals when they had identified people had unmet nutritional needs.

#### Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The staff undertook a range of training as part of their induction. The provider also arranged for additional training when people had a specific healthcare, or equipment need. One external professional told us, "Training provided by senior managers in the organisation is very good."
- The provider worked closely with other healthcare professionals to access specialist training.
- Staff said they felt supported. There were informal systems for them to speak with members of the management team for advice and information. However, the provider had not always held formal individual meetings with staff or recorded their discussions with them. This meant they did not have a record of directions they had given staff or discussions about when improvements were needed.

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

- The provider met with people and assessed their needs and choices before they started using the service. Some people had started to use the service at short notice because of an emergency and because their previous care providers were no longer able to care for them. The professionals we spoke with described how Amber Home Carers had carried out short notice assessments and this had helped people.
- Other people using the service and their relatives spoke positively about the assessment process. Their comments included, "[Registered manager] and the carers made it really easy to go through the transition [to support from Amber Home Carers]" and "They were very supportive during the transition and assessment."

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

- The staff worked with other professionals to make sure people's healthcare needs were met. They made referrals for additional support and liaised with specialist professionals to make sure they provided the right care and support.
- Relatives told us they felt the staff managed people's healthcare needs well. Their comments included, "I feel confident they would arrange a doctor's appointment if needed and contact me about this", "They are there to talk to the district nurse if needed" and "They support [person] with healthcare appointments and hospital visits."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 well treated and supported. They had good relationships with the staff, who they trusted. Staff knew people well.
- Some of the comments from people using the service and their relatives included, "[Care worker] is really lovely", "[Care worker] is such a good carer that I feel the care [they] give is as good as the care I would give", "They have a very calm manner that leaves you confident", "They're always polite, kind and considerate" and "The carers are very fond of [my relative]; it is lovely to see."
- Staff supported people with their religious and cultural needs. For example, making sure they prepared the correct food, supporting people with prayers and, in some cases, supporting people to access places of worship.

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

- People were supported to express their views and be involved in decisions. For example, people using the homecare service told us the staff always asked for their views and respected these. In the supported living settings, some people found it hard to express choices. The staff worked closely with their relatives and other people who were important to them. They helped to plan activities and care based on people's known interests.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People told us care was provided behind closed doors, staff shut curtains and the staff left them to use the toilet in private. Some of their comments included, "They always shut the door", "Their number 1 priority is my comfort and wellbeing" and "They are always polite and respectful."
- People were supported to develop independent living skills. Some people explained how the staff supported them to do things for themselves. The staff worked with other professionals to establish ways to support people to be independent. For example, making sure the equipment they used supported this.
- Some of the comments from people's relatives included, "The carers get [person] to walk as much as [they] can", "They encourage [person] to make decisions and to do things for [themselves]" and "[Person] is more independent now. The carers prompt [them] to make choices and to do things independently."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. People using the service and their relatives told us they were consulted about their care and were able to make choices. They explained that care met their needs.
- Some of the comments from people included, "There is never a concern regarding hygiene and [person] is well looked after", "We [relatives] are amazed. The carers are very dedicated, considerate, and understanding. It is turning out tremendously well" and "The staff are very caring and understand [person's] needs. They are willing to learn and address issues."
- External professionals who worked with some of the people living in the supported living schemes spoke positively about the care people received. Their comments included, "I can only say admirable things about Amber Care. [Person] needs intense support and I can only sing of the wonderful work the team have accomplished", "I feel they have done really well looking after all [person's] needs", "They've got to know [person] well and this bond only comes with really good carers" and "From the onset, they have provided a person-centred approach. [Person's] needs are being met and they support [person] with [their] preferences."
- The staff keep records of care they had provided. These were detailed and showed that people's needs had been met.

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.

- People's communication needs were met. Some people experienced barriers to communication, such as sensory impairments. Some people could not use speech to communicate. People's relatives and professionals told us the staff worked hard to overcome these barriers and promote clear communication.
- Comments from relatives and professionals included, "The staff understand [person's] needs and care interpret the different noises [person] makes", "They have done a great job learning basic sign language and using resources to learn more signs" and "The staff have taken notes and worked with [person] to understand [their] body language and gestures."
- The provider had made referrals to professionals including Speech and Language Therapists. They were working with these professionals to develop communication plans to support people to meet their

individual needs.

- The family of one person had supported the staff to access training in intensive interaction. This is a practical approach to interacting with people who do find communication hard. The approach is designed to help the person and others enjoy each other's company through sensory interactions. The person attended regular intensive interaction sessions with staff as part of a group.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where the agency provided support with social and leisure activities, they did this well. People living in supported living schemes had individual programmes of activities both within the supported living settings and in the community. The staff helped them to access a range of different classes, groups and leisure activities.
- Some relatives and professionals explained this aspect of people's care had been beneficial and helped improve their emotional wellbeing. Their comments included, "[Person] goes out every day, helping [them] use up energy and visiting places [they] love", "[Person] goes out for companion cycling and swimming" and "They take [person] out according to a defined activity plan, accessing horse riding, companion cycling and walking."
- People were supported to stay in contact with friends and family. People living in the supported living schemes sometimes met with other people who lived in different schemes. The staff also supported them to stay in close contact with their family through visits, video and phone calls.

End of life care and support

- People who needed care at the end of their lives received the right support. The provider had a small team of staff who had completed additional training in end of life care. They were assigned to support people who needed this type of care. They understood the importance of working with families as well as the person at this time.
- The provider worked closely with palliative care teams and other professionals to support people when needed.
- At the time of our visit, the agency was not providing end of life care and support to anyone.

Improving care quality in response to complaints or concerns

- The provider had systems for responding to complaints and concerns. They investigated these and looked at ways they could improve the service and learn from these.
- People using the service and their relatives told us they knew who to speak with if they had any concerns.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

### Continuous learning and improving care

- The provider did not always operate effective systems and processes for monitoring and improving the quality of the service or for monitoring and mitigating risks.
- The provider did not always audit medicines management. This meant they had not always identified when improvements were needed.
- The provider had not always assessed or planned for the risks people were exposed to.
- Whilst we saw there had been some 'spot check' observations of staff, these had not taken place for all staff. There were no records to show the provider had assessed staff competencies and skills in certain tasks, such as managing medicines and moving people safely. There were no records of formal supervision meetings and appraisals for some of the staff. This meant that discussions around their work practice were not being properly recorded.
- The provider was in the process of changing their care planning systems to a new computerised platform. However, during this transition, some of the essential information about people's needs was not recorded. For example, for 5 people whose care records we viewed, there were only lists of tasks staff needed to complete rather than clear care plans.
- The staff did not always follow systems to record how they were monitoring people's care. For example, recording fluid intake and recording what happened before, during and after incidents. This meant that they, and professionals involved in people's care, did not have clear and detailed information in order to monitor and review their needs.

Failure to effectively operate systems and processes for monitoring the quality of the service and mitigating risks was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had not always notified CQC when things went wrong. For example, during the inspection, a relative told us about a safeguarding concern and the provider showed us records of 2 further safeguarding allegations which had been investigated. In all 3 examples, the provider had worked with the local safeguarding authority, carried out investigations and put in place plans to make improvements. However, they had not notified CQC as required. We discussed this with the registered manager, so they understood their responsibilities and when to notify CQC.
- The provider was open and honest with people when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture and people received person-centred care. The provider helped to make sure relatives had access to computerised records so they could see when care was provided. People using the service, relatives, staff and other stakeholders were consulted about the service and able to contribute their ideas.
- The staff and management team knew people well and had good relationships with them.
- Some of the comments we received from people using the service, relatives and external professionals included, "The service is led by a management team who are passionate about providing high quality, individualised care and support", "The service is working well", "They are wonderful, really helpful and [person] has raved about the [care workers]", "They are friendly and attentive. They help in the nicest possible way" and "The staff are lovely, very passionate."
- People using the service and their relatives told us they felt they had opportunities to engage with the provider. One relative told us, "There is good communication. I feel the registered manager is honest. If I have any issues, I contact them, and the response is good."
- People told us they would recommend the agency to others.

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

- The registered manager was appropriately qualified and experienced. They were supported by a management team who carried out different roles and provided staff with guidance and training.
- The management team had regular meetings with each other to discuss the service. People using the service, relatives, professionals and staff spoke positively about the managers. Some of their comments included, "We have found it very easy to get on with [registered manager]". "[Registered manager] is very nice", "In my view the manager understands my relative's needs and can support the staff" and "[Registered manager] is very honest and understanding."
- The provider had a range of policies and procedures which reflected good practice guidance and legislation.

Working in partnership with others

- The provider worked in partnership with other professionals. They made referrals for professional support when needed and followed guidance and plans set out by others.
- The registered manager kept themselves updated with good practice and local issues by liaising with commissioners, professional organisations and other 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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not ensure that care and treatment was always provided with the consent of the relevant person.</p> <p>Regulation 11</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure care and treatment was provided in a safe way for service users.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17</p>