Everycare

# Everycare

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

We undertook an announced inspection of Everycare a Domiciliary Care Agency (DCA) on 28 and 29 September 2016. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

Everycare provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. Most people lived reasonably independent lives but required support to maintain this independence. Everycare also provides 'live-in' support for people who have more complex needs such as frailty associated with old age or long-term health conditions.

There is a registered manager at the service. 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.

Although staff had a good understanding of the risks associated with supporting people we found risk assessments were not in place to reflect all the identified risks. Care plans were personalised and reflected people's individual needs however some did not contain all the information staff needed to provide care or evidence the care and support people received.

People's care was personalised to reflect their wishes and what was important to them. People were supported by staff who knew them well and understood their needs and preferences. People were visited at times that suited them. People were introduced to staff before they provided them with care and they were looked after by a team of regular staff who knew them well.

People and their relatives spoke positively about the care, support and service they received from Everycare. They told us they received, "Superb care," they said, "Care has been excellent." They spoke highly of the care staff and comments included, "Some of the carers are absolutely outstanding" and "I can only speak very highly of them"

People received the medicines they had been prescribed, when they needed them. The systems in place meant medicines were well managed.

There were enough staff who had been safely recruited to meet the needs of people who used the service. Staff had a good understanding of the procedures to follow to safeguard people from the risk of abuse. Staff were aware of their individual responsibilities.

There was an induction programme in place and staff received the training and support they required to

meet people's needs. Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation. Best interest meetings had taken place when people lacked capacity to make their own decisions.

Where required staff supported people to have enough to eat and drink and maintain a healthy diet. Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

People were regularly asked for their feedback about the service and support they received and were aware how to make a complaint. There was an open and positive culture at the service. The staff told us they felt supported and listened to by the registered manager. People were put at the heart of the service and staff were focussed on providing high quality care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

Good

Everycare was safe.

Staff had a good understanding of the risks associated with supporting people.

Medicines were well managed and people received the medicines they had been prescribed.

There were enough staff who had been safely recruited to meet the needs of people who used the service.

Staff had an understanding of the procedures to safeguard people from abuse. Staff were aware of their individual responsibilities

### Is the service effective?

Good

Everycare was effective.

There was an induction programme in place and staff received the training and support they required to meet people's needs.

Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation.

People's nutritional needs were met and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

### Is the service caring?

Good

Everycare was caring.

Staff had built positive relationships with people and treated them with kindness.

People told us they were supported by staff who were caring and

kind.

People were consistently positive about the caring attitude of staff.

People were treated with dignity and respect by staff who took the time to listen and communicate.

## Is the service responsive?

**Good**

Everycare was responsive.

People received care and support that was responsive to their needs because staff knew them well.

People's care was personalised to reflect their wishes and what was important to them.

People were made aware of how to make a complaint.

## Is the service well-led?

**Requires Improvement**

Everycare was not consistently well-led.

Accurate and complete records had not been maintained to ensure care delivery could be monitored.

There was an open and positive culture which focussed on providing a high quality of care for people.

The staff told us they felt supported and listened to by the registered manager.

# Everycare

**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 is 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 of Everycare was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in. It was undertaken by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, we looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager, seven staff members and the providers. We reviewed the care records of five people that used the service.

We looked at four staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

Following the inspection visit we undertook phone calls to nine people that used the service and relatives of thirteen people that used the service to get their feedback about what it was like to receive care from the staff. We also spoke with two health and social care professionals to get their views on the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe receiving care from staff. One person said, ""I've no problem with them (staff) at all," another person told us, "Staff make sure I'm wearing my life-line pendant."

Staff told us they kept people safe by knowing them well and understanding their needs. One staff member said, "People know who is visiting them each day, they know their regular carers. That helps keep them safe because they know the face at the door." One person said that they like the fact the staff wore a uniform and a name badge as it helped to identify them. People and their relatives told us staff ensured they were protected from the risk of infection because staff used the appropriate protective equipment. One relative said, "There are boxes of gloves in the bathroom," another relative told us staff wore gloves when they provided catheter care.

Environmental risk assessments identified, any aspect of the person's home which may present a hazard to them or staff. For example areas which may be cluttered or present a trip hazard. There were risk assessments in place in relation to moving and handling and medicines. Staff we spoke with had a clear understanding of the people they supported. They understood the risks to individuals and what actions they should take to mitigate these risks. For example staff were aware of people who may be at risk of developing pressure sores, they were aware of what observations to make and what steps to take to prevent pressure sores developing. This included the use of pressure relieving equipment. Although the registered manager and staff were aware of individual risks and what actions were required to manage the risks to people safely risk assessments were not in place for all identified risks.

A relative told us staff followed safe practices when using equipment. They said, "An Everycare manager visited to see the equipment and told us two carers were required to use the overhead hoist. They made it clear they had Health and Safety policy's in place."

Staff had a good understanding of people and the medicines they required and people told us they were supported to take their medicines when they needed it. Medicine administration record (MAR) charts were always fully completed to show people had taken their medicines as prescribed. The deputy manager had responsibility for ensuring MAR charts were accurate and reflected the medicines people were taking. One person told us they had observed staff supporting their relative with medicines and marking off the relevant box on the medicine chart. The deputy manager delivered the MAR chart each month and checked it against the medicines people were taking to ensure it was correct. A relative told us, "If there is a change in medications I email the changes to the agency. Someone will come out and update the medication chart." Any discrepancies were addressed immediately prior to the person commencing that month's medicines. Where people had been prescribed a varying dose of medicine or medicines that were not required every day this was recorded on the MAR chart which meant staff were clear about the medicines people required.

Some medicines had been prescribed to be taken 'as required' (PRN), for example pain killers. There was some guidance in place for example how many tablets the person could take in 24 hours and the frequency these could be taken. Staff knew people well and understood why the medicines were required and what

actions they should take if it was not effective. There were clear guidelines in place about medicines. Staff were aware, for example, that only medicines that had been prescribed and were on the MAR chart could be given. Some people required skin creams. There was guidance in place in care plans about where these creams should be applied. The registered manager and staff told us if people required more than one cream there were body maps in place to demonstrate where each cream should be applied. A relative told us they had observed staff applying cream for their loved one. They said, "He had a sore place on his mouth once, I saw them wearing gloves when applying cream."

Staff understood their responsibilities in relation to medicines. One staff member said, "We make sure people have taken their medicines before we leave." Another staff member said, "We don't just pop the tablets out and leave, people have to take them or we'll throw them away." There were medicine risk assessments in place to identify what support people required with their medicines and there was information for staff about where people's medicines were stored.

People were protected, as far as possible, by a safe recruitment practice. Records seen included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with people. These checks took place before staff commenced working unsupervised. Staff were required to drive as part of their employment. There were annual checks to ensure staff had appropriate car insurance, MOT and driving licences.

There were enough staff to meet people's needs. The registered manager told us before accepting people to use the service she ensured there were enough staff to meet their needs, provide the level of care and support they required and ensure continuity of staff. The registered manager said there were enough staff to ensure there was appropriate cover for staff holidays and in case of staff sickness office staff provided care and support to people. Staff we spoke with told us there was enough staff.

Staff had a clear understanding of different types of abuse, how to identify it and protect people from the risk of abuse or harm. This included ensuring people were safe in their own homes and were not for example, at risk of self-neglect. Staff told us all concerns would be reported to the registered manager or other senior office staff. However, staff were aware of the importance of ensuring concerns were reported to outside professionals if necessary. One staff member said, "I can't tell you how I would contact them (local safeguarding team) but I know where to find the information if I needed to.)

Good

# Is the service effective?

## Our findings

People were happy with the care and support they received. They told us it was of a high quality. One person said, "It was nearly six years ago that we engaged Everycare, throughout that time all aspects of care have been of a high quality." Another person said, "I give them top marks." They told us staff were well trained. One person told us, "There is joined up thinking and good training."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and in relation to the people they looked after. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. One staff member said, "We always assume people have capacity and act in their best interests." There were no formal mental capacity assessments in place. However, care assessments contained information about people's memory and whether they were subject to periods of confusion. Where people were less able to make their own decisions there was information about how decisions about their care and support needs were made. For example, there had been a best interests meeting with the staff, including the registered manager and one person's family to discuss the care the person required and why they required it. The registered manager then spoke with the person to get their view on receiving care. The person had said they would be happy with the support although they weren't sure why they needed it. The registered manager also observed the person and the staff member assigned to support them which demonstrated the person was happy and relaxed with the staff member. This meant all possible steps had been taken to ensure the person had been included in the decisions about their care, and decisions made were in the person's best interest.

Staff received the training and support they required to meet the needs of people who used the service. There was a training programme in place. Training included medicines, infection control, safeguarding, first aid and moving and handling. Staff had also received training in relation to the specific needs of people who used the service, for example in relation to catheter and bowel care and basic food hygiene. Training was ongoing and we saw staff received updates when they were required in line with the provider's policy. Training was provided face to face however, there was the provision for online training if staff were unable to access training in a timely way. When they started work at the service staff received an induction which included policies, conditions of service, training and shadowing other staff. Staff told us the period of shadowing gave them the knowledge and skills to look after people. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. People told us staff were well trained. One person said, "Some (staff) are very young it surprises me, but the training they have is very good." Another person said, "Everycare are hot on training."

There was a supervision programme in place, this included one to one supervision and spot checks. Spot checks are when a member of the management team observes a staff member providing care and are usually unannounced. One to one supervision and spot checks took place, alternately every three months. During spot checks staff competencies were observed in relation to the care provided. This included moving and handling, medicine management and correct use of infection control procedures such as using gloves

and aprons appropriately. During one to one supervision staff discussed the needs of people they supported and addressed any concerns. Staff had an annual appraisal, this identified any training needs. Where training needs had been identified these were provided during the year. Staff told us they felt supported by the registered manager and deputy manager. One staff member said, "You can talk to them at any time." Another staff member said, "It doesn't matter when you phone them, it's never too much trouble."

Some people required support to help them meet their nutritional needs. This included preparing and serving meals in a way people chose. Where people required support with enteral (tube) feeding, staff had received training and followed guidance from the dietician. One relative spoke about how the live in staff provided meals and snacks. They said, "Carers give high protein supplements and add plenty of vegetables to the ready meals." Another relative told us their loved one had a little difficulty in swallowing. They said, "There has been a swallowing assessment and the carers now liquidise the food." Where people required support with their eating and drinking this was detailed in the care plan. A relative said, "Carers seem good at gently persuading mother to eat and take fluids as well. One of the things in the care plan is that the carers should ensure a whole glass of water is taken with pills." Another relative told us a fluid chart was in place to monitor their loved one's intake. They said, "Hydration was our number one priority."

We asked staff how they ensured people ate food they enjoyed. Staff explained people often had meals delivered or had a selection of meals in their freezers. Some people preferred their meals freshly cooked each day and staff were able to do this. Staff knew people's dietary choices well and how they liked their food served. One person said, "They make me a sandwich which I have later." Staff recognised the importance of people having enough to drink throughout the day. They told us they ensured everybody was left with a drink when they visited. One staff member said, "Even if I'm not preparing meals I make sure I leave people with a drink nearby."

People's health and wellbeing was monitored at each visit. Staff knew about people's day to day health needs and how to meet them. They knew how to identify changes in people's health and what actions to take. There was evidence staff had contact with a range of health professionals. This included the GP, district nurse, occupational therapist (OT) and dietician. One person told us staff had recently arranged for an OT to assess their relative's mobility. Staff told us if they had any concerns about people's health they would inform the registered manager who would contact the person's own GP. Health and social care professionals we spoke with told us the staff had a good understanding of people's needs and would contact them appropriately if they had any concerns.

Good

# Is the service caring?

## Our findings

Everybody we spoke with told us that Everycare was a caring service from the point of view of the people who were receiving care or their relative. One person said, "I am absolutely over the moon with them," another person told us, "I miss them when they are not with me," and "They are 100% good if not 110%." Comments from relatives included, "The care is extraordinary," "The carers are excellent, almost friends," "They are the best in the world" and "I can't fault them."

When people started using the service the registered manager spent time getting to know them, their needs, choices and preferences. The registered manager and staff knew the people they supported well. They spoke about them with kindness and care. Staff understood people's life histories, their interests, likes, dislikes and preferences. They told us in detail how they were able to meet people's preferred care and support needs and how they would work with people to ensure they received the support they wanted.

Care plans showed people and where appropriate their relatives had been involved in their development. They told us they were able to make changes and suggestions to reflect people's needs and choices. One relative said they had added information to the care plan and the changes were put in place. The relative said, "They were very receptive to my comments."

People told us they were treated with dignity and respect. One relative told us with previous agencies staff had not been able to engage with their loved one. The relative told us, "Everycare are different, they make him smile." Another person told us their relative was living with dementia. They said, "Staff have their own ways of helping which work." Relative's also felt supported by staff. One relative said, "Everycare was the first agency that actually listened to me." Another relative told us about the positive relationship between their loved one and the staff. They said, "They get on together wonderfully well, she has a very good relationship with the carers." Staff understood the importance of maintaining people's dignity. They spoke about ensuring doors and curtains were closed when providing personal care. They also told us they gave people time, they did not hurry them and worked at the person's own pace. One staff member said, "We take things quietly and gently."

Staff were introduced to people by the registered manager or deputy manager prior to delivering care on their own. On the first visit the manager remained with the staff member for a short while to ensure the person was comfortable with the staff member. Each person had a small team of regular staff to support them. This ensured continuity of support for people. Staff were encouraged to get to know people's preferred routines. This ensured people knew who was visiting them and staff were aware of people's individual needs and preferences. This is important for building trusting relationships between people who use services and the staff who provide their care. People and some relatives received a copy of the weekly rota so they knew who was due to visit them. One relative told us, "We like the fact that the weekly rota is emailed to us. Time slots and names of carers, this is a big plus."

People and their relatives spoke about the importance of continuity of staff. We were told, "Obviously the carers have to have holidays, but usually it's the same ones." Another person said, "The thing I like about

them is that they try to keep the same staff coming in." A relative told us, "We only have three different carers so she can get used to them. Having only three must be good for the person receiving care." People and relatives acknowledged on occasions there would be different staff visiting. One person said, "We had one regular carer but she has just left, so now we have different carers which is a temporary arrangement."

People said the staff were good at arriving on time while if there was a delay the person receiving care would always receive a telephone call from the office to let them know. One person said, "They keep pretty much to time, maybe a few minutes late if the traffic is bad, they don't leave early though." Another person said "The last agency was unreliable but now the carer turns up at the right time." One relative said "Everycare allow 15 minutes travelling time between visits, this stops the carer rushing their care." Staff talked about spending time with people saying it was important to them to do things properly and treat people correctly. Staff told us and we saw memos reminding staff not to arrive at a visit early. One staff member said, "If we arrive early we wait outside until it's the time we should go in." Another staff member said, "If we're going to be more than 10 minutes late we phone the office and they let the person know what's happening."

Good

# Is the service responsive?

## Our findings

People and their relatives told us they were involved in planning and reviewing people's care plans. They told us they felt listened to and their wishes and choices were taken into account. Relatives told us how they had written parts of the care plan to ensure staff had all the information they needed. Relatives told us they were kept informed about changes in their loved one's needs. People and relatives told us communication was good and they could contact the service at any time.

Before people started to use the service the registered manager or deputy manager undertook an assessment to ensure people's individual needs and choices could be met. In addition to people's physical care and support needs the registered manager also ensured there would be a core team of regular staff available to provide the care and support at a time of the person's choice. The registered manager and care staff told us of the importance of regular staff visiting.

Prior to their first visit to a person staff were provided with a copy of the person's care plan. They met with one of the manager's to discuss the person's needs. One staff member said, "It's so helpful, we have the care plan but there's other little things about people that might not be in the care plan. It really helps knowing about who you are going to visit before you get there." Staff were also shown where the person lived on 'google earth'. The registered manager explained this was a useful tool, especially in identifying hard to find places. Staff told us it was reassuring to have a picture of the area before they visited. One staff member said, "It helps to know you're in the right place." This meant staff had a good knowledge of the person and their needs prior to meeting them.

People and where appropriate their relatives were involved in the development of care plans. Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. One person told us their relative received an early visit because they used to get up early for work and the timings were familiar.

People received care that was person-centred because staff knew them well, and had a good understanding of people as individuals, their routine, their likes and dislikes. Staff also visited the same people regularly. This ensured good continuity of care and enabled staff to identify changes to people's health and support needs. People received the care they required, for example in relation to their continence and pressure area needs. Staff told us they observed people's pressure areas when they provided care. They were aware of equipment such as pressure relieving mattresses and cushions that people used. One staff member said, "We make sure the mattresses are properly inflated each time we visit."

Staff had a good knowledge of people, their needs and choices. They told us about the support they provided and how they adapted this to meet what people wanted. One staff member told us when they had attended to a person's support needs the care plan stated to spend time talking with the person. The staff member told us they had identified the person liked to go out for walks. Therefore, following discussion with the registered manager they went out for a walk with the person. Staff understood the importance of providing support the person had chosen. Another staff member told us they read to people if this is what

the person wanted. Staff told us how they used their knowledge of people and information from the care plan to support people to make decisions. One staff member told us, "We encourage people but we would never force anybody. If someone didn't want a wash we would leave it a while and then ask them later."

People were regularly asked for their feedback about the service and support they received, they told us this was positive and they felt listened to. The registered manager contacted people every three months to review their care. People were asked if they were happy with the service provided. One person had made a negative comment about a staff member this had been followed up and the staff member no longer visited this person. People told us they had no cause to make a complaint but if they did they would ring the registered manager. There was a complaint's policy in place and people were given a copy of this when they started using the service. We saw complaints were responded to and addressed in a timely way.

Requires Improvement

# Is the service well-led?

## Our findings

People told us they felt the service was well-led. They told us the managers were accessible if required and in touch with the daily lives of people who used the service. Comments included, "As soon as we met the manager I knew I was going to get the right help," "The agency is very flexible" and "The office staff are very effective." One relative said support for their loved one had improved with Everycare. They told us, "The biggest improvement is that the manager regularly checks up on things at home."

Although the feedback was positive we found aspects of the service were not well-led.

Some care plans did not include all the information required to support people. Some people were less able to communicate verbally. Although staff could tell us how they communicated with people there were no communication care plans in place or information about how to engage with these people.

Although there were no formal mental capacity assessments in place care assessments contained information about people's memory and whether they were subject to periods of confusion. However, there was no information about how people, who lacked capacity, made decisions. For example how did people choose what to wear or what they wanted to eat. There was no record of whether anyone else could consent on the person's behalf if they lacked capacity.

Mobility risk assessments were in place but they did not include detailed information about risks associated with people's mobility. For example one person had poor sight and this information was not included in their mobility risk assessment. Not all information about risks had been recorded. Although staff were aware of pressure area risks there were no pressure area risk assessments in place. Staff took some people out, either for walks or in their car. There was a policy in place for the using the car for work but no risk assessments for individuals.

Staff told us about the complex care and support some people received. They demonstrated a clear understanding of the people as individual's, the care they required and how this was delivered. However, this level of information was not reflected in the care plan. For example, one person required regular bladder care. The care plan stated when this was to be given and there was information from a clinical magazine which gave guidance about the procedure. However there was no detailed care plan about how the care should be delivered for this particular person. We found similar shortfalls for this person in relation to their bowel care and tube feeding requirements. There were no risk assessments in place to mitigate any risks associated with the care.

A limited number of staff supported people who required the more complex care and support. These staff had previously received appropriate training and competency checks. However, their competencies in relation to bladder and bowel care had not been reviewed annually to demonstrate best practice. The registered manager contacted us following the inspection and informed us appropriate, external professionals had been identified and competency checks would be reviewed.

We recognised people received support from a small number of care staff and staff knew the people they cared for well. However, there was a reliance on verbal information when providing care especially where people required more complex care. This meant the provider could not evidence the care and support people required and received and had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the service. This is a breach of Regulation 17(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive culture at the service. The registered manager and staff were clear their aim was to provide a high quality service to improve the quality of people's lives and effectively meet their needs. She was involved in the day to day work. She knew both people and staff well. All staff had a clear understanding of their roles and responsibilities. Staff met the registered manager or deputy manager each week to discuss the people they would be providing care for the following week. There was a daily handover between the office staff to update about people who used the service and any change in their care or support need. The registered manager told us this ensured all staff had an understanding of people's needs if the person phoned the service. Office staff displayed a genuine interest in people who used the service. The provider was continually looking at ways to improve and develop the service. They had recently appointed an Operations Manager to support the care manager and drive improvement across the service.

The registered manager demonstrated strong values and a desire to implement high quality care. She was visible and approachable within the service. All staff spoke highly of her and the deputy manager. They told us they could speak to them whenever they wanted to. One staff member said, "Everyone is so friendly, it's a very good company to work for." Another staff member said, "When they say contact us at any time they really mean it. Nothing is too much trouble there is always someone you can talk to." Staff told us their well-being was considered important. One staff member said, "We can do extra shifts if we wish, we're never made to feel like we have to. Our work-life balance is always important to them." There were regular staff meetings which included discussions on previous training to assess staff knowledge. There were reminders to staff about their own safety and about not arriving early at visits. One staff member told us, "Staff meetings are useful, we can bring up things and feel listened to."

There were annual feedback surveys and three monthly questionnaires when people's care was reviewed. Feedback from people was positive about all aspects of the care and service provided. There had been a number of letters and compliments from people and family members thanking staff for their care and support. The service had won an award for being one of the top 10 most recommended home care agencies in the South East of England.

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 17 HSCA RA Regulations 2014 Good governance<br><br>There was a reliance on verbal information when providing care especially where people required more complex care. The provider could not evidence the care and support people required and received and had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the service. This is a breach of Regulation 17(2)(b)(c) |