

T.L. Care (NW) Limited

# T L Care (NW) Limited

## Inspection report

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Date of inspection visit:  
16 August 2017

Date of publication:  
13 October 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

T L Care (NW) Limited is registered to provide personal care to people living in their own homes. At the time of the inspection there were 32 people using the service. The majority of the people receiving a service were older people, some were living with dementia and some needed support from staff with their mobility. Younger people who used the service included people with learning disabilities and complex health care needs. The provider employed 27 staff to deliver care.

We carried out an unannounced comprehensive inspection of this service on 6 April 2016 at which breaches of legal requirements were found. We identified concerns in relation to the recruitment of staff and lack of quality assurance systems. Following the inspection the provider developed an action stating the steps they would take to ensure they were meeting the requirements of the Health and Social Care Act. At the comprehensive inspection on the 16 August 2017 we found that although some improvements had been made the provider was still in breach of legal requirements.

The service had a registered manager. 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.

The provider had not ensured records were systematically audited. Therefore the provider had missed the opportunity to identify missing entries on medication records, the lack of dates on care plans and risk assessments and the fact that accidents and incidents were not always being recorded appropriately. This is an area of practice that requires improvement.

Improvements had been made in relation to the recruitment of staff. The employment history of staff now contained an explanation for gaps in employment, original documents had been seen and staff files now contained a form of photo identity such as a copy of a passport or driving licence. However some staff had started work prior to their references being received. This is an area of practice that requires improvement.

There were sufficient numbers of qualified and experienced staff employed to meet people's needs. Staff felt supported within their roles, describing an 'open door' management approach, where the management team were available to discuss problems or concerns.

People's needs had been assessed and care plans were in place detailing how people wished to be supported. People and or their representatives were involved in making decisions about their care. One person told us "I've got a care plan and they do come and check with me from time to time to see if I need anything changed".

Staff knew the people well and were aware of their personal preferences, likes and dislikes. People and their relatives were happy with the care provided, their comments included; "The girls are so nice, they help me in

and out of the shower and look after me" and "Oh it's marvellous; I am very pleased with it. I cannot fault them".

People received their medicines as prescribed and were supported with their healthcare needs. Staff liaised with people's GP's and other health and social care professionals as required. Staff worked in accordance with the principles of the MCA and sought people's consent before delivering care.

People's privacy and dignity was respected. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People said the service met their needs and encouraged them to be as independent as possible.

There were systems in place to gain people's views of the service and these had been acted on. People knew how to make a complaint and had confidence in the management of the service.

People confirmed they felt safe with the staff. Systems were in place to protect people from abuse and harm and staff acted on any concerns they had. When concerns had been identified these had been passed to the local authority for them to consider under local safeguarding protocols.

We found two areas where the provider was not meeting the requirements of the law you can read what action we have told the provider to take at the back of the full version of the 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?

**Requires Improvement** ●

The service was not consistently safe.

Recruitment practices were not robust.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Steps had been taken to minimise risks to people's health and safety.

There were appropriate staffing levels to meet the needs of people who used the service.

People received their medicines safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff were trained and supported in their roles.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by caring and kind staff.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

People were encouraged to express their views about how care

was delivered and supported to remain independent.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Staff had the guidance they needed to, meet people's needs and preferences.

People felt listened to and were aware of how to make a complaint.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider did not have quality assurance processes in place to identify shortfalls and drive improvement.

Staff felt supported by management and understood what was expected of them.

The registered manager and staff worked well with other agencies.

# T L Care (NW) Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 service was last inspected on 6 April 2016 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to staff recruitment, record keeping and the lack of oversight and quality assurance processes for the service. The service received an overall rating of 'Requires Improvement'. Following this inspection the provider sent us an action plan outlining the action they would take to ensure the requirements of the law. At part of this inspection we checked to see whether they had followed their plan and the improvements had been made.

This inspection took place on 16 August 2017. We gave one hours' notice to make sure the registered manager would be available to facilitate the inspection. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service.

Before the inspection we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. On this occasion we did not ask the provider to complete 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.

As part of the visit to the service we looked at records, which included five people's care records, four people's medication administration records, four staff recruitment, training and supervision files and other records relating to the management of the service such as policies and procedures. We spoke with the registered manager, deputy manager, general manager and assistant manager all of whom also undertook care calls. We received feedback from four people, the relatives of a further eight people and three members of staff by speaking with them over the phone. We also received written feedback from a health and social

care professional involved in the delivery of care of people who used the service.

# Is the service safe?

## Our findings

People and their relatives felt the service was safe. One person told us "I had a nasty fall before and they come three times a week to shower me because I can't afford to fall again". A relative told us "My relative is very unsteady and staff remind them how to use the trolley and where to put their feet, so they are very good. Oh yes they are safe with staff". Another relative commented, "'I am sure (relative) is safe with them, they're smashing".

At the last inspection we found the provider was not always following safe recruitment practices. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found although improvements had been made other shortfalls were identified which required improvement.

The provider had taken steps to ensure improvements had been made to their recruitment procedures. References obtained had been validated, the employment history of staff now contained an explanation for gaps in employment and original documents had been seen. In addition, staff files now contained a form of photo identity such as a copy of a passport or driving licence. The provider had requested two references for all new staff as part of the recruitment process. When requests for references had not been responded to they had been re-requested. However three staff had been deployed to work before both their references had been received and one staff member before any references had been received. The registered manager explained told us they were taking action to prevent this happening again. However this demonstrates a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All prospective staff had completed an application form and attended an interview before being offered employment. DBS checks had been completed for all staff and health declarations obtained before they had been deployed to work with people.

Everyone told us people received their medicines safely. One relative commented, "They give the meds. Before, when we used another agency, we would still find them sitting on the side and not taken them but now they seem to be taken when they should". Another relative told us, "They do the medication. It's been quite complicated recently but they seem to manage alright".

Most people's medicines were contained in blister packs and staff told us they would alert management if they saw that there had been a missed dose. Blister packs are a medication dosage system which contain all the medicines that should be taken at set times of day. Medication administration records (MARs) were in place for staff to sign to indicate when medicines had been administered. No one reported any issues with receiving their medicines however, two of the MAR we saw contained gaps where the medicines had not been signed as administered. One person whose medicines were administered four times a day from a blister pack contained four gaps at different times of day over a two week period. The records for another person who had been prescribed a cream which should be applied after every personal care intervention, contained gaps over a four day period where carers had not always indicated the cream had been applied. A



member of the management team looked into this issue and told us these medicines had been given but staff had omitted to sign the records accordingly. The registered manager gave assurances that action was being taken to ensure that staff always signed the MAR charts to indicate whether medicines had been taken. It is important that all records completed accurately so that the provider can be assured that medicines have been administered as required. Whilst we did not assess that any harm had occurred as a result of this it is an area of practice we have identified as needing improvement.

People told us they felt the care they received was safe. Risks to the safety and well-being of people and staff had been identified and plans put in place to manage and minimise these. People, staff, the management team and a health and social care professional told us these were reviewed annually or sooner if people's needs or circumstances changed. However, the risk assessments we saw had not all been signed and dated to confirm they were up to date and reflected people's current needs. This is an area of practice we assessed as needing to improve.

Specialist guidance had been obtained from a range of healthcare professionals and was made available to staff. For example tissue viability nurses had provided specific guidance in relation to reducing the risk of some people developing pressure areas and speech and language therapists (SALT) in relation to reducing the risk of a choking. Staff were aware of and told us they followed this guidance to minimise the risk of harm occurring.

People their relatives and staff told us there were sufficient numbers of staff deployed to meet people's needs. Members of the management team explained they did not take on additional care calls unless they were confident they could provide the staff to cover the call and meet the person's needs. They explained that when staff were absent from work other staff covered the calls by working additional hours. They also told us that if need be managers, who were also experienced in delivering care, undertook the calls themselves. This mean that provider was able to cover calls when staff were absent from work at short notice.

People were protected from abuse. Management and staff were aware of how to report any safeguarding incidents or concerns. A member of the management team told us how they had referred safeguarding concerns around one person to the local safeguarding team. This had a resulted in them working with the local authority to make changes to the person's care package and the risks to the person being subject to harm were reduced. Staff told us they had completed training in how to recognise and report abuse.

People were protected from the risk of infection. Personal protective equipment such as gloves and aprons were supplied and worn by staff when delivering care or preparing food. Staff were provided with uniforms and had completed training in relation to infection control and safe food handling.

# Is the service effective?

## Our findings

People and their relatives told us they felt staff had the skills and experience to meet people's needs. One person told us, "They all seem well trained. The girls all know what to do; they've been coming so long, so they just get on with it". A relative commented, "They all seem well trained and we've never had any mishaps when they have been moving my (relative)".

All staff felt supported by management and told us they could approach them at any time for support and guidance. Staff had received supervision with their line manager in June 2017. Supervision is a meeting at which staff can discuss in private their training and development needs. We saw that these meetings were scheduled in the provider's calendar to take place every three months. Staff received feedback on their performance on an on-going basis however they had not received an annual appraisal of their performance. Management explained that they were due to take place in December 2017.

Staff all told us they had received an induction when they first started working at the service. This included being introduced to people they would support and shadowing experienced staff when supporting people. People confirmed this and one person commented "If a new one starts one of my regular carers brings them first".

A range of training the provider considered to be mandatory had been completed by the staff. The training was provided in house and by an external training company. Subjects that had been covered included dementia, food hygiene, infection control, first aid, moving and handling, medication, safeguarding and fire training.

There were arrangements in place for all staff to gain a qualification in care. All staff, including the 19 that already held a nationally recognised qualification in care, were being required by the provider to complete the care certificate. The care certificate is a set of standards that social care and health workers should use in their daily working life and sets out the minimum standards that should be covered as part of induction training of new care workers. Management explained they wanted all staff to complete this qualification to keep them up to date with current good practice. We were told that a member of the management team would sign off the associated work books. They had set a target of new staff completing the certificate within three months and qualified staff within 12 months.

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.

We checked whether the service was working within the principles of the MCA. People were supported to make day to day decisions such as what they wanted to eat or wear. Staff told us they explained the person's care to them and gained their consent before carrying out any care and support. Staff told us that people

chose how they would like to be cared for; they explained they always asked permission before starting a task and would never make anyone to do anything they did not want to do. One relative confirmed this and commented "Well (person's name) relative) is quite resistant to help so staff could do more for if my relative would let them".

The care plans showed care delivery had been agreed to by the person receiving the service or if they lacked capacity, by a person(s) who had the legal authority to do so. We noted that one person's care records contained evidence of the person's power of attorney and that another person's records showed that care had been agreed as needed in the person's best interest. This decision had been made and the care plan agreed by healthcare professionals involved in this person's care.

Staff liaised with health and social care professionals involved in people's care as and when needed and monitored people's health and wellbeing for example their skin integrity. When concerns had been identified in relation to people's health, staff described occasions when specialist advice had been sought for example by contacting people's GP's and district nurses on the person's behalf.

People were supported at mealtimes to access food and drink of their choice. One person's care plan gave guidance for staff in relation to the consistency of the food they required and another about the foods the person should avoid. Where people required support and encouragement to eat this was specified in their care plan for example one person's care plan stated '(Person's name) will sometimes ask you to leave the meals on the side and say they will have it later but then forgets. It went on to state 'If you sit with them and have a cup of tea and a biscuit they will be more likely to eat'. Most of the food preparation at mealtimes was completed by family members and staff were required to heat meals and ensure drinks were accessible to them. One relative told us "I do the meals but if I am out I leave a sandwich and the staff will give it to my relative". Another relative said "We leave a list in the morning for (person's name) meals and staff prepare them".

# Is the service caring?

## Our findings

Everyone felt they or their relative were provided with compassionate care by kind and caring staff. People's comments included, "The girls are so nice, they help me in and out of the shower and look after me". "They are lovely, so kind to me". "They talk to me and let me talk, because I like to talk it's so nice". "They are so helpful, they do extra things like putting the washing in the machine or taking it out and putting it on the maiden, so kind". A health and social care professional who provided feedback about the service wrote, 'I have always found staff caring and I have witnessed that the staff have met the needs of relatives who need a great deal of support themselves'. A relative said "They have got to know (relative) and their little ways and they know them which is good".

People were extremely happy with the care they received and said they saw regular consistent staff that knew them well and treated them with kindness. The registered manager told us following feedback from a previous customer satisfaction survey that they did their best to ensure that people were supported by the same staff on a regular basis so they had continuity of care. They explained that they allocated a group of care staff to each person so that they could provide consistent care and staff could cover for each other when they were on leave. People and their relatives confirmed this. One relative said, "They are nice with (relative) it's usually one of eight regular ladies so they like that".

People's preferences for the age and gender of staff was provided whenever possible. A member of the management team told us that some people prefer older females to support them and others don't mind but they did their best to accommodate people's preferences. They also told us that they tried where ever possible to match people with staff they got on well with and this formed part of the review process. A younger adult received support from younger staff of the same gender. A relative said "(Relative) is really lucky they have two nice young chaps who come to take them out in the electric wheelchair and they talk about cars and daft things".

People's dignity and privacy was always upheld and respected. People's care plans provided guidance on protecting people's privacy. For example, one person's stated staff needed to close the door after supporting the person to the toilet and the person will 'call when they are ready'. Staff were aware of the need to preserve people's dignity when providing care to people. They explained to us how they made sure that people were always covered and not unduly exposed when they supported them with personal care.

People were supported to remain independent. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. People's care plans provided clear guidance to staff about what people wanted to do and could do for themselves. For example one person's care plan stated 'Once (person's name) is showered give them a small towel to dry their face as they can do this themselves'. It also stated 'Please ask if they want to get back into the chair or stay in bed'. A health and social care professional who provided feedback wrote, 'The service is effective in that some service users have been supported to stay in their own homes for several years when the prognosis was that they needed specialist residential care'.

Staff promoted people choices. Staff told us when delivering personal care they would always ask the person what they wanted and check how they wanted to be supported. One person told us, "They are so helpful; they ask me what I want every time". One person's care plan stated, "(Person's name) will sometimes require their hair washing. Always ask them if they would like a small face cloth to put over their face before doing this'. Another person's listed the foods they preferred to eat and

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss people whilst providing care for others. Information on confidentiality was covered during staff induction and training. Records in the office were stored in locked cupboards or in password protected files on the office computers so that only people with authorisation to do so could access them.

Each person supported by the service was provided with a service user guide which explained how care and support would be delivered and what people could expect from the service. This included useful telephone numbers such as the out of hours emergency contact number for the service.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. One person told us, "The office is very accommodating if you ring to change anything". A relative told us, "The office is very helpful, I ring them the week before to arrange what days and times I need them as I work and they do their best to accommodate me; it's very rare they can't". Another relative said, "We can ring in and tell them what we need and they are happy to do it, no problem. We went away for the weekend recently, so had extra calls and they even put the washing in and sorted it, they are really good".

People received care that met their needs. People's needs had been assessed before they started using the service. Assessments had been undertaken and care plans developed to identify people's health and support needs in conjunction with the person and where appropriate, their relatives. The plans were developed outlining how people's needs were to be met. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to transfer using a hoist. It gave specific guidance for which sling to be used for showering and which to be used when assisting the person to the toilet. Another person's gave specific instructions for placing their wheelchair at the side of their bed so they could transfer into it and stated 'Place at a 45 degree angle'.

The care plan of a younger person with complex needs who received the support of two staff 24 hours a day contained details of how best to support them with every aspect of their care. A health and social care professional involved in this person's care provided feedback and wrote, 'I find that the service offers a very responsive service to the changing needs of service users and care staff have an understanding of complex needs. TLCare provides an adaptable service in that they will swap times, days and activities to meet the service users need. They have supported people to attend hospital appointments, to access community facilities, of their choice and have facilitated budget management and all activities of daily living'.

A member of the management team told us that when people first start using the service their care plans are reviewed after a couple of weeks. They explained this was to check that the care was meeting people's needs and that the length of the visit(s) was appropriate. A relative of one person who had recently started using the service confirmed they had been involved in the assessment and care planning process and commented, "We did a care plan and the office has rung a couple of times to check how things are going".

At the last inspection we found people's care plans had not always been updated when changes occurred. At this inspection we found improvements had been made and people's care plans had been reviewed annually or when changes occurred. One person told us, "I've got a care plan and they do come and check with me from time to time to see if I need anything changed". Another told us, "They come from the office to check with me. I have reviews". A relative commented "We have a care plan, it's all in the book and we do get a review, one is due soon". Another relative told us, "We had a review about a month ago". A health and social care professional who provided feedback wrote, 'I am involved in regular care reviews for complex care management'. Relatives and other professionals such as dieticians and speech therapists are present by invitation of TLCare when needed for review. Communication from TLCare to the appropriate multi-

disciplinary teams is good'.

People and their relatives told us staff usually arrived on time and stayed for the full duration of the call. One person told us, "They are on time". Relative's comments included, "It seems to run well, we live away but everyone turns up when they should", "They are on time but they do ring if they have hit a problem", "They seem to be on time and there seems to be regulars coming" and "They are on time, early in fact sometimes, it seems to be regular people and (relative) knows them". Staff told us that they felt they were able to support people with the time that was allowed for each call and they were given sufficient travel time between calls.

Staff knew people well and were responsive to their changing needs. Staff told us they usually visited the same people on a regular basis and would report any changes in their condition to their line manager and in some cases the person's family. One relative told us, "They are good if (relative) is not so good, they will ring me and say". A member of the management team explained how one person's needs had changed so that they needed less support and as a result the duration of the calls had been reduced. The number of calls another person was receiving had been increased in response to their changing needs. This showed that the service was flexible and responsive to people's changing needs.

People were listened to and knew how to make a complaint. There was a complaints policy and this was included in the information pack given to people or their relatives when they started using the service. No complaints had been received over the last 12 months. Everyone told us they had no reason to complain but if they felt they needed to they would contact the office. One person told us, "No complaints, it all works well". A relative who told us that they hadn't made an official complaint commented, "I've spoken to the office about them seeming to rush and they sorted that". Another relative said "It's fine" "no problems, no complaints".

## Is the service well-led?

### Our findings

The feedback we received about the management of the service and the quality of the service provided was positive. People's comments included, "I think it is managed pretty well and the office is always helpful", "It's been great I have no problems with it at all" and "Oh it's marvellous; I am very pleased with it. I cannot fault them". Relative's comments included, "We had another service before and it wasn't very good so we thought we would give TLC a go and it's been really good, so much better", "It's great it works fine" and "I have no connection with them I assure you but I would recommend them to anyone". A health and social care professional who provided feedback wrote, 'I find that the management team are responsive, there is always somebody available to respond to any queries'. Despite the positive feedback we received we identified shortfalls in relation to the quality assurance and monitoring of the service and the associated records.

At the last inspection the provider was not meeting the requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured audits of people's care plans and staff files were being completed and records of quality monitoring visits had not been maintained. At this inspection we found that some improvements had been made, however further shortfalls were identified in relation to record keeping and governance of the service. Therefore the provider was still not meeting the requirements of the law.

Although each person's care plan had been reviewed and updated and we were told they were checked at that time, no formal audit had taken place. The management told us the most up to date copies of people's risk assessments and care plans were stored on computer and in people's homes. Although it is possible to view on computer when documents were last updated, the care plans and risk assessments themselves were not dated and did not include a review date which made it difficult to identify which of the paper copies reflected people's current care needs.

Staff recruitment files and people's medication administration records were not audited or routinely checked for their accuracy and completeness. Therefore omissions in the records were not identified and could result in further similar errors occurring. Similarly although we were told daily records of the care delivered were checked when managers visited people in their home's, no record had been maintained to evidence this. Therefore the provider had missed the opportunity to identify shortfalls and take action to make the necessary improvements.

No accidents and incidents involving people who used the service had been recorded in the accident book since the last inspection. However staff had recorded in the daily records for one person that the person had fallen and sustained injuries and this had not been recorded in the accident book. Therefore the provider could not be assured that all accidents and incidents were being recorded in such a way as they could analyse them to identify any themes and trends.

The provider had not implemented effective systems and processes to monitor, manage and improve the quality and safety of services and drive improvement. This is a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



The registered manager was supported by an office manager, an assistant manager and a deputy manager. Everyone we spoke with told us that the management team were very supportive and had an open door policy which meant they could speak to them at any time they needed support. A member of the management team told us, "Try to foster a family feel". This was evidenced by the comments we received. People their relatives and staff told us when they called into the office they felt the management team friendly and approachable. A relative told us, "We live not far from the office so we give them a wave or pop in to see them. They've done reviews but they always ask when we go in to see them". Another told us, "I don't know where they have been all my life. We have every confidence in them and are very happy".

It was evident the registered manager and staff worked well with each other and with other organisations such as health care professionals who they contacted appropriately for support and advice. Team meetings were held at which staff were provided with guidance and feedback on their performance as a team. Staff told us they felt appreciated. They told us how they had been asked to come into the office for a meeting. When they arrived they found the management team had arranged a surprise meal for them say thank you. Individual staff members were also recognised for their contribution and going the 'extra mile'.

People had been provided with the opportunity to complete a customer satisfaction questionnaire. Comments people had written included, 'All my needs are met and in a friendly and helpful way', 'I cannot think of anything that needs improving', 'It's perfect' and 'All is done well for me'. The questionnaire was available in an easy read format to aid the understanding of people with a learning disability. We saw that the results from the last survey had been analysed and an action plan had been implemented to reduce the number of different carers that visited people. Although the results from the most recent survey had not yet been collated and analysed, all the completed surveys we saw contained positive feedback.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 5 HSCA RA Regulations 2014 Fit and proper persons: directors</p> <p>Regulation 19(1)a(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Fit and proper persons employed).</p> <p>The provider had not ensured that references verifying the conduct of new staff in their previous employment had always been received before they were deployed to work.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1) (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).</p> <p>The provider had not ensured there was an effective system in place to monitor the service provided identify shortfalls in the records and drive improvement.</p>