

Home Life Carers Limited

# HomeLife Carers (Plymouth)

## Inspection report

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30 July 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection of HomeLife Carers (Plymouth) ("HomeLife carers") took place between the dates 25 and 30 July 2018 and was announced 48 hours before. We last inspected the service between 9 and 21 June 2017. We rated the service as Requires improvement overall. This was because we found concerns in whether the service was safe, responsive and well-led. We judged the service was not meeting the legal requirements of ensuring the service was appropriately governed and requested the provider submit an action plan to tell us how they were going to put this right. However, we found on this inspection some of the issues were ongoing.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults and, people living with dementia, mental health, a learning disability, physical disability and/or sensory impairment. At the point of this inspection 32 people were receiving personal care from the service. Some of those also had staff from the service who were responsible for ensuring they were given their medicines safely.

Not everyone using HomeLife carers receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

A registered manager was not in place to manage the service locally. A manager had been employed since the previous registered manager left, but left the service before this inspection. The operations manager advised on inspection that a new experienced manager had been appointed and was due to start at the service on the week commencing the 30 July 2018. The 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 operations manager supported this inspection.

We have continued to rate the service as requires improvement as not all of the concerns we found at the last inspection had been addressed.

People and families continued to report concerns about their not knowing which staff were coming to support their care and when. People told us the evenings and weekends had always been an issue. Staff also raised concerns about not knowing who they were working with and when, even up to the night before. Some people had continuity of carers but they had experience the staff they knew well being taken away from them at short notice. People and staff raised questions about the staffing of the service. However, we found visits were never missed and a backup team was available to ensure people received the support they needed. The service was managing a high level of staff sickness compounded by planned leave for other staff. Rotas to people and staff were being affected. This meant there were fewer staff to go around, and

people were experiencing higher levels of disruption and not knowing who would give their care and when.

People and relatives told us they had to be assertive and persistent with the service to ensure they had a continuity of care staff. Even then, this could be changed suddenly and they were back phoning the office to find out why their care staff had been changed. People also told us they did not always receive a visit at the times they preferred.

The office had undergone changes in management since the last inspection. Two managers had left and another one had now been employed. People told us the organisation and running of the office needed to be improved. They also told us their complaints about the organisation and running of the office had not been heeded.

People spoke of the care staff with fondness and felt they were caring, trained well and would act if they were poorly and/or unsafe. People were keen to say they were grateful for the staff role in their life and that despite the time demands on them, staff never rushed their care. People's medicines were safely administered. Staff made sure people had enough to eat and drink. People looked forward to the staff coming and felt they were always respectful and protected their dignity.

Staff were recruited safely, underwent a detailed induction and completed a 12-week probationary period before their employment was confirmed. Their training was updated yearly and they had regular supervision to check on their professional development. Staff felt they were trained to the right level to effectively work with people. Checks were made on the ongoing competency of staff and staff felt they could ask for extra training and support at any time.

People had detailed, personalised care plans in place which ensured any risk was reduced. People and families spoke about being involved in the process of writing and reviewing the plans. Staff also said they could raise a question about the care plan being accurate and this was quickly addressed. All staff were kept up to date with changes in people's care by secure email and text. The service was putting new processes in place to support people at their end of life.

Staff ensured people's capacity to consent to their care and treatment was considered. They made sure people gave consent and understood when they were being asked to act in the best interests of people who could not consent.

Staff followed safe infection control guidelines in respect of personal safety and food preparation.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People were not fully protected from risk because systems to ensure people's care was received as required had failed to improve

People continued to not know which staff were coming into their home and when.

People were looked after by staff who were recruited safely and knew how to keep them safe from abuse.

People had their risks identified and mitigated.

People's medicines were administered safely.

Staff followed safe infection control guidelines.

**Requires Improvement** ●

### Is the service effective?

The service continued to be effective.

**Good** ●

### Is the service caring?

The service continued to be caring.

**Good** ●

### Is the service responsive?

The service was not always responsive.

People's concerns and complaints were not always resolved or solved in the long term

People's care was not always at the times they wanted it to be.

People had personalised care plans in place.

People's end of life needs were considered and being planned for.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led. Systems of leadership, governance and quality had not improved people and relatives'

**Requires Improvement** ●

experience of the service since the last inspection.

People, relatives and staff identified short comings in the communication at the service.

People were asked for their feedback on the service but this did not mean the overall experience changed.

# HomeLife Carers (Plymouth)

## **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 took place between the dates 25 and 30 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to be sure that they would be in.

The inspection included reading records held by the provider at the registered office, visiting people and talking to people on the telephone. We also spoke with staff and sent them a questionnaire so they could tell us their experience. We visited the office location on 25 July 2018 to see the operations manager. We reviewed five people's care records, three staff personnel records, training records and how staff were being supported to remain good at their job. We also reviewed records held by the provider and service on how they ensured they were delivering a quality service.

The inspection was completed by one inspector. Prior to the inspection we reviewed our records and Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the 27 July 2018 we completed five home visits and spoke with 4 people and 2 family members. On the 30 July 2018 we spoke with six people, six staff and two family members over the telephone. We asked the provider to send questionnaires to staff to seek their view and received six of them back.

# Is the service safe?

## Our findings

At our last inspection, we rated this key question as Requires improvement. This was because there were concerns about people not knowing who was coming into their home and when. People needing to have visits from familiar staff because they lived with dementia, for example, were not having this provided.

On this inspection, we found people did not have their care visits missed however, concerns continued to be raised about the organisation of those visits in respect of knowing who was coming into their home and when. Staff also raised concerns with us about the same issues. We have therefore continued to give the same rating following this inspection.

People told us they had not received a timetable of visits for some time; some had received a list of visits and staff for part of the week of the inspection (ending on Wednesday 25 July 2018) but nothing since. When they did get a list of visits telling them the time and which staff were coming, people and family said this was often not correct. Some people, but not all, would be called by the office to tell them what the changes were but from morning to evening, the details would change again. Most people told us it relied on them contacting the office to find out who was coming to them for the next visit and when.

People used the word "anxious" in describing how they felt about not know who was coming to support them. People also told us they could not plan their day; if they wanted to go out to something special, they would try and rearrange or cancel the care rather than be late. People also expressed they would be worried if they were going to miss a health appointment, for example. When they called the office to communicate, people described how messages were not always passed on, which added to their feelings of anxiety and frustration.

One person said, "The lists are not accurate. Also, at a moment's notice we can get a call that the times are different. You can't plan your day." They added, they were not always called though.

Another person told us that staff often arrived late, which meant they had a hypoglycaemic attack (low blood sugar) on more than one occasion. This was because they were required to take their insulin 30 minutes prior to their lunch but the visits were coming late with visits coming at 2pm instead of 12.30pm on occasions. The person was dependent on staff to get their lunch for them. We asked the operations manager to address this immediately and were advised that this had been addressed by giving the person a specific appointment time that could not then be changed. We called the person on the 13 August 2018 and they confirmed this had been resolved. Their set visit at lunchtime was being adhered to and they were happy with this outcome.

Another family described how 10-14 care staff a week were coming into their relative's home. This person was living with dementia and was becoming confused and expressing behaviour that challenges. The family felt this was a direct result of having so many staff coming into their relative's home. They added they had tried many times to address this with the office and if changes were made and consistent staff used, this was

not maintained.

A second family member said, "I have worked hard to get regular carers; a core group has been developed. Staff that know [my relative]. Then carers can be taken away." They described their relative who was also living with dementia, would then look to them for reassurance. They went on to say, "I feel anxious on [my relative's behalf], because it depends on who the carer is. It means I never know who is turning up and when; if I know then it is OK".

People also expressed that there was often an issue at weekends or holiday times, such as the summer holidays when the inspection took place. People and relatives told us, that even if they had a regular group of carers in the week, this could be changed at these times. For example, one person said. "Normally, I have regular carer and she's brilliant". However, "I had problems three times over the weekend" and, "My carer has been on holiday; I have had different carers. Different faces are not good for my [child]."

The lack of effective systems are placing people at risk and the quality of care. continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff gave us a mixed view of their knowing who they were caring for on a day by day basis. Some staff had a set route and people they cared for whereas others told us they did not know until the day before. Staff also expressed that people could express their being upset to them when they arrived.

The service had a Rapid Response team, which people felt worked well and ensured their care was completed in emergencies. People understood that this was separate from the desire to have regular carers and/or to know who was coming to their home on a routine basis.

We raised the concerns people, relatives and staff with the operations manager had raised about the staffing and people knowing who was caring. They agreed that this needed addressing.

People told us they felt safe and that the staff would act if they felt this was not the case. Staff were confident in identifying abuse and knew what to do if they had concerns about people. Staff told us their training was updated often and they would speak out if their concerns were not addressed. All staff felt the provider would listen to any safety issues about people's care.

One person said, "I feel they would follow through any concerns with my son."

People's risks while being cared for were reviewed and staff informed of how to support people to keep them safe. People knew they had risk assessments in place and felt involved in the process. Some people had personal alarms that needed to be worn or available so urgent help could be sought if they were unwell or had fallen. Staff ensure these were fitted as required.

One person said they were safe when staff moved them adding, "They would spot if something was wrong and do something about it."

On our last inspection we saw that new staff were interviewed before they had completed an application form, which meant the provider was not able to check for employment gaps as required. On this inspection, we found staff were recruited safely and after they had applied and been interviewed. All required checks were then in place to keep people safe. New staff confirmed they went through application, interview and had their past checked before they started.



Staff that were responsible for medicines did this safely and ensure peoples' records were completed as required. Staff were trained and checked to ensure they remained able to do this competently. The provider checked to ensure their policy and expected practice were being adhered to.

One person said, "They do my medication very carefully; they always make sure I have a drink available". A family member said, "I always check the medicine records to check staff have been and signed it. If it has not been signed I know they are running late and will leave a note to say I have done it; there will be a good reason as to why they are late." They added that they had no concerns in respect of the safe administration of their relative's medicines and communication was always good between them which mean their relative was safe.

Staff followed safe infection control procedures and ensured people were protected from cross contamination during personal care and food preparation.

The service had systems in place which meant they learned from some events. This included medicine errors and missed visits.

# Is the service effective?

## Our findings

At our previous inspection in June 2017, we rated this key question as Good. We have continued to give the same rating following this inspection.

People's needs were assessed before they started to be cared for and on a continual basis to ensure the staff could meet their needs. People and family said they were involved in this process.

Staff were trained to meet people's needs and underwent any additional training if this was needed to meet people's individual needs. People told us they felt that staff were trained and they felt assured they were competent in carrying out their role.

The provider ensured their training of staff and senior staff, such as the operations manager, kept up to date with current good practice. For example, by attending national conferences or working closely with the NHS in their other areas. The operations manager advised the aim was to forge links with key agencies in Plymouth to better the outcomes for people they were caring for.

One person said, "They are trained yes, and better than trained. They go and do training on various subjects. They are very experienced; they know the routine and how to do things like infection control."

Staff were supported by a system of supervision and spot checks to ensure their ongoing competence. Staff saw this as a positive and described being able to get support and extra training if needs be. One staff member said, "I have my refresher training and feel skilled for the job. If I am not up on something I will ask and they will show me."

During our last inspection we found new staff had their Care Certificate signed off at the end of their three-day induction. The Care Certificate was brought in to take place over a 12-week period to ensure care nationally met an agreed standard. Now, staff received their certificate at the end of their 12-week probation period having successfully met the required standards.

One recently recruited member of staff said, "The induction was really nice. It was friendly and I felt I could ask questions. It was positive and informative and made sure I was well set to work." They added that they shadowed experienced staff for the next three to four weeks and met all the people they would be caring for during this time. They had regular calls from the manager of the service at that time and shadowing ended when they and the manager were happy to do so.

People's care continued to be given care in line with the Mental Capacity Act 2005 (MCA). Staff said and people confirmed that care was given with people's consent. The 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's records showed that the MCA was

considered along with what support to give people to enable them to consent to their care. Family were consulted when the person could not consent and staff were trained to ensure they understood the importance of the MCA in their work.

People's health needs were known to staff and carefully documented in people's care records. People all felt that staff would act if they found they were unwell or were concerned about them. People felt with their consent relatives, their GP or the district nurse would be contacted. All staff said they would let their supervisors (known as STLs) know they were worried about somebody. This would then be followed up.

One person said, "The carer picks up if I am off colour. If I won't call the GP or district nurse, she will do it. She has my best interests at heart." This was with their consent.

Where staff were responsible for people's food and hydration, people and family were happy that this was carried out well. Records were kept of people's intake and concerns were followed up on if needs be. People felt staff asked them to choose what they wanted to eat and drink. Everyone said that staff left them with a drink and ensured they had any food and drink to hand they needed before they left. This was commented on by all the people who were reliant on staff to do this for them. This meant people could keep hydrated and snack if they were hungry. This was important as the inspection took place during a period of very hot weather.

# Is the service caring?

## Our findings

At our previous inspection in June 2017, we rated this key question as Good. We have continued to give the same rating following this inspection.

People were keen to stress that despite the concerns about the service, the staff attitude, aptitude and behaviour were not a problem. Everyone told us lovely things about the staff. People and family continually named staff who were special to them.

Comments we received included, "The staff are good; they sit and talk to me. They are caring and always ask if they can do anything else; while they are here I feel important to them. They are very polite", "They always have a good chat; they are so nice to me. They give me as much time as they can" and, "The carers are lovely. Can't fault the carers. I am lucky to have some of the carers I have".

People felt they were in control of their care while the staff were with them. A family member said, "They are very caring; they approach [my relative] carefully and cheerfully. They try and speak with him and always say what they are doing." They added, that the staff always treated them with respect as partners in their loved one's care.

Everyone said that the staff were always careful to maintain their independence and dignity during times of personal care. Curtains were closed and towels used to discreetly maintain people's dignity. People were encouraged to do things for themselves and staff then only stepped into help or complete the task if the person could not do so for themselves.

One person said, "The carers are absolutely marvellous and maintain my independence. I could not imagine life without my carers." Everyone felt the staff did not rush their care and would seek to support them if they were feeling emotionally down.

Staff spoke fondly of the people they cared for. Staff used their time with people to get to know them and their hobbies, likes and dislikes. One staff member said they always made sure people looked nice and had their hair brushed. Another said they would remember to talk about buses as this was something one person was very interested in. Other staff said, "All the people are lovely and I have a good laugh with them"; "I look at them as my parents and grandparents and treat them as such. I care for them to the best of my ability. You learn to do for people as they like" and another, "I love my job and my people. I make people feel cared for even if they did not know I was coming as its difficult for them when they did not know I was coming."

One staff member said, "The general work ethic is fantastic; all care as much as I do. They will do anything for anyone; they will go above and beyond. Such as one lady had a bereavement and was upset. One of the carers took a picture of a hedgehog because she knew the lady liked animals."

## Is the service responsive?

### Our findings

At our previous inspection in June 2017, we rated this key question as Requires improvement. This was because although there were systems in place to respond to people's complaints and concerns, people gave mixed views on how they felt their complaint was managed.

We found on this inspection that concerns continued to be raised about how the service met their complaints. We have therefore continued to give the same rating following this inspection. People continued to express dissatisfaction that their concerns had to be repeated and their care was limited to staff availability rather than in line with their needs and desires.

Systems in respect of how their complaints were dealt with did not ensure people felt their concerns did not resurface. Records of people's complaints showed these were taken seriously and investigated. People and their family were spoken with and visited if required. They were written to and an explanation was given to what had happened with their concerns. However, we continued to receive mixed feedback from people and family about how issues were resolved once and for all. This was especially about the issues around knowing which staff were coming to their home and when and having familiar carers. We continued to receive positive and negative feedback. Some people said if they had complained about a staff member, then this was sorted. Another person said they had requested another staff member was not involved in their care but the staff member was still detailed to come to their home over the weekend before the inspection which they described as "awkward". Others told us that if they were assertive or, as one family put it, "a pain" then things were resolved.

One person said, "Sometimes my concerns get dealt with; sometimes they are not."

One family told us, they had complained about an aspect of their relative's care and in the end, they reorganised their lives so they could meet this need. Another relative said, they felt listened to when they complained and any differences were generally resolved, but "it is not always a permanent fix".

Everyone said that the service could support them to have one off changes to their care such as when they need to attend a family wedding. However, people also told us that their day to day care was not always at a time that they requested or needed. Everyone we spoke with said they were understanding of emergencies and a time span when they could expect to have their care. Yet, they felt that the timing of the care was set around staff being available rather than their preferences. For example, one person told us they had care staff coming at 8pm to go to bed when their chosen bedtime would be 10-10.30pm. They will then sit in their nightwear until bed and put themselves to bed which they had resigned themselves to. They said their morning care time was erratic and could be very early or later than they needed. They told us the carers had been "when it is still dark. We are flexible and it's reasonable to wait half an hour but I can wake up soaked and it's horrible to feel I have to lay here for another half an hour on top of that". They explained this was because they had then been called by the office to say their carer would be late; their morning care time can start any time from 7am to 9am with 9am being their preferred time.

Another person told us they had to be ready to be put to bed at 9pm which had limited their ability to accept social invitations. A different person said, "My bed time is 10pm; sometimes they come at 8.00-8.30pm and ask if I want to get in my nightie and go to bed; no, I don't. They undress me and I sit in my nightie". They explained their husband then must support them to bed using a stand aid.

People had care plans in place to enable staff to support them. These continued to reflect people's current needs and detailed how staff were to support them as they desired. People and family were involved in the process of the care plans and their reviews. Staff told us that they would report if they felt they were not up to date and quickly amended. Spot checks took place to ensure that staff were reading and following the care plan. Paperwork was also checked so that any issues could be resolved quickly.

Not having systems and process in place to improve the quality of the experience of service users since the last inspection is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt the care plans held the detail they needed. They always checked the care plan on each visit. Staff said that communication on changes in the care plan were good and they were informed if they need to do something differently.

The service had started to move towards ensuring people's end of life needs were recorded. The operations manager had attended the Six Steps Training at a South West Hospice and was looking to develop relationships with the Plymouth hospice. The learning from this had been built into the provider's practice. People noted as being at their end of life now had a special, short care plan that detailed how staff were to support the person and their family at this time. We noted one person at their end of life had not been moved onto this care plan. The operations manager was informed and this was put in place. This ensured staff had the required details of which agency was involved and when to ensure the person had the required pain relief.

## Is the service well-led?

### Our findings

At our previous inspection in June 2017, we rated this key question as Requires improvement. This was because the systems in operation had not ensured people experience of the service was of a quality service. Also, we were not being notified of all events registered persons are required to tell us about and there was no clear auditing taking place of key aspects of the service. The provider had to submit an action to tell us how they were going to put this right.

On this inspection we continued to have concerns about how the service was being run and have therefore continued to rate it as Requires improvement.

A registered manager was not in place to manage the service locally. A manager had been employed since the previous registered manager left, but left the service before this inspection. The operations manager advised on inspection that a new manager had been appointed and was due to start at the service on the week commencing the 30 July 2018. The 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 operations manager supported this inspection.

People, family and staff all continued to raise concerns about the local organisation of HomeLife Carers (Plymouth). Everyone commented on different aspects of communication with organisation of the "the office" that needed to improve. The concerns centre around the rostering of staff, travel times and office staff getting back to people and relatives when they left a message with the receptionist. (The receptionist was named in positive terms by everyone.)

People said, "The contact with the office is not brilliant; I go out one day a week and they don't get the timing of the carer right; the bus comes at 10am so I have to be ready. Communication at the office means the carer can come too late" and, "The communication at the office needs to improve; I have had a few changes of staff, late staff and time changes".

Relatives spoke with us about the need to be persistent and call back as they did not always hear back when raising issues with the office. Relatives said, "The office is never well organised; I have been ringing trying to get the times the carers are coming" and, "There are organisational issues; they pull out a known carer and put in one who does not know [my relative]. I have to back up my concerns in writing by email or text".

Staff stated they felt they worked for a provider that cared but the organisation in the local office needed to be improved. Staff said, "The challenge is with the rotas"; "The [office staff] need to listen to the [care] staff and understand the geography of the area and look at the most practical route" and, "The lack of communication is the hardest thing; we call the office and say we are going to be late and they forget to pass it on".

One staff member said, "There are good days and bad days; a bit stressful at the moment. They are a supportive company" adding, "The organisation of the rotas [for people and staff] is the main issue." Another staff member said, "They [the provider] try hard. They praise you if you do something extra. High up [the provider] is good; the local office needs to improve. The faults are with the Plymouth Office".

People, relatives and staff also commented on the staffing of the service; everyone knew that the service was experiencing a high level of staff absence. This was commented on as a lack of staff by many (especially at evenings, weekends and school holidays). Some staff were on planned holiday. We discussed this with the operations manager who agreed there was also a high sickness absence rate currently and this was being addressed.

A staff member said, "It's a little bit stressful now; lack of staff. Numerous phone calls, emails [to work extra shifts] and unrealistic travel times. I worry about being able to get clients on time."

Following the last inspection, new systems of auditing have been brought in to look at the service in detail. These go to the operations manager who makes sure any concerns are followed up on. However, this has not prevented the situation at the Plymouth office continuing to cause a concern. This meant, systems had not ensured staff were being deployed in manner that ensured their needs were met within a reasonable time frame nor continued to cause people, family and staff anxiety and stress. People and families felt the systems in respect of dealing with their complaints meant this was resolved once and for all.

Not ensuring good communication and an improved quality of service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We met with the operations manager at the start of the inspection and communicated with them at regular intervals during and following the inspection. We could see aspects of change had taken place since the last inspection. The operations manager was open and honest about the current failings and expressed they were keen to receive immediate feedback and started to make changes. Feedback since the inspection has demonstrated they have taken the concerns seriously.

Since the last inspection, the provider ensured that all its services understood what and when they are to notify us. This has meant we have received notifications that the Plymouth service are required to tell us about.

People had been asked to complete a satisfaction survey in 2018. The surveys were reviewed by the manager of the time. People were contacted if they raised any issues and visited if needed. Individual managers for each service had tasks to do so they were checking on their service. For example, any missed visits were checked for daily. Continuity of staff, medicine errors, accidents and incidents, safeguarding, complaints, care plans and infection control were reviewed at regular intervals. Audits that were completed by the operations manager were followed up with individual staff. A newsletter communicated the outcome of reviews to all staff.

The operations manager advised they were reviewing their relationships with other agencies locally so they can improve the partnership working.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)</p> <p>The provider had not ensured systems and processes had improved the quality of the services provided in the carrying on of the regulated activity of personal care (including the quality of the experience of people receiving that service).</p>

### The enforcement action we took:

We have imposed conditions on the provider's registration that require they report to us on a monthly basis. We will return and report again on the service at a later date.