

Genesis Recruitment Agency Limited

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We undertook an announced inspection of Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 31 May 2016. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London provides care and support to people living in their own homes. When we inspected, the agency was providing care to approximately 170 people.

We previously inspected Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 25 February 2014 and the provider had met all the regulations that were inspected.

At the time of the inspection there was a registered manager in place. 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.

There was a procedure in place for the management of medicines but care workers were not recording the administration of medicines accurately.

Risk assessments did not provide up to date information in relation to individual's risks when receiving care.

People told us they felt safe when receiving support from care workers.

The provider could not provide accurate records to demonstrate that care workers had received induction, training and support to deliver care safely and to an appropriate standard as identified by the provider.

There was a policy and training in relation to the Mental Capacity Act 2005. However, these did not ensure appropriate actions were taken when a person using the service had been identified as unable to make decisions about their care.

People felt the care workers were caring and treated them with dignity and respect as well as supporting them to maintain their independence while providing care.

Care plans did not include information on the person's life history to provide guidance for care workers. We made a recommendation in relation to this.

Care plans were not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the support.

The provider had limited systems in place to monitor the quality of the care provided. These did not provide appropriate information to identify issues with the quality of the service.

Records relating to care and people using the service were not completed accurately to provide a current picture of the person's needs and the support provided.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to administration of medicines, risk assessment, staff training and support, mental capacity assessment, care plans, complaints management, records and monitoring the quality of the service provided. 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?

Some aspects of this service were not safe. There were procedures in place for the safe management of medicines but staff did not complete records relating to medicine use as required by the provider's own systems.

Risk assessments did not provide up to date information in relation to individual's risks when receiving care.

People using the service said they felt safe when they received support in their own home.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. Care workers had not received the necessary induction, training and support they required to deliver care safely and to an appropriate standard.

The provider had a policy in place in relation to the Mental Capacity Act 2005 but they did not undertake assessments to identify if a person using the service was unable to make decisions about their care and ensure the appropriate actions were taken to support them.

There was a good working relationship with health professionals who also provided support for people using the service.

Requires Improvement ●

Is the service caring?

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

People felt the care workers supported them to maintain their independence.

Good ●

Is the service responsive?

Some aspects of the service were not responsive. Care plans were not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the

Requires Improvement ●

support.

The provider had a complaints procedure in place but some complaints had not been responded to in line with their procedure. People using the service knew how to raise a concern or complaint with the provider.

Detailed assessments were completed before a person started to receive support in their home.

Is the service well-led?

The service was not well-led. Records relating to care and people using the service did not provide an accurate and complete picture of their support needs.

Records of training, supervision and appraisal for care workers did not provide current accurate information.

Regular audits had not been carried out to identify aspects of the service requiring improvement and action had not always been taken to address issues.

Inadequate ●

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London

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.

This inspection took place on the 31 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

Two inspectors undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for people who had dementia.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the owner of the service who is also the registered manager. We reviewed the care records for seven people using the service, the employment folders for six care workers,

the training records for 82 care workers and records relating to the management of the service. After the inspection visit we undertook phone calls to 13 people who used the service, two relatives and received feedback via email from three care workers.

Is the service safe?

Our findings

The provider had a medicines management policy in place but medicine administration was not recorded accurately to ensure people received their medicines as prescribed. We looked at a medicine administration record (MAR) chart for three people during the inspection. We were unable to review a large number of MAR charts as they had not been collected and returned to the office following completion. We saw the MAR chart for one person and there were no records of which medicines were being administered and when they should be taken. Care workers had written 'T' to indicate the medicines had been taken but there was no record of which care worker had administered the medicines. The daily records we saw for this person did not indicate if medicines had been prompted or administered. There was only one MAR chart on file for this person that related to February but no year was recorded. We also saw MAR charts for another person which did not include information relating to what medicines were prescribed and when they should be administered. We reviewed the MAR charts for the first five months of 2016 and saw the administration of medicines was not recorded on 13 occasions in January, 19 times in February, 17 occasions during March, 16 times in April and nine times in May 2016. During the inspection there were a limited number of MAR charts we could review as they had not been regularly collected from people's homes to be checked.

This meant people were at risk because they may not have been receiving their medicines as prescribed and the staff did not follow safe practices for administering medicines.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had risk assessments in place for people using the service but detailed risk assessments for specific issues were not in place. We reviewed the records for seven people and saw each person had an environmental risk assessment completed in relation to their home and a moving and handling risk assessment. We saw in relation to some people the moving and handling risk assessment had been completed but it did not identify what equipment was required and provide guidance for care workers. The assessment for one person identified they required two care workers to help them move when care was provided but there was no description of how this should be done or if any equipment was required. There were also a number of issues that had been identified in individual assessments, local authority referrals and care plans that were specific to each person. Possible risks were identified but an assessment had not been carried out and guidance for care workers on how to reduce these risks had not been provided. These issues included increased risk of pressure sores, falls, requiring thickened foods, hearing impairment and diabetes. This meant that care workers were not aware of any increased risk in relation to the person's specific support needs and how to reduce these risks.

The above paragraph demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service followed suitable recruitment practices but we saw some records had not provided full information in relation to the applicant. The registered manager explained that as part of the recruitment

process applicants had to provide the details of at least two references and their employment history. We saw one application form did not include the contact information for two references and the record of interview was not completed in full. This was discussed during the inspection with the registered manager who confirmed they would review the paperwork.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. Their comments included "Oh yes I feel safe. They are very kind and caring, we have a laugh and they make me feel comfortable" and "Yes, they put me on a stand fast which leads me to the commode, I'm blind and immobile. I feel very safe with them. They are confident in their care and that gives me confidence." Relatives told us "My family member feels safe with them. They are unsteady on their feet and they are always near them in case they fall. They keep close to my relative" and "Yes my family member felt safe, they did what they had to and they knew my relative." We saw the service had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at the records of safeguarding concerns and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome recorded.

The registered manager explained that incident and accident record forms were only completed if a physical injury occurred during a visit. Other types of incident or accident were not recorded for example medicine errors. We discussed this with the registered manager during the inspection and they confirmed they would review their criteria for recording to include events that could have an impact on the person using the service.

The number of care workers required to attend each visit was identified from the information provided in the local authority referral document and during the assessment carried out before the care package started.

During the inspection we saw the provider had a supply of disposable gloves and other personal protective equipment (PPE) for care workers to use.

Is the service effective?

Our findings

We saw people were being cared for by care workers that had not received training and support to deliver care safely or to an appropriate standard. The registered manager explained the new care workers with experience of providing care completed a one day induction training course and they were asked to provide their previous training certificates. Care workers with no previous experience completed a one week training course. All new care workers would complete three days of shadowing an experienced care worker which could be extended if additional observation was required. We reviewed the records for six care workers and saw two care workers had not yet started working as a care worker for the service. In the four other files we looked at only one file had an induction training test sheet on file. There was no information relating to the induction training and shadowing in the care worker files.

We asked the registered manager about supervision and appraisals and they confirmed all care workers should have a supervision meeting every three months and an annual appraisal. We saw in the four care worker files we looked at that there were no records of recent supervisions and appraisals. In one file we saw the most recent supervision and appraisal paperwork related to 2011. We asked the registered manager to provide records to show when supervisions and appraisals had occurred and he was unable to provide this information. Care workers told us they had supervision sessions but there was no evidence that these had occurred.

There was a range of training identified as mandatory by the provider based upon the common core standards developed by Skills for Care. We asked the registered manager to provide the current training records for all care workers during and following the inspection and they were unable to do this. We saw in the care worker records we looked at there were a range of training certificates for courses completed before they started working for the service. This meant the provider could not ensure the care workers had completed the appropriate training.

The registered manager provided information indicating that nine care workers had undertaken a level 2 and nine care workers a level 3 health and social care apprenticeship which ended by December 2015. The information provided showed that these care workers had completed the course but still had their last review pending. The registered manager explained he felt care workers who had completed the apprenticeship did not need to complete the mandatory training. We discussed this with him and identified that not all the training identified as mandatory, such as infection control and dementia awareness, was included in the apprenticeship.

The registered manager explained that care workers had received training from the speech and language therapy team in relation to providing a soft diet and thickening fluids but there was no record of when this training had occurred and who attended. We asked care workers if they supported people to eat and drink and if they had received any training. One care worker told us "I shadowed experienced care workers before I began with my job as a care assistant. I have also read the care plans"

The above paragraphs demonstrate a breach of Regulation 18 of The Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The provider had a MCA policy in place but actions were not taken to meet the requirements of the Act. The provider did not carry out any capacity assessments and if a person had been identified as lacking mental capacity to make decisions as part of the local authority referral no action was taken to ensure the person's rights were protected. The provider did not have any information to identify if anyone was being deprived of their liberty.

We looked at one person's care folder and saw the records stated a neighbour had a Lasting Power of Attorney (LPA) in place in relation to this person. A Lasting Power of Attorney in health and care matters legally enables a relative or representative to make decisions in the person's best interest as well as sign documents such as the support plan on the person's behalf. There was no copy of the LPA in the person's care folder to confirm the neighbour had the legal right to make decisions on the person's behalf. The provider had also not carried out an assessment on the person's capacity to make decisions about their care.

The above paragraphs demonstrate a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people using the service if the care workers usually arrived at the time agreed and stayed for the whole scheduled visit. We received mixed comments which included "The care worker is always late; I ask for 9am, my contract says that they will come between 8.45-9.15. The care worker gets late, will come about 9.30. Occasionally they will call if they are late", "Yes they come on time. Sometimes they are late due to previous clients, they don't call but it's not critical to me, they always arrive, it's the traffic too" and "Not always on time, but will phone if they are late, they all use public transport so it's difficult." Other comments included "Yes they come on time. The weekend can be a problem with timing but mostly they are on time. It's difficult to get hold of good carers over the weekend. I do try to understand", "Yes they are okay with time" and "The timing is fine, sometimes they are late, it's usually the traffic." Relatives told us "Good timekeeping, an incident at the previous carers can sometimes make them late" and "We were happy with the timings during the week, but the weekends there was no time schedule. They used to turn up at different times; it was poorly set up for the weekends."

The registered manager explained that the majority of care workers used a telephone based system to record the time they arrived and departed a person's home. Other care workers completed time sheets to record their visit times. During the inspection the registered manager provided a list showing the visits that were between 30 minutes and one hour late based on the planned arrival time. We saw that 46 visits on the 2 May 2016 had occurred between 30 and 60 minutes late. The list also showed that 53 visits on the 3 May and 57 on the 4 May were between 30 and 60 minutes late based on the planned start time. We discussed this with the registered manager who told us the agreed visit times may be incorrect on the records and they

would review the information.

We saw there was a working relationship with healthcare professionals who also supported the people using the service. The care plans we looked at provided the contact details for each person's General Practitioner (GP) and other health professional involved in the persons care.

We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food. We saw one care plan identified that the person required their food to be soft and easy to swallow and fluids should be thickened. There was guidance on how to thicken fluids provided by the speech and language therapy team.

Is the service caring?

Our findings

We asked people if they felt the support they received from the care workers helped them to maintain their independence. People told us "I suppose so, I can make my own cup of tea and get my own meals, the carer just helps me with washing my back and my legs", "Well I can't be that mobile anymore so I need help with dressing and washing and getting on the commode but I'm still able to live in my own home with their support" and "Yes they try but you see I do need them, they allow me that support so I can stay at home but I'm in my chair until they come again." Other comments included "They try, but I'm not that able these days", "I think so, I ask for what I need and they help me" and "I'm at home so it is a help."

People using the service were asked if they felt the care workers were kind and caring when they provided support. One person told us "My care worker is a nice person but their chat and body language drives me mad. They say the same things all the time, that they are caring and kind and that they are a professional. The care worker is not bad. They are not of my generation." Other people said "Yes they are caring and kind, some are better than others. We talk and chat about things. They ask my advice as I used to be a teacher", "The carers are very good, I would not like to have anyone else. She looks after me" and "Oh yes of course, they are good and polite. They ask if I need anything and are caring." Other comments included "I like my carers, they are excellent. They are very professional", "The carers are very good. They are lovely", "The carers are fine, they talk with me and are very friendly" and "The care workers are really nice, they do care and I feel comfortable with them." Relatives commented "We are lucky to have them, there is a mutual understanding" and "They understood my family member's needs, they knew them well."

People were asked if they felt the care workers treated them with dignity and respect when they provided care. People told us "Oh yes, I feel comfortable, they know what to do and I don't have to keep telling them what to do", "Yes they close the door and make sure I'm covered" and "They are good with my dignity, I have got used to someone washing me I suppose I have to." Other comments included "Yes, they look after me, make sure the door is closed and use their gloves and don't rush me" and "Yes they are very observant with my washing and very thorough and caring." A relative told us "Yes they treated my family member with dignity and respect and were good in their attitude."

We asked care workers how they would help a person maintain their privacy and dignity when providing support. They told us "I make sure the service user is always clean and covered" and "By respecting them and maintaining confidentiality."

We asked people if they had visits from regular care workers who provided support. Comments included "I have the same male carer he's a reasonably nice chap", "they are by and large the same carers, all are familiar" and "I have the same morning carers and the same set of carers for the evenings. They are all familiar to me. It is very essential to have a carer who can handle me and whom I trust." Other comments included "More or less the same carers" and "They try to give me the same carers but on the weekends it's usually different carers, but I know them." Relatives told us "Same carers more or less, Monday to Friday are the same carer but the weekend cover is a bit different when the usual carers are off. We are familiar with all their faces though" and "We had regular ladies during the week, weekends were different."

We saw the care plans we looked at did not provide background information about the person for the care workers. This meant that care workers did not have information about their personal history. Some of the summary documents we looked at identified the person's cultural and religious needs.

We recommend the provider review guidance on appropriate information to be included in care plan in relation to personal histories.

Is the service responsive?

Our findings

People's care plans were not written in a way that identified each person's wishes as to how they wanted their care and support to be provided. The registered manager explained the care plans were based upon the information from the local authority referral and the initial assessment completed. During the inspection we reviewed the care plans for seven people who were receiving support. The care plans described the tasks the care workers needed to complete to provide people with their daily care but did not specifically describe the individual person's preferences, for example how they wanted their personal care provided. We saw information about preferences had been identified in some of the needs assessment we looked at but this had not been transferred into the care plans.

Care plans did not indicate that the people using the service or their relatives were involved in the development of or the quarterly reviews of the care plans. We asked people if they had been involved in the development of their care plans. We received a range of comments which indicated most people we spoke with were either not sure if there was a care plan in place or their care plan had not been reviewed. The comments included "I don't have a care plan. But I'm asked what needs to be done", "Yes I have a care plan, it's not been reviewed, they used to. I had asked the carer to put the laundry away but she said it wasn't in the care plan. I took offense at this. I will be asking that the care plan is reviewed" and "I think I have a care plan but not sure." Other comments included "Yes I think I have a care plan, there's a folder which the carers write in", "I am involved, I think I have a care plan, if I need anything the carers will do it" and "I'm not sure if I have a care plan. I am always asked if I need anything."

The care workers completed daily records of care and support provided for people using the service. The records we saw were focused on the tasks completed by the care worker and did not provide information relating to the person's experiences and their views during the day. This did not provide a complete picture of the person during each day.

The above paragraphs demonstrate a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a procedure in place to respond to complaints but we found this was not being followed. During the inspection we selected the records of seven complaints that had been recently received. We saw that some of them had been closed as not substantiated but there was no evidence as to why this decision had been made. We saw one complaint relating to a care worker refusing to prepare a meal as it was against their religious beliefs. The records of the complaint confirmed that the care worker had refused to prepare the meal and a new care worker was assigned the visit. The records show that this complaint was deemed as not substantiated even though the records confirm the event occurred and action was taken to resolve the issue. We saw that information relating to any investigation that had been undertaken was missing from some of the complaints records. The records did not indicate if the person who raised the complaint or the person using the service were happy with the outcome of the complaint.

The above paragraph demonstrates a breach of Regulation 16 of The Health and Social Care Act 2008

We asked people if they knew how to raise a concern or make a complaint about the care they received. People told us they knew how to make a complaint and most people told us they felt they had not reason to make a complaint. Comments included "I did make a complaint once. The carer had left the tap running upstairs and it was dripping through the ceiling. I didn't get her again", "I have not had to make a complaint but I know that I can call the office" and "I can ask my family to call the office too. But I have not had to."

We saw assessments of people's support needs were carried out whenever possible before the care package started. The initial assessment was completed using the information provided in the local authority referral and the person would also be visited to confirm this information and complete the full assessment of needs. The assessment included a review of the person's mobility, continence and nutrition. An environmental assessment was also completed in relation to the person's home to ensure the environment was suitable for care visits.

Is the service well-led?

Our findings

The provider had not identified, managed and mitigated risks to people. During the inspection we identified a range of issues including the lack of specific risk assessments, management of medicines and care worker training and supervision. These had not been identified by the provider using their existing processes.

The provider did not have a robust system of audits and checks in place to review the quality of the care and support provided. We asked the registered manager if any audits were carried out to monitor the quality of the service provided. He confirmed that at the time of the inspection no formal audits were carried out. The registered manager explained that checks were carried out on daily records and medicine administration record (MAR) charts when they were returned to the office but these were not recorded. We also noted that daily records and MAR charts were not regularly returned to the office with no records being available for some people for more than six months. This meant that these records were not being regularly checked to ensure they were accurate and reflected the care provided. No other audits were regularly carried out to monitor the quality of the service provided.

The registered manager told us that spot checks were carried out in relation to care workers but there were no records of these checks including who had been observed and if any action were identified. We did see one completed spot check form when we reviewed the care worker employment records but there was no information on any action required.

We saw people using the service had been contacted by telephone for feedback on their views of the quality of the service in January 2016. The registered manager confirmed that the feedback received had not been analysed to identify any issues so action could be taken to resolve them.

During the inspection the registered manager explained that the majority of care workers used a telephone based system to record the time they arrived and departed a person's home. We saw the computer system displayed a record of any missed calls during the day and the registered manager told us when these alerts were checked there was no record made to indicate why the visit had not been recorded, if the call had taken place, which care workers were scheduled to visit and what action was taken. This meant that the provider could not identify any trends in relation to missed calls to enable them to resolve any issues. We also asked the registered manager how they ensured the care workers arrived and departed each person's home. The registered manager confirmed they were not aware of how to obtain this information from the computer system used. During the inspection the registered manager contacted the company that supported the computer records system and they explained how this report could be produced.

When complaints were received they were recorded on a record sheet but we saw that the date by when the complaint must be responded to were incorrect and often indicated a date before the complaint was received.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to care and people did not provide an accurate, complete and contemporaneous record for each person using the service and the care workers providing support.

The registered manager explained that care plans were reviewed every three months or earlier if the person's support needs had changed. We saw the care plans for some people had not been reviewed for over six months. We saw the moving and handling assessment for one person had not been reviewed since 2013 and another person since August 2015. The registered manager confirmed that care plans and risk assessments should be reviewed quarterly. This meant the records did not provide care workers with accurate information in relation to the support needs of the person and any risks in relation to moving and handling.

We saw the local authority referral for one person stated that care workers should administer the medicines but the care plan stated they should prompt the person to take their medicines.

We asked the registered manager to provide records indicating when care workers had completed training, had supervision sessions and had last completed an appraisal. The registered manager was unable to provide accurate information relating to these areas during the inspection so we asked him to send us the up to date information during the following two weeks. Following the inspection the registered manager confirmed that they had lost the training records for 2014 and 2015 relating to care workers and were unable to provide accurate information on the training. This meant that the registered manager was unable to ensure the care workers had completed appropriate training to support them in providing safe care.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

We asked people if they were happy with the care and support they received from the service. Comments we received included "Yes I'm happy with the service. They always turn up. I am getting consistent care. They know what I need" and "It's very good. The carers are very good, they are confident with me and I trust them." Other comments included "The service is looking after me. I could not do without them", "Yes the service is okay. The carers are good, they know how to care" and "The service is fine. I'm happy." Relatives told us "Yes we are very happy. It's excellent. A good service. We are very grateful and happy for the service" and "The service was okay."

People using the service were asked if they felt the service was well-run. They told us "Yes it's well run. The boss is good and he's good with the carers and they like him", "It's a well-run service. It's a small office but they seem to be doing okay" and "My needs are being met so I guess it's well run." Relatives commented "They did what was needed and my family member felt safe and they knew her. They did help us" and "The service runs well."

We asked the care workers if they felt they were supported by their manager and if the service was well-led. All the care workers told us they felt supported by their manager and the service was well-run. Comments included "Yes, it is a good organisation and yes I am happy with my manager", "My manager is very supportive" and "I feel the service is well-run. I get paid on time and I feel supported."

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
Nursing care Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not meet their needs or reflect their preferences. Regulation 9
Regulated activity	Regulation
Nursing care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users. Regulation 12 (1) The registered person did not ensure the proper and safe management of medicines Regulation 12 (2) (g)
Regulated activity	Regulation
Nursing care Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not ensure service users were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

Regulation 13 (5)

Regulated activity	Regulation
Nursing care Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person did not ensure that any complaint received was investigated and necessary and proportionate action taken.</p> <p>Regulation 16 (1)</p>
Regulated activity	Regulation
Nursing care Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve quality and safety.</p> <p>Regulation 17 (2) (a)</p> <p>The registered person did not have a process in place to assess the specific risks to health and safety.</p> <p>Regulation 17 (2) (b)</p> <p>The registered person did not have a system in place to maintain an accurate, complete and contemporaneous record, including of care and treatment and decisions made.</p> <p>Regulation 17 (2) (c)</p>
Regulated activity	Regulation
Nursing care Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure that persons employed by the service provider in the provision of a regulated activity had received</p>

such appropriate training, supervision and appraisal as is necessary to enable them to carry out their duties.

Regulation 18 (2) (a)