

J.C.Michael Groups Ltd

J.C.Michael Groups Ltd Hackney

Inspection report

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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

About the service

J.C. Michael Groups Ltd Hackney is a domiciliary care service registered to provide personal care support to people with dementia, learning disabilities, mental health, older people, physical disability, sensory impairment, and younger adults. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Not everyone who used the service received personal care. At the time of the inspection 127 people were receiving personal care support.

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

People and relatives told us regular care staff were punctual. However, they told us staff who were temporary or covered weekend and evening shifts were not always as reliable. We have made a recommendation in relation to care visits being delivered per the agreed time.

Staff supervision records were not up to date. People's needs assessments records were not always completed in a timely manner. The provider's monitoring and auditing systems were not effective.

People and their relatives told us they felt safe and systems were in place to safeguard people. Risks to them were identified and managed. People's medicines needs were managed safely. Infection control measures were in place to prevent cross infection. People were supported by staff who were recruited safely. Accidents and incidents were investigated, and lessons were learnt to minimise their recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's healthcare associated risks were identified and assessed. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People told us regular care staff were caring and treated them with respect and dignity. People were involved in making decisions regarding their care. People were supported to remain as independent as possible. People's cultural and religious needs were respected when planning and delivering care. The service respected and welcomed lesbian, gay, bisexual and transgender people to use the service.

Care plans were up to date, person centred and reviewed regularly. The provider had a complaints procedure in place and people knew how to make a complaint. People were supported with end of life care.

Staff told us they felt supported by the registered manager and the provider. The service worked well with other organisations to improve people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to person-centred care and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

J.C.Michael Groups Ltd Hackney

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, one assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 24 October 2019 and ended on 28 October 2019.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent

us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 18 relatives. We spoke with the registered manager, the operations manager, the field assessor, two care coordinators and six health care assistants.

We reviewed 10 people's care records, eight staff personnel files, staff training documents, and other records about the management of the service.

After the inspection

We reviewed the documentation the provider sent us as per our request.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection, we made a recommendation because care workers were given schedules with simultaneous visits scheduled with no travel time. At this inspection we found some improvements had been.

- Staff told us care visits were scheduled correctly and they had enough travel time between visits. One staff member said, "Yes there is enough staff, time for [care] visit and have enough time for travel." Another staff member told us, "[The office] choose the [person who used the service] where the care worker lives by."
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were required and recorded on application forms.
- Most people and relatives told us the regular staff were punctual. One person said, "[Staff] always come at the right time. I can't ask for more." Another person told us, "Never let me down so far." However, feedback from people and relatives told us staff who were temporary or covered weekend and evening shifts were not always as punctual.

We recommend the provider considers current guidance to ensure the care visits are delivered as per the agreed time.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person said, "I do feel safe with [staff] I know. I have never felt unsafe. I feel safe because I've got to know [staff]." A relative told us, "I definitely feel [relative] is safe with [staff]. They communicate well with me if they have any concerns and [relative] seems happy with them."
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One staff member told us, "I would report it to the office firstly. I would go to CQC [if nothing done]. That's whistleblowing." Another staff member said, "Inform the office. Document in the incident form. Local authority and CQC for whistleblowing."
- The registered manager understood their safeguarding responsibilities and told us the different types of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments carried out to protect them from the risks of harm they may face.
- Risks assessed included challenging behaviour, falls, health and safety, environment, medicines, mobility, moving and handling, finances, pressure sores, and accessing the community.
- Staff knew what actions to take if they noticed any changes in people's health. Their comments included, "I would log it if and tell the office [if person deteriorating]" and "Inform the [care coordinator] any changes, and they will adjust the risk assessment and will inform us of the change."

Using medicines safely

- People and relatives told us they received medicines on time and in a safe manner. One person said, "[Staff] give me my tablets morning and evening." A relative told us, "[Relative] has blister packs and [staff member] gives [relative] the medication from the packs. It's all been fine."
- People who were supported with medicines had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Staff received training in the safe administration of medicines. One staff member said, "You usually go in and [people] have a blister pack. I look at the date on the blister pack. I put [medicines] in a cup. Record it on the MAR chart. The office checks it monthly." Another staff member told us, "Complete MAR Chart. If [person] declines make sure I document and inform the office and family."
- There were systems in place to check the medicine records monthly. Records confirmed this.
- This meant the provider had appropriate systems in place to ensure safe management of medicines.

Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- The service had infection control policies in place. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- Staff had access to supplies of personal protection equipment. One staff member told us, "Yes, [office] provide apron, gloves, shoe cover and hand gel." Another staff member said, "I wear gloves, aprons and shoe covers. I get it from [office]."

Learning lessons when things go wrong

- There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong.
- Accidents and incidents records included a section on what lessons could be learnt. It showed action was taken to prevent reoccurrence, which indicated learning from incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us their needs were met and relatives told us staff provided effective care. A person said, "My regular [staff] are beautiful. They have never once made me feel like I'm bothering them. They are brilliant, and I can't praise them enough." A relative commented, "[Staff member] knows how [relative] likes things done. [For example] how to do her bed and she always asks her if it's okay. [Staff member] also has good interaction and communication with me."
- Staff we spoke with knew people's preferences, likes and dislikes. One staff member told us, "I go in and introduce myself and show my badge. I go through the care plan with them and that breaks the ice. They talk about themselves. That's how I get to know them." Another staff member said, "Read the care plan, listen to the [person], [and] speak to their family member."
- People's needs were assessed prior to care being provided however not always in a timely manner. The service aimed to complete an assessment of needs form within three days of the care package starting. However, a staff member told us, and records showed these assessments, at times, were not written up till six weeks after the care provision had begun.
- We spoke to the registered manager about this. They advised they were aware of the delay and had an action plan in place. They advised us they had started the recruitment process for an additional staff member to help complete needs assessments for people.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "Induction was two weeks. I shadowed for a couple of weeks."
- Training was provided in subjects such as communication, palliative and end of life care, medicines, manual handling, fire safety, health and safety, safeguarding, equality and diversity, and The Mental Capacity Act 2005.
- Staff told us training was offered on a regular basis. A staff member said, "Refresher training takes place once a month. PEG feeding [training] recently completed." A percutaneous endoscopic gastrostomy (PEG) is a procedure to place a feeding tube through your skin and into your stomach to give you nutrients and fluids that cannot be taken orally.
- Staff told us they received regular supervision and appraisals. A staff member said, "I had supervision about six weeks ago. I talked about how I was getting on. They asked about timesheets and [medicines records], and [people who used the service]." Another staff member told us, "[Supervision] takes place every three months. Yes, it is very useful."
- Staff told us they felt supported with supervision and appraisals. However, this was not always reflected in

documentation we looked at. We found supervision and appraisal records were not always up to date.

- We spoke to the registered manager who told us due to turnover of office staff record keeping had lapsed. After the inspection the provider sent us an action plan detailing supervision and appraisal records would be up to date by December 2019.

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

- People and their relatives told us staff supported them with their meals. They further said staff offered them choice and gave them the food and drink they wanted. One person said, "[Staff] know I have memory difficulties and they help me with my meals." Another person commented, "Do food and shopping for me. I teach [staff] how to cook dumplings. I love dumplings." A relative said, "[Staff] prepare breakfast and give to [relative]. [Relative] loves [culturally specific food]. We get the food in and [staff] make it."
- Care plans recorded people's dietary needs and this enabled staff to provide effective support. One care plan stated, "I can eat food of my own choice. Carers to ensure the food is warm in the microwave and ensure that [person] is sitting up and the food is served with a tray at all times."

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

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One relative told us, "One of [staff] did notice [relative's] foot was tender and advised me to call the doctor."
- Records showed the service worked with other agencies to promote people's health such as district nurses, GPs, occupational therapists, palliative care teams and pharmacists.
- Staff knew how to provide effective and individualised oral healthcare. People had information about their oral hygiene routine in their care plan. For example, one care plan stated, "Carers to ensure dentures [are] soaked in warm water before carrying personal care and insert back to the mouth after personal care. This will prevent risk of mouth infection and odour."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their permission before giving care and relatives also confirmed this took place. One person said, "[Staff member] asks me if I want something to eat." One person told us, "[Staff] do ask me first."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support.
- The registered manager and staff had an understanding of the MCA.

- People had signed consent forms to agree to the provision of care. They had also signed consent forms to agree to the service sharing confidential information about them with third parties such as CQC and health professionals.
- Relatives were involved in making decisions where people lacked capacity. Records confirmed the service had recorded information about Lasting Power of Attorney when people were unable to make their own decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives told us the regular staff were kind and caring. One person said, "[Staff member] is like a mum to me. I am so happy with everything she does. She combs my hair and makes me look pretty. The two [staff] work so hard and really try their best to help me." A relative told us, "The [staff] are so kind. One of them has even just bought [relative] a nail filing set and she wouldn't let us pay her. Sometimes they will even stay a bit longer with [relative] to keep her company if we aren't around. We are very happy." Another relative said, "[Care staff] are nice people. [Relative] doesn't like to [bath]. [Staff] persuaded him that he would feel better. Now likes a bath."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[People] know me. It is being caring but also being professional. [People] would describe [me] as lovely and knowing what I am doing." Another staff member told us, "It is a unique service for each [person]. We will listen to their views and needs and help them as much as possible."
- The registered manager and staff respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "I made sure I had [staff] who were very open minded. The care is the same as everyone else. [Equality and diversity] training done on induction." One staff member said, "I have been around different people all my life. I would interact with [LGBT people] exactly the same."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, sexuality and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people and relatives were involved in care planning and reviews. One person said, "[Office staff] do come and talk about [the] care plan." A relative told us, "There have been a couple of reviews where they come out and check everything. They always seem very nice and let us know about the meeting." Another relative said, "[Office staff] do care assessments and do come around to discuss things."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. One person said, "[Staff] show me respect and are observant." A relative told us, "[Staff] do show respect in my home." Another relative

said, "[Staff] definitely show [relative] respect."

- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Close the door, make sure there is no one in the room, make sure they are comfortable, talk to them and explain [to] them what you are doing. I will cover half of their body and wash the other half." Another staff member said, "I make sure doors are shut if people are there. Preparation before care is important. If washing [person's] top half, I cover their bottom half. I make sure [people] are comfortable."
- Staff promoted and encouraged people's independence. A relative commented, "[Staff member] washes [relative's] back in the shower but also tries to encourage him to some independence. For example, [staff member] will say to [relative] 'You put your belt on'." A staff member told us, "I do encourage [people]. I know what [person] can't do so I encourage her [to do] what she can do. It all builds strength." Another staff member said, "Encourage [people] to do their own personal care. Encourage them to take their own clothes off."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People did not always receive personalised care from staff who did not regularly support them.
- We received mixed feedback from people in relation to person-centred care. One person told us, "When my regulars are off, the standard of care is so variable. There is also no communication from the office to say who will be coming." Another person said, "When [staff] are off I just don't know who is coming but there is nobody who has ever been nasty or unfriendly."
- Relatives told us the care was not always person-centred. Their comments included, "[Relative] doesn't get regular [staff] all week. [Relative] just gets used to one [staff member] and they know what to do and then they change. It's worse at weekends. I have asked for more regular [staff] at the weekends, but it doesn't happen" and "[Staff] are never rude or unfriendly but the weekend [and] evenings there is a [staff member] who doesn't know what she is doing. I have to guide her through it."

The above showed people did not always receive personalised care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records were person centred, detailed and specific to the individual and their needs. One care plan stated, "Warm water, flannel, towel, soap and sliding sheet should be ready before engaging with personal care." Another care plan stated, "I love listening to [culturally specific] music all the time. Whenever I listen to music, it always lifts my spirit up and it keeps me going."
- Care plans had been written and reviewed with the involvement of people and those important to them. Sections in care plans included background history of the person, personal care, mental capacity, toileting, consent, mobility, environment, medicines, work and social activities, communication, eating and drinking and spiritual needs.
- The provider reviewed people's care plans annually to ensure people's changing needs were identified and reviewed, and care plans updated accordingly. Records confirmed this.

Meeting people's communication needs

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

- People's communication needs were being met. The provider identified people's information and communication needs by assessing them.

- Each person had their communication needs identified in their care plan which detailed how they wished or needed to communicate.
- Staff had an understanding of people's communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and the service had a policy and procedure in place. One relative said, "I would talk to the manager if I have a concern." Another relative told us, "Have all the information in the [provider information] but not needed to complain."
- Complaints were recorded, and records showed complaints were resolved as per the policy.
- The complaints records contained information about when the complaint was made, description of the complaint, actions taken, lessons learnt and the outcome.

End of life care and support

At the last inspection we made a recommendation for the provider to include end of life planning in care records. Records showed this was being now completed for people.

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs.
- The registered manager told us the service was supporting three people who were end of life. Care records included an end of life care plan from the palliative health team.
- Records showed staff received palliative and end of life care training.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The service used an electronic call monitoring system (ECM) to monitor late and missed calls for people who used the service. Records showed the care times on the ECM were recorded incorrectly and did not always reflect people's preferred visit time as their care plan. The registered manager told us the ECM was new to the service and they were still working on ways to improve recording for office and care staff.
- The provider had systems in place to check the quality of the service provided. However, these were not sufficiently robust and had not always identified and addressed the shortfalls we found during this inspection. These were in relation to inconsistencies with people's needs assessments, staff supervision and appraisal records and peoples feedback that they did not always receive personalised care from staff who did not regularly support them.
- This meant the quality assurance systems in place could not always assure care and support was being delivered in line with what people wanted.

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

- After the inspection the provider sent us an action plan addressing concerns we found during the inspection. Whilst we acknowledge the registered manager responded and acted during and after our inspection to rectify some of the shortfalls found, the current arrangements for monitoring the quality of the service needed to be reviewed and embedded. This is to address concerns and evidence continuous improvement.
- Records confirmed regular audits were taking place. These included telephone monitoring, medicine audits, and a monthly check looking at new referrals and daily logs.
- There were also records of unannounced spot checks and staff observation visits. One staff member told us, "[Office staff] watch what I do. They give feedback." Another staff member said, "Yes, [spot check] was quite scary. It is very beneficial." Relatives we spoke with confirmed spot checks were taking place.
- The registered manager demonstrated an understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and

quality of the service.

- The provider understood the legal requirements of their role including submitting certain notifications to CQC.

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

- People and relatives had mixed feedback when asked about the service. One person told us, "Can ring up and speak to the people in the office no problems getting through." Another person said, "I think communication is poor between the [care staff] and the organisation, and the organisation and me." A relative said, "Don't seem to be any problems with contacting the office. Usually answer texts quickly." Another relative told us, "I do think the communication could be better between the senior staff and us, especially about letting us know who is going to be coming."
- People and relatives were mostly positive about the registered manager. A person told us, "Think the management is fine. Can get in touch and they sort things out." A relative said, "I have a lot of confidence in the manager." However, a relative said, "[Registered manager] is the manager. I've called her a few times. When she comes out she says, 'We will do this and that' but nothing happens."
- Staff told us they enjoyed working for the service. One staff member said, "I love it. I just do. [Office staff] are always there for me." Another staff member told us, "Very good management."
- Staff spoke positively of the registered manager and the support they received from them. One staff member said, "[Registered manager] is lovely. I love it here and I love the company." Another staff member told us, "[Registered manager] is an absolute darling. She gives you full support." However, one staff member commented, "[Registered manager] can be a bit soft on the care staff."

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local provider forums and worked with other registered managers with the organisation to share information. This enabled them to continuously learn and improve care.
- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, district nurses, health and social care professionals, palliative care teams, interpreter service and others involved in a person's care.

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

- People and relatives completed survey forms to give their feedback about the quality of the service. The registered manager told us the surveys were sent out every six months. One relative said, "[Office] have sent round a questionnaire asking about the service."
- People and their relatives knew how to contact senior staff and the office.
- Staff knew how to provide feedback to the registered manager and office staff about their experiences which included during supervision sessions and team meetings.
- Communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems. For example, care staff meetings were held on a regular basis. Topics included infection control, communication, training, safeguarding, privacy, medicines, duty of care, electronic call monitoring system, respect and any other concerns.
- The registered manager told us the office team had meetings. However, these were not being documented. The registered manager told us they would start documenting the office meetings.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered persons did not always meet service users' preferences and ensured their needs were met. Regulation 9 (3) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately maintain contemporaneous records, and evaluate and improve care based on people's feedback. Regulation 17 (1) (2) (a) (b) (c) (f)</p>