

Moonstone Care UK Ltd

# Moonstone Care UK

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Moonstone Care UK Limited is a domiciliary care agency which provides personal care to people living in their own home. At the time of the inspection 35 people were using the service.

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

We found recruitment practices were not always safe. We could not be assured that staff employed were of good character and safe to work with people. Risk assessments lacked detail on how to mitigate the risks people faced and staff were not always sufficiently deployed. Therefore, we could not be assured that people's needs were always met in a safe way. Medicines were not always managed safely, which meant we could not be assured people received their medicines as prescribed. Care plans were not always consistent, and people did not receive personalised care. Systems for monitoring the service were not always effective in identifying the issues found during our inspection. Audits were not routinely carried out.

People were treated with kindness and compassion, however, we found people's assessment of need required more detail to include, for example, their preferences for how they wanted to be cared for. We have made a recommendation in relation to the recording of assessments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff asked people for their consent before providing care.

People using the service, their relatives and staff were complimentary about the way the registered manager ran the service and how approachable they were. People and relatives told us they felt safe with care staff who treated them with dignity and respect. People were involved in decisions about their care and staff were described by people and relatives as caring and kind. Staff received training and supervision to assist them to effectively carry out their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 21 January 2019 and this is the first inspection.

### Why we inspected

This was a planned comprehensive inspection based on the service starting to deliver personal care to people in December 2019.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to staff recruitment, risk management, staffing levels, assessments and care planning and systems for monitoring and auditing the service.

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

#### 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

Th service was not always well-led.

**Requires Improvement** ●

# Moonstone Care UK

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors. An Expert by Experience made calls to people and relatives. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 21 hours' notice of the inspection. This was because we wanted to be sure the registered manager was available when we visited the office. Inspection activity started on 29 September 2021 and ended on 1 October 2021. We visited the office location on 29 September 2021.

#### What we did before inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 13 people who used the service and seven relatives about their experience of the care provided. We spoke with 16 staff members, including the registered manager, a supervisor and 14 care workers. We reviewed a range of records, including three people's care records and associated risk assessments. We looked at three staff files in relation to recruitment and staff supervision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, call logs, three care plans and associated risk assessments. We spoke with the local authority contracts team. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment checks were not always carried out or managed safely. We found application forms were not always fully completed and gaps in employment were not explored. For another staff member the criminal records check was not requested in a timely manner, this was dated October 2021, over a year after they had been permanently employed.
- References were not always verified or appropriate, for example one reference was written by a relative of the applicant. Additionally, the provider did not retain interview notes to show evidence of exploring and verifying applicant's ability to do the job.

We found no evidence that people had been harmed however, the provider failed to follow safe recruitment practice. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider told us they had now carried out their own DBS check for the staff concerned.
- People who used the service told us staff turned up on time and most stayed for the allotted time. However, we received mixed feedback from people about staff attendance where two care staff were required to provide care. One person told us, "I am meant to have two carers but sometimes there is only one. social services have said I require two.", "Another person told us, "I feel safe with the carers most of the time, but not when [care staff] come on their own. I don't always get two carers on my visits, which randomly happens, although I can't give specific dates."
- Records of daily logs reviewed showed two staff did not always turn up to provide care. We could not be assured that people's needs were always met, therefore put people at risk of not receiving the care they needed.
- The registered manager told us, at times staff experienced issues logging into the system. They told us the system had recently been introduced and staff were still familiarising themselves with this.

We found no evidence that people had come to harm. However, people were put at risk of harm because staff were not sufficiently deployed to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person said, "I always get two carers on my visits." A relative said, "We have had no problems with the carers turning up or not being on time. There is always two of them; sometimes they stay longer than the

allocated time."

- Staff told us they had enough time to provide care to people. One staff member told us, "I'm not under any pressure time wise". "I never need to worry about cover, they always cover my client. There's a quick response". Another staff member told us the registered manager had gone out of their way to finance additional hours for one person until the local authority was able to fund them.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- People were not always protected from the risk of harm. While some risks to people were assessed and reviewed, they did not always provide details on how to mitigate them. For example, risks related to pressure ulcers, choking or entrapment from bedrails were not considered. This put people at risk of harm and receiving unsafe care as records related to risk were not detailed and did not provide enough guidance for staff.

- Medicines administration was not always managed safely.

- People were at risk of not receiving their medicines as prescribed. Medicine administration record charts and information about medicines were inconsistent and unclear for staff to follow. Where medicine support was provided this had been recorded as staff to 'prompt' people, however, it was clear that staff had been administering medicines. Records did not always make it clear who had responsibility for managing people's medicines.

People were at risk of not receiving their medicines correctly as staff did not have clear information about people's medicines. They did not have information that described the reasons medicines had been prescribed, or any information which would alert them to adverse reactions. Prescribed creams were recorded on MAR charts but there were no clear instructions of how these creams should be applied.

- The service did not have protocols in place for medicines that were prescribed on an as and when required (PRN) basis.

- The registered manager provided copies of emails and incident forms also sent to the local authority in relation to accidents and incidents. However, evidence of learning was not recorded.

We found no evidence that people had been harmed however, the provider failed to ensure risks to people were fully assessed, and medicines were managed safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plan documented details of the medicines prescribed, including dosage and frequency.
- Environmental risk assessments were carried out by the registered manager to assess potential risks to staff and people in their home.
- Staff understood the risks posed to people and how to manage these. For example, the need to ensure the environment was safe for people at risk of falls by removing any trip hazards. People at risk of choking had their food blended, a staff member told us, "We blend the food. We give them a spoon and take it really slowly."
- People who received support to take their medicines told us, "The carers give my tablets from the blister pack and also apply cream all over without any problems", and "The carers give me my tablets from the cupboard without any problems."
- Staff were aware of the reporting requirements for incidents and accidents, including contacting emergency services where this was required and reporting these to the registered manager/office staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risks of abuse harm and people felt safe with care staff. People and relatives told us they felt safe. One person told us, "The carers make me feel safe by being there". A relative



said, "I feel my relative is safe with the carers because I have a good feeling about them."

- Procedures were in place to safeguard people from abuse. This provided guidance for staff on actions to take should they suspect or witness abuse.
- Staff received training and were knowledgeable about abuse and knew what to do in response to allegations of abuse. A staff member told us, "If someone was abused, I'd tell the manager and give her one or two days to react, if not I would contact safeguarding." Another staff member said "I report it to the office, they deal with next of kin and social services. If I'm not happy I would go to social services or the police. The main thing for me is the safety of the client."
- None of the staff we spoke with had witnessed any abuse whilst working with the service.
- The registered manager told us there had been one concern which had not progressed to a safeguarding enquiry by the local authority.

#### Preventing and controlling infection

- People were protected from the risks of infection.
- People and relatives told us staff wore PPE when providing care. One person told us, "The carers wear aprons, gloves and masks over their mouth and nose."
- Staff told us they had access to enough PPE supplies and regular COVID-19 testing. Staff comments included, "There is plenty of [PPE]. I wear everything, masks, aprons and gloves," and "We must be extra careful. [people who used the service] are vulnerable."

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had their needs assessed before joining the service. However, needs assessments required more details about individual care preferences, such as gender of care staff and preference for personal care, such as bath or shower. Despite the lack of information, staff knew people well and provided a detailed account of the care they provided to people.
- People told us their needs were assessed prior to joining the service. One person told us, "The doctors and nurses did an assessment with Moonstone when I was in hospital," Another person said, "Management from Moonstone came out to me with two carers and did an assessment with input from Social Services," and, "We had a meeting at the start with Moonstone staff and others such as social services for example."

We recommend the provider seeks guidance and support from a reputable source in relation to recording of assessments.

Staff support: induction, training, skills and experience

- Staff received the provider's mandatory training in various topics as well as specialist training in areas such as pressure area care and medicines.
- Relatives told us staff were skilled and well trained to do their job. Comments from relatives included, "I definitely think the carers are well trained and good at their jobs. When they had to hoist my relative, a trainer came and showed them how to do it." And, "I think the carers are well trained, skilled and good at their jobs. I have watched them." And "The carers do a good job and do whatever needs doing."
- Staff confirmed they had completed an induction and received training in areas such as, medicines, safeguarding, manual handling, hoisting, turning people in bed, fire safety, mental health, personal hygiene, health and safety. The training matrix sent to us by the registered manager confirmed staff had completed training in various areas. They told us they had completed on-line training and face to face training delivered by the registered manager.
- Staff told us they received supervision and felt supported by the registered manager. One staff member told us, "In one to ones [the registered manager] teaches us how to do the work properly. She teaches us how to do everything." Another staff member told us they had requested training in end of life care and this was being arranged.

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

- People were supported to meet their nutritional and hydration needs where this support was provided. Comments from people included, "The carers heat the food that I want," And, "The carers do my food if I

want them to," and, "The carers get my food of choice without problems." A relative told us, "My relative eats well and like it, even though they [care staff] have to liquidise [their] meals. They also buy [relative] smoothies at my request."

- People were offered food of their choice and had their cultural needs met in relation to food.

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

- People were supported to attend health appointments to ensure the healthcare needs were met. One person told us, "Moonstone ring for me to make medical appointments and arrange transport." Another person told us, "When I was ill about four months ago, the carers rightly insisted on calling for an ambulance."
- Records showed the registered manager had made referrals to healthcare professionals, such as the district nurse for who had developed a pressure sore. Another person had been referred to the occupational therapist after care staff expressed changes to their needs. We also noted various communication with other professionals, for example, social workers.
- People's dental care needs were not recorded in their care plans, therefore we could not be assured these needs had been assessed and met.

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 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 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.

- Staff received training in the mental capacity act 2005 and understood the principles of consent and capacity.
- People and relatives told us care staff asked for their consent before providing care. One person told us, "The carers ask before providing my care." A relative told us, "We are very happy that they treat my relative with dignity, they always ask before doing anything."
- Care plans included a section giving the service consent to share information about them with, for example other healthcare professionals. However, we found records were not always fully completed. We informed the registered manager of our findings and they assured us this would be addressed.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Feedback from most people and relatives showed people were partners in their care and treated with compassion, kindness and dignity. However, there was some negative feedback and the lack of robust systems and processes failed to support an environment where people were respected and received consistently good care.
- Most people and relatives spoke highly of the care provided by care staff and felt they were treated with dignity and respect by staff who were kind and caring. Comments from people included, "The staff are very caring and do what I want; they are good people and very respectful." and, "The carers are kind and caring and I am happy with them." A relative told us, "The carers are good and take good care of my relative."
- Staff were respectful and spoke with fondness and understanding of the people they cared for. They understood they were in people's homes and the importance of adapting their approach to meet people's choices and needs. One staff member told us, "I make sure the windows, blinds and doors are closed [when providing personal care]."
- The registered manager told us staff had completed equality and diversity training. We asked how they would ensure they met people needs in relation to their protected characteristics, such as people from the lesbian, gay, bisexual and transgender community [LGBT]. They told us, "We don't discriminate. We work with [people from the LGBT community according to their needs and we respect that]."
- People's cultural and religious needs were met. The registered manager provided examples of how they met people's cultural and religious needs. For example, escorting people to their place of worship and wearing shoe covers where staff were required to remove their shoes for religious reasons.

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

- People expressed their views and were involved in decisions about their care. Whilst most people said they were involved, "I was involved with the care plan and have a copy," and, "They produced the care plan with me," one person told us, "I don't have a care plan or folder. I have been with Moonstone for a while" A relative told us, "We were involved with the care plan and have a copy."
- Following our inspection, the registered manager told us care plans and service user guides are placed in people's homes. Sometimes these are moved by people or relatives, however, they have now adopted a more secure electronic system where all care plans are electronically maintained.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected and staff encouraged their independence. One person told us, "I don't have a problem with them respecting my privacy. They help my independence by encouraging me to dress

myself." A relative told us, "It is difficult for the carers, but they try to encourage my relative to do things for [themselves]. We don't have an issue with privacy."

- Staff spoke of encouraging people to try and wash themselves and allowing them time for this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs may not have always met.

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

- People did not always receive personalised care. Although most people were happy with the care provided by staff, not all were happy with the way care was delivered. One relative told us staff did not always follow the care plan in relation to personal care despite reporting this to the office. Another told us, "I feel the carers don't always actually listen to what I say." A third relative said, "New carers don't usually introduce themselves. We have too many different carers."
- Care plans were not always consistent. For example, in one care plan it stated the person was fully dependent on assistance and bedbound, yet another plan for the same person stated the person did not require any help with their mobility. We could not be assured people received always care according to their choices and preferences. We discussed our findings with the registered manager who told us they had a good relationship with people and relatives and would always aim to resolve any concerns about care.

We found no evidence that people had been harmed, care plans were not person-centred, and people's needs were not always met. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff responded to people's changing needs. For example, they ordered a special beaker for someone after staff saw they struggled to hold a cup. A relative told us staff had been responsive to their relatives needs after they had notified office staff of a change in their relative's health. This ensured staff providing care knew about the change and enabled them to provide the care the person needed.
- Staff knew people well and provided a detailed account of the care they provided to people, including how people liked to be cared for. For example, one staff member explained how important it was to fit in with how people liked things done, such as one person who liked their meals prepared a certain way. One person told us, "The carers talk to me and I feel they understand me." Another person said, "The carers talk to me and understand me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of people's communication needs and the importance of presenting information in a way people understood. They gave us an example of one person whose communication

needs had changed, and staff were required to speak slowly and clearly. Staff also used objects of reference to assist them to better understand the communication needs of the person.

- The registered manager was aware of the need to ensure all documents were produced in line with AIS guidance and said they would review this to make sure they were in keeping with the guidance.

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

- The provider supported people to maintain relationships that were important to them. People maintained relationships with family members and friends who took an active role in their care.
- People were supported by staff who developed good relationships with them. One person told us, "My relationship with the carers is alright; they do care about me and ask about me." Another person said, "The staff care about me; ask how I am and ask if there is anything I need." This helped to improve people's wellbeing and avoid isolation.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns about their care and treatment. The service had a system in place to respond and resolve complaints. People told us they felt confident to raise their concerns to the registered manager or office staff. One person told us, I phoned the office a couple of months ago and complained about a different carer coming instead of my regular one. The office apologised and said they would let me know in future. There has not been a reoccurrence." A relative told us, "If my relative does not like a carer, I contact the office and they change her." However, another relative told us they had made a complaint, and this had not really been resolved.
- Staff supported people who wanted to make a complaint. A staff member told us, "I tell them the best person to speak to is the office. The complaint might be about me, or about a friend of mine, so I don't want to put words into their mouth". Another staff member said, "We take complaints really seriously. clients are always the most important"
- The registered manager told us there had not been any formal complaints in the last 12 months.
- Records showed the service received three informal concerns and these had been adequately resolved by the registered manager.

End of life care and support

- At the time of inspection no one using the service received end of life or palliative care. However, the provider had an end of life policy which provided guidance for staff on how care for people at end of life. Records showed staff had completed the training.
- A staff member told us they had previously been allocated extra hours to be able to spend more time talking with a person receiving end of life care.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes for managing the service were not robust enough to ensure issues found during our inspection had been identified and addressed.
- Systems did not ensure the management team had a good oversight of the service. The registered manager told us audits such as medicines were not always recorded. Risks to people had not always been fully assessed or planned for and medicines were not always managed safely.
- The service did not always maintain accurate care records relating to people using the service and staff recruitment records. For example, evidence of learning from incidents and accidents were not recorded, care plans lacked details of people's preferences and choices for care and care plans were not person centred. Whilst we did not identify any direct impact, if accurate and appropriate records were not in place, this had the potential to put people's health, safety and well-being at risk.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was supported by two care coordinator and an administrator. Each person understood their role in supporting the running of the service.
- Staff described the registered manager as a good manager who listened to them. Comments included, "The registered manager is lovely, very good. She supports me and listens to me. If I am sick, my client will always get a carer, I don't need to worry," and, "She's a good manager, she calls us and checks on us. She does a spot check and tells you what you are doing right and wrong." Another staff member said, "I enjoy working with them [Moonstone Care] and the way they treat staff with respect. They always let the client know if you're going to be late and they have the interests of the clients and staff at heart."

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

- The registered manager understood their responsibilities under duty of candour. They told us this was about being, "Very open in terms of working with clients and not taking sides, to be very open about things like near misses caused by staff." The registered manager also told us, "Where staff are not doing things right, I'm on it. I try to reassure people, as want to have confidence in staff [going into people's homes]."
- The registered manager told us notifications sent to CQC would include, for example, the death of a client,



safeguarding allegations and change to location.

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

- People and relatives spoke positively about how the service was managed and the registered manager. One person told us, "I think Moonstone is well managed, they are better than others I have had. The managers and staff are friendly and make me feel that I am not a burden." This view was shared by a relative who told us, "I think Moonstone is well managed."
- People and relatives told us office staff were good and they were always able to get through to someone. One person told us, "I get through to the office okay." A relative commented, "If the office can't answer, they ring back."

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

- People's views were sought about the service and the care they received. One person told, "I have a phone call from the office every few months checking how things are." Another person told us, "I receive surveys from Moonstone including one yesterday."
- All the people and relatives we spoke with said they would recommend the service. One person told us, "I would definitely recommend Moonstone. They are excellent, reliable caring and very decent people." A relative told us, "I would recommend Moonstone one hundred percent; they are very efficient and inform me of any concerns which gives me peace of mind."
- Staff attended team meetings which they described as open and inclusive where they were able to contribute to the running of the service.
- The registered manager carried spot checks to ensure staff were providing care according to people's needs. A staff member told us, "[The registered manager] is a good manager. She calls us and checks on us. She does a spot check. She tells you what you are doing right and wrong."
- Staff completed equality and diversity training and understood the importance of providing care according to people's physical needs and preferences.

Working in partnership with others

- The registered manager worked closely with the local commissioning authority and health professionals to ensure people's needs were met. Records confirmed this.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured people's needs were always met and people received person-centred.  Regulation 9
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured risks to people were effectively assessed and mitigated and medicines safely managed.  Regulation 12
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations.  Regulation 17
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not ensured adequate checks had been carried out to ensure staff were safe to work with people. This put people at risk of harm.

Regulation 19

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure staff were sufficiently deployed to ensure people's needs were people were met. This people at risk of receiving unsafe care.

Regulation 18