

Mosaic Community Care Limited

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Inspection report

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26 August 2016

09 September 2016

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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

We carried out an inspection of Mosaic Community Care Limited on 24 and 26 August 2016. We gave the service 48 hours' notice to ensure the registered manager would be available when we visited. A member of staff we needed to speak with was on annual leave on these dates so we returned to the service on 9 September 2016 to speak with them.

Mosaic Community Care is a domiciliary care agency that provides personal care and support to adults and children with a learning disability living in the community. At the time of our inspection the service was providing support to eight adults and 15 children. The service had previously also supported older people. However, this had changed in May 2016.

At the time of our inspection there was a registered manager at the service who had been in post since 2010. 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.

During our previous inspection on 18, 19 and 24 November 2015, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to failure to ensure risk assessments were always available in people's homes for staff to access and failure to ensure medicines were being managed safely. There was a failure to ensure care plans were always present in people's homes to inform staff about how to meet people's needs, a failure to ensure sufficient staff attended to people as required, and a failure to effectively assess and monitor the quality of the service, to ensure any risk to people using the service was managed appropriately.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to a failure to ensure sufficient staff attended to people as required, a failure to effectively assess, monitor and improve the quality of the service and the management of complaints. You can see what action we told the provider to take at the back of the full version of the report.

One person being supported by the service and most of the relatives we spoke with told us people received safe care. Staff had a good awareness of the different types of abuse and understood how to safeguard vulnerable adults from abusive practices.

We saw evidence that staff had been recruited safely. They received an appropriate induction, effective training and regular supervision.

There were processes in place for the safe administration of medicines. People were supported with their healthcare needs and staff raised any concerns about people's health and wellbeing with their relatives or referred them to healthcare professionals when appropriate.

Relatives told us they were happy with the care provided by their usual care workers. However, they told us that when their usual care worker was not available, visits were often missed. They told us they had raised concerns about this with the service and we saw evidence of this. We found that there were a lack of clear processes in place at the service for the management of concerns and informal complaints.

Relatives were involved in decisions about people's care and attended care plan reviews.

Relatives told us that the staff who supported their family members were caring and respected their privacy and dignity when providing care. People were encouraged to be as independent as possible.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the importance of consulting with people's relatives when they lacked the capacity to make decisions about their own care.

Relatives were asked to give feedback about the service in annual questionnaires and during care plan reviews. Staff also provided feedback about the service in yearly questionnaires. We found little evidence that the feedback received had been used to improve the service.

Most relatives we spoke with and two members of staff expressed concerns about the way the service was being managed. They felt that communication from management was poor and there were insufficient staff employed at the service to cover annual leave and sickness.

Some staff were unclear about the management structure at the service and felt that their concerns were not always addressed or listened to.

We saw evidence that staff practice was observed regularly and checks were made of care documentation.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The registered manager followed safe recruitment practices when employing new staff.

Staff completed training in safeguarding vulnerable adults from abuse and understood the importance of protecting people from abusive practices.

Most relatives told us they had experienced missed visits and one relative told us two staff did not always attend when they should.

Risks to people's health and wellbeing were assessed and we saw evidence that people's risks were managed appropriately.

People's medicines were managed safely. There was evidence that people received their medicines when they should.

Is the service effective?

Good 

The service was effective.

Staff received an appropriate induction and effective training. Staff practice was observed regularly to ensure that they were competent to provide people with safe and effective care.

Care plans were detailed and included information about people's preferences as well as their needs.

Staff understood the Mental Capacity Act 2005 and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

Staff supported people appropriately with nutrition and hydration and people's healthcare needs were met.

Is the service caring?

Good 

The service was caring.

Relatives told us staff respected their family member's privacy and dignity and encouraged them to be independent.

Relatives and staff told us people were encouraged to make decisions about their everyday lives, such as what they had to eat and where they went on trips out.

We saw evidence that relatives were involved in decisions about their family member's care and this was confirmed by the relatives we spoke with.

Is the service responsive?

The service was not always responsive.

People's care needs were discussed with their relatives. Relatives were involved in people's care plan reviews.

Relatives told us that staff did not always attend when they should and were not always familiar with people's needs.

There were no clear processes in place for the management of concerns and informal complaints.

People had raised concerns but felt that little had been done to address those concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Most relatives and some staff raised concerns about how the service was managed.

Staff and relatives told us they had raised concerns about the need for additional staff and this was an area identified as requiring improvement at our last inspection. However, the service did not have sufficient staff to ensure that people received support when they should.

We found evidence that the registered manager had sought feedback about the service from relatives and staff. However, there was little evidence that the feedback received had been acted upon or used to improve the service.

Requires Improvement ●

Mosaic Community Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 26 August and 9 September 2016 and we gave the provider 48 hours' notice, as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we had about Mosaic Community Care Limited, including previous inspection reports. We contacted community social care professionals who were involved with the service and Lancashire County Council contracts team for their comments. Those we spoke with advised they had no concerns about the service.

As part of our inspection we spoke by telephone with one person who received support from the service and with the relatives of six people. During our visits we spoke with four care staff, the care co-ordinator, the registered manager, the operations director and the head of quality and compliance. In addition, we reviewed the care records of three people receiving support. We also looked at service records including staff recruitment, supervision and training, policies and procedures, records of complaints and compliments and checks that had been completed by the registered provider to monitor the quality of the service being delivered.

Is the service safe?

Our findings

Most of the relatives we spoke with told us they felt their family members received safe care. One relative said, "[My relative] is always kept safe". However, one relative told us that their family member needed support from two staff and that two staff did not always attend to deliver the care required.

We looked at staffing arrangements at the service. At our last inspection in November 2015, we found that there were insufficient staff available to meet people's needs. During this inspection the registered manager told us that staff consistency was important and wherever possible, people were supported by the same carer to ensure that staff were familiar with people's needs and how to meet them. This was confirmed by the relatives we spoke with. However, five of the six relatives we spoke with told us that when their usual carer was not available, the visits were often missed. Relatives said, "[Our care worker] is great but if she's off, they don't sort cover. Sometimes they don't ring to let me know no-one's coming", "The care is really good. Our only complaint is that the care isn't covered if [our care worker] can't come" and "When [care worker] can't do the care, we don't get a replacement".

One relative told us that a new member of staff had recently been introduced to their family member so they were hopeful that that things would improve and they would experience less missed visits in the future. Some of the staff we spoke with told us they were aware that visits were sometimes missed and that on some occasions only one care worker attended when two were needed to meet the person's needs. They told us the service did not have enough staff to cover annual leave or sickness.

During our inspection we reviewed the daily contact logs held by the service and found evidence that numerous visits had been missed. Records showed that staff had often contacted the service at short notice to advise that they could not attend visits and on some occasions had not contacted the service until after the visit had been missed. We noted numerous occasions when relatives had contacted the service to advise that visits had been missed. We also found that in one people's care plan review, their relative had commented that they were not always informed about changes to their family member's care and had asked to be informed in future when their carer was not available.

The provider had failed to ensure that an appropriate number of staff were available in order to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed staffing with the operations director. He advised that the service had recently recruited a new member of staff who would be introduced to the people they supported and their relatives shortly after our inspection. He advised that this would help to avoid missed visits in the future. The operations director advised that it was difficult to employ bank staff who could cover annual leave and sickness, due to the needs of the people the service was supporting. However, he acknowledged that missed visits were unacceptable and it was essential that people's needs were met. He assured us that further recruitment was taking place to ensure that all of the people they supported received support when they should.

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which identified the types and signs of abuse. It included information about staff responsibilities and listed the contact details for the local authority safeguarding team and the Care Quality Commission (CQC). All staff had completed safeguarding training. However some people's training had been completed over three years ago. We discussed this with the head of quality and compliance who provided evidence that further training had been arranged. The staff we spoke with understood how to recognise abuse and the action to be taken if they suspected abuse was taking place. However, not all staff knew they could report any concerns about abuse directly to the local safeguarding authority. We fed this back to the operations director who assured us that he would address this issue with staff.

The service had a whistleblowing (reporting poor practice) policy and the staff we spoke with felt that appropriate action would be taken if they raised concerns about any abusive practice by another member of staff. The policy included contact details for the local safeguarding authority, CQC and the whistle blowing helpline for NHS and social care staff.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to medicines, the home environment and accessing the community. Risk assessments included information for staff about the nature of the risk and how it should be managed and had recently been reviewed. This helped to ensure that risks to people's health and wellbeing were managed appropriately. The service kept a record of accidents and incidents that took place and we noted that there had been no accidents or incidents in the previous 12 months. Records showed that all staff had completed fire safety training in the previous 12 months, which helped to ensure that people would be kept safe in an emergency.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults. A full employment history and two written references had been obtained. These checks helped to ensure that the service provider made safe recruitment decisions.

The staff we spoke with told us that communication between staff at the service was good. Staff documented the support they provided at each visit as well as any identified concerns. Staff told us that they always informed the care co-ordinator if they had any concerns about a person's health or wellbeing. This helped to ensure that all staff were kept up to date with people's needs and that risks to people's health and wellbeing were managed appropriately.

We looked at how people's medicines were managed. The registered manager advised that at the time of our inspection, only one person was being supported with their medicines. A medicines management policy was available which included information relating to documentation, consent, self-administration, 'as required' and over the counter medicines. Records showed that 53% of staff had completed training in the safe administration of medicines. However, the head of quality and compliance advised that further training had been arranged. We saw evidence that staff members' competence to administer medicines safely was assessed as part of regular observations of their practice. The staff we spoke with confirmed they had received training in medicines administration and understood how to administer medicines safely.

We reviewed a selection of medicines administration records (MARs). The MARs contained clear instructions about dosage and when people should receive their medicines. We found that staff had signed the MARs to demonstrate that medicines had been administered. One person we spoke with told us they received support from staff with their medicines.

Is the service effective?

Our findings

Most of the relatives we spoke with were happy with the standard of care their family members received and with the staff who supported them. They told us, "We have no concerns. We are totally satisfied with the care provided", "We've had some fantastic care. The quality of the staff is very good", "The care is good when we have our usual carer" and "[Care worker] has all the skills needed to meet [our relative's] needs". However, one relative told us, "The current carers are ok. The previous carers were very good but they've all left".

Records showed that staff completed an induction when they joined the service and completed training in moving and handling, infection control and health and safety. The head of quality and compliance advised that the service planned to introduce Care Certificate training in the near future. The Care Certificate was introduced in April 2015 and is a set of training standards for staff working in health and social care.

Staff told us that as part of their induction they were given the opportunity to observe staff providing care to each person they would be supporting, to help them to become familiar with people's needs before becoming responsible for providing their care. Most staff felt that their induction had been sufficient. However, one staff member told us they would have liked more support. We saw evidence that staff members' practice was observed regularly. This helped to ensure that staff were providing people with safe, effective care.

We received a copy of the employee handbook which was given to all staff when they started working at the service. We noted that the handbook included information about security, health and safety, confidentiality, safeguarding and whistle blowing. This would help to ensure that staff knew how to provide safe care and how to report poor practice.

Staff told us they received supervision from the care co-ordinator. However, the frequency of supervision varied from one staff member to another. Issues addressed during supervision sessions included a review of the staff member's work, any support and guidance needed and a review of each person the staff member was supporting. Staff told us they felt able to raise any concerns during supervision. Records showed that appraisals were carried out yearly and involved a review of the staff member's performance over the previous year.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that training such as safeguarding, food safety and infection control for a number of staff members was overdue according to the standards set by the service. The head of quality and compliance provided evidence that further training had been arranged and was due to be completed in September 2016. This helped to ensure that staff were able to meet people's needs effectively. We found that some staff had also completed specialist training to enable them to meet people's needs, which included epilepsy and diabetes training. We saw evidence that additional training in autism and challenging behaviour had been arranged. The staff we spoke with told us they felt they had completed all the training they needed to be able to meet people's needs. They told us they could request further training if they needed it.

People's care plans included information about their needs and how they should be met, as well as their likes and dislikes. Each care plan contained detailed information about what support was needed and how it should be provided by staff. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, their relatives had been consulted.

Staff told us that when they visited people in their homes they completed records of the care provided on each occasion and any concerns they had. We could not review people's recent daily records as these were kept in people's homes. We reviewed past daily records for three people and found that information documented by staff included personal care, medicines, details of any trips into the community and any concerns.

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

A Mental Capacity Act 2005 policy was in place, which included the principles of the MCA and the importance of capacity assessments and making decisions in people's best interests. Records showed that all staff had completed MCA training in the previous 12 months. The staff we spoke with understood the importance of seeking people's consent about every day decisions and people's right to refuse care regardless of their capacity. Staff understood the importance of involving people's relatives when they did not have the capacity to make decisions about their care. They told us they would raise any concerns with the person's relative and with the care co-ordinator.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risks assessments and action plans were in place where risks had been identified. One person we spoke with told us they were happy with the meals staff prepared for them. Relatives were also happy with the support staff provided with people's nutrition and hydration.

Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. The relatives we spoke with felt their family members' health care needs were met by staff. They told us staff always informed them if they had any concerns about their family member's health or wellbeing. Staff told us if they had any concerns about the health of a person they were supporting, they let their relatives know and their relatives took action, such as contacting the person's GP. The staff we spoke with were able to give us examples of when this had happened.

Is the service caring?

Our findings

Most relatives told us staff were caring towards their family member. They said, "[Care worker] is very caring. She takes her time and doesn't rush [our relative]" and "The carer is marvellous with [our relative]. I wouldn't have anyone else." However, one relative told us that one member of staff who sometimes attended rushed their family member.

Most relatives told us their family member was generally supported by the same carer or small number of carers. This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs.

Most relatives told us that when staff attended they were rarely late and if they were going to be late, the staff member telephoned them to let them know. They told us the support provided was good and staff stayed for the scheduled duration of the visit. However, one relative told us that staff often attended earlier or later than the agreed times as the service was struggling to get staff to cover the visits. We discussed this with the care co-ordinator and the operations director who acknowledged that they had struggled to cover some of the visits in the past. The care co-ordinator advised that a new member of staff had started recently and was due to be introduced to the family shortly after our inspection. The operations director felt confident that this would address the relative's concerns and reduce the likelihood of missed visits or visits outside of the agreed times in the future.

Staff told us they knew the people well that they supported, both in terms of their needs and their likes and dislikes. The staff we spoke with told us they provided individualised care which reflected people's preferences and were able to give examples of how people liked to receive their care and support.

Relatives told us their family member's care needs had been discussed with them prior to the service starting and during their care plan reviews. Relatives felt that communication from staff was good and told us they were updated by staff if there were any concerns or changes in their family member's needs.

Most of the relatives we spoke with told us that their family member liked the staff who supported them. One relative said, "[My relative] likes [care worker]. They have a good relationship". They told us that new staff were introduced to the family by the care co-ordinator.

Relatives told us that staff respected their family member's dignity and privacy. They told us that staff were respectful and discreet when providing personal care or helping them to move around their home. Relatives told us their family member could make choices about their everyday lives and how they received their care, such as what they had to eat and where they went on trips out. The staff we spoke with told us they encouraged people to make decisions when they were able to.

We saw evidence that people received detailed information about the service. We received a copy of the service user guide that was provided to each person when the service agreed to support them. The guide included information about support plans, confidentiality, people's rights and how to make a complaint or

provide a suggestion. The contact details for CQC were also included.

Relatives told us that staff encouraged their family member to be as independent as they could be. Staff told us they encouraged people to do things for themselves when they were able to and used encouragement and gentle humour when people were reluctant.

An advocacy policy was in place which included details of a local advocacy service. There was also a poster on display in the reception area with the contact details of a variety of local advocacy services. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

Relatives told us that their regular carer workers knew their family member and were able to meet their needs. They said, "[Care worker] arrives on time, stays for the right amount of time and is able to meet [our relative's] needs" and "The care staff know [our relative] well and manage risks well". However, five out of six relatives we spoke with told us they had experienced numerous missed visits. One relative told us, "We dread [care worker] having holidays or being ill because we don't get cover". Another relative told us, "We've had loads of missed visits. The current carers aren't visiting at the agreed times but I'm accepting it because I need the support".

A complaints policy was in place and included timescales for an acknowledgement and a response. The contact details for the Local Government Ombudsman and CQC were also included. Information about how to make a complaint, provide a compliment or make a suggestion about the service was included in the service user's guide. We reviewed the one formal complaint received by the service in 2016 and found that it had been addressed in line with the policy.

We noted that the service did not have a clear process for the management of concerns or informal complaints. Concerns received by the service by telephone were recorded on the daily call log and we noted this information numerous concerns received from relatives about missed visits. However, little information was recorded about what had been done to address the concerns or any future action that needed to be taken. The relatives we spoke with told us they had raised their concerns about missed visits on a number of occasions but things had not improved. They told us they were able to provide feedback about the care provided during care plan reviews. Two relatives told us they had raised concerns about missed visits during the recent reviews.

We saw evidence that service feedback questionnaires had been issued to relatives on 5 August 2016 and a response requested by 26 August 2016. We noted that only one questionnaire had been returned. The respondent reported a high level of satisfaction with a number of areas including the helpful and caring attitude of staff and staff being well trained and competent. However, comments included that 'when [care worker] is off, no other cover is given and this causes many problems. I have rung several times regarding this'.

The provider had failed to respond appropriately to complaints and concerns received about the service. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed people's care plans and found that they were detailed and personalised. They explained people's likes and dislikes as well as their needs and how they should be met by staff. They included information about how support with personal care, food and drink preparation and trips into the community should be provided by staff, to reflect people's preferences.

All of the relatives we spoke with told us their family member's care needs had been discussed with them and they had been involved in recent care plan reviews. Relatives told us there was a care plan in the home for staff to refer to. One relative told us that the person's usual care worker was familiar with their needs. However, when the usual care worker was unable to attend, some staff did not read the care plan and instead asked the relative what care needed to be provided. One member of staff we spoke with told us they had not been informed during their induction that they needed to read people's care plans and become familiar with their needs.

Staff told us that any concerns about people's health or wellbeing were discussed with the care co-ordinator and people's relatives. Relatives told us that communication from staff was good and staff updated them regarding any changes in people's needs.

Is the service well-led?

Our findings

Four of the six relatives we spoke with were not happy with the management of the service. They told us, "The manager is not approachable. I've spoken with her previously and she was unprofessional", "The management of the service isn't the best" and "I'm really not happy with the company or the management of the service".

Relatives told us they had raised their concerns with the service about missed visits on many occasions, mainly with the care co-ordinator. The daily call logs confirmed that this contact had taken place. We spoke with the care co-ordinator who confirmed that it was sometimes difficult to cover visits when staff phoned in sick at short notice. She told us she had made the management team aware of any concerns that were received around missed visits.

The registered manager was not available on the third day that we visited so we discussed the feedback received from relatives with the operations director. He confirmed that he was aware that visits had been missed and advised that the service had recently recruited a new member of staff. He felt confident that this would reduce the likelihood of people experiencing missed visits in the future and advised that recruitment for care staff was on-going.

At our last inspection on 18, 19 and 24 November 2015, we found that there were insufficient staff to meet the needs of people being supported by the service and action plans were in place at that time to address this issue, which included the recruitment of additional staff. During this inspection we found that sufficient improvements had not been made by the service provider.

The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, including the quality of the experience of service users in receiving those services.

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

We spoke with staff about the management of the service and received mixed feedback. Two staff were happy with how the service was managed and did not have any concerns. However, two staff raised concerns about a number of issues. They told us there were not enough staff employed at the service to cover sickness or annual leave, which resulted in missed visits and staff being pressured to cover additional shifts. They told us that travel time to get from one visit to another was often inadequate and resulted in staff being late or not being able to stay for the duration of the visit. They told us that communication from the management team was poor and they felt that organisation at the service needed to be improved.

Some staff members were unclear about the management structure and were unsure about who was the registered manager of the service. All staff told us they contacted the care co-ordinator if they had any concerns and they found her approachable and professional. They felt that some of the issues they raised were addressed, such as safeguarding concerns. However, they felt that issues such as staffing had not been

addressed.

The head of quality and compliance told us that staff received an annual questionnaire to gain their views about the service. We reviewed the results of the questionnaires issued in July 2016, when 15 questionnaires were issued and nine returned. We noted that staff felt that they and the service provided kind, compassionate care which was person centred. They felt that the care they provided made a difference to the health and wellbeing of the people they supported and said that they knew who to go to for guidance and support if they needed it. However, most of the respondents felt that there were insufficient staff at the service, that the service did not keep them informed of changes that were happening and that communication at the service was poor. Some staff also felt that their concerns were not always dealt with or listened to.

The staff we spoke with told us that staff meetings took place and the most recent had been the previous month. They told us they could raise concerns at the meetings. Some staff told us they were not always able to attend the meetings, for example if they were working, and did not always receive information afterwards about what had been addressed during the meeting and any action they needed to take.

We looked at how the service ensured that appropriate standards of care were maintained. We found evidence that staff practice was observed regularly to ensure that staff were delivering safe and effective care. Care documentation was checked as part of these observations, including daily records of care and medication administration records (MARs). The head of quality and compliance provided evidence that four people's care files had been audited and advised that the remaining care files were due to be audited shortly after our inspection. She also advised that following our inspection, all MARs would be reviewed monthly when they were returned to the office, to ensure that any discrepancies were identified. She advised that any issues would be addressed with staff and documented.

The service had a business continuity plan in place, which provided guidance in the event that the service experienced disruption due to a fire, flood or the loss of utilities such as electricity. This helped to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.

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	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to respond appropriately to concerns received about the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively assess, monitor and improve the quality of the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient staff attended to people as required.

The enforcement action we took:

We sent the provider a warning notice and have asked them to achieve compliance by 11 November 2016.