

APT Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9 and 14 December 2016. APT Care Limited is a domiciliary care service which provides personal care and support to people in their own home.

At the time of our inspection APT Care Limited offered support to 47 people living in Nottingham.

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.

People felt safe. Staff were aware of the safeguarding adult procedures to protect people from avoidable harm and had received appropriate training. Risks to people's health were known by staff but these were not always reviewed regularly.

Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly. However, medicines given as and when required did not always have the appropriate guidance or protocols for staff to follow.

Safe recruitment practices were not always followed which meant that unsuitable staff could have been employed. Staff received an induction but this was not always documented. Appropriate training and supervision was available to staff. There were sufficient staff available to meet people's needs. However, the service had no systems in place to robustly monitor late and missed call visits.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA).

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for, but their weight and repositioning charts were not always recorded where needed. People received appropriate choices and support with their meals. People's healthcare needs had been assessed and were regularly monitored but not always recorded.

Most staff were kind, caring and respectful towards the people they supported. However, staff were task centred in their support. The registered manager confirmed they were looking at changing records so that support is offered in a more person centred way. The provider asked people and their relatives to share their experience about the service provided.

People or relatives were not always involved as fully as possible in their care and support. There was a complaints policy and procedure available. Information was not available to inform people of independent advocacy services.

The recently appointed registered manager had begun to implement daily, weekly and monthly audits of quality and safety of the service. These needed to be sustained over a period of time to confirm their effectiveness. We did not see any audits carried out by the owner [provider] other than quality survey questionnaires.

Most people were very satisfied with the service provided. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

People who used the service including staff felt the leadership of the service was not always effective. Most staff were able to explain the values of the service. We had received notifications of the incidents that the provider was required by law to tell us about.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed but not reviewed regularly. Care plans were in place to enable staff to support people safely but not reviewed regularly.

People told us they received their medicines as prescribed. However, there were no protocols or guidance for staff when administering medicines that were as and when required.

There were sufficient numbers of staff to meet people's care needs. Most staff were recruited safely, however, recruitment and selection processes needed to be more consistent.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were able to make choices about their support. Staff told us how they respected people's choices.

Staff told us they received an induction but records checked did not always confirm this. Staff received supervision and training to carry out their roles effectively.

Mental Capacity Act assessments were carried out.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External professionals were involved in people's care as appropriate.

Requires Improvement ●

Is the service caring?

The service was caring.

People, their relatives and health care professionals told us most care staff were supportive, caring and compassionate towards people.

Good ●

People were not always encouraged to make decisions relating to the care and support they received.

People and their relatives told us that that staff respected and supported people in a manner that promoted their privacy and dignity.

Is the service responsive?

The service was not always responsive.

People were not always supported by staff that recognised and responded to their changing needs. People did not always receive a reliable and consistent service.

People's feedback was not always used to make improvements to the service.

People felt able to raise concerns and most people had confidence in staff and managers to address their concerns appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People, their relatives and staff had mixed opinions about the office management and the provider. All groups of people said they were not always approachable, supportive and caring.

We did evidence to show the registered manager and deputy manager had begun to carry out regular audits of their service. The registered manager told us this would improve as they had recently appointed an office worker to assist with paperwork.

An improved communication system between clients, relatives, staff and management needed to be established. The current system was ineffective.

We did not see any provider audits other than the annual surveys audits that were carried out to obtain the views of people who used the service.

Requires Improvement ●

APT Care 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.

We visited the service on 9 and 14 December 2016, this was an announced inspection. We gave 48 hours' notice of the inspection as we needed to be sure that the registered manager would be available. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information we had received and statutory notifications from the provider. A notification is information about important events which the provider is required to send us by law.

We contacted local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and other health professionals involved with the service to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with eight people who used the service, nine relatives, four members of care staff, an administrative assistant, the deputy manager, the registered manager and an NVQ (National Vocational Qualification) assessor. We looked at the care plans of six people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at five staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People told us they felt safe receiving care. One person said, "Ooh yes, they're lovely. No worries at all." A relative said, "Yes definitely." However, another relative said they felt their family member was safe, "Most of the time – it all depends who comes on."

Staff we spoke with had good knowledge of the different types of abuse people could experience and explained what action they would take to make sure people were safe. Staff told us they would speak with their manager, but were able to contact the local authority and CQC if they had concerns. Further information on safeguarding including the contact details of local safeguarding authorities were visible on a poster in the office. This meant staff could access the information quickly and easily in the event they needed to raise a safeguarding concern.

Relevant information had been shared with the local authority when safeguarding incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Staff confirmed they had received safeguarding training and records viewed confirmed this. The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from abuse. Records checked confirmed these had been followed when safeguarding concerns had been raised.

Steps had been taken to protect people and promote their safety without unnecessarily restricting their freedom. Risk assessments provided staff with the required information about how risks should be managed to protect each person.

Risk assessments covered areas such as, falls, moving and handling, eating and drinking. External healthcare professionals had also been involved in discussions and decisions about managing known risks relating to people's care. Staff members we spoke with were able to explain how they managed risks to people's safety when supporting them. Staff were confident and clear in how they supported people to keep them safe and relatives confirmed this. However regular reviews of people's risk assessments had not always taken place. This meant if there were any changes to people's needs staff may not be aware of how to support people safely with these.

We saw the service had plans in place in the event of an emergency. This meant that the service to people could continue even if there was, for example, a loss of power at the main office. Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future.

We had been contacted prior to our inspection and concerns were raised about staffing levels. We looked at staffing rotas; spoke with staff, people who used the service, relatives and the registered manager about this. We received mixed feedback from people we spoke with regarding staffing levels. Several people told us there had been missed and late visits. One person said, "We had a point when we had a couple [missed visits]. But I complained to the office and they have got a lot better since then." The service told us they were actively recruiting for new staff. The management told us they were also covering support visits when

required.

From views gathered throughout our inspection the service was stretched and the current staffing model could be difficult to sustain without impacting on people's needs and staff wellbeing. Another person said when they rang the office about a missed visit they were told, "We will get someone to you; they [staff] ran out of petrol", they said, "Seeing as they didn't let us know I didn't think that was very good - and then they just sent one person instead of two." The registered manager confirmed they would speak with the provider to take immediate action with possible use of agency staff, as an interim measure alongside actively recruiting new staff.

People and their relatives told us when staff were running late they were not always made aware by the office. One person said, "They come, but they have been late. Originally I asked for 6.30 - this morning it was 7.00 they were due, 7.45 I rang my daughter. Nobody had rang me to say. [Why no one had turned up]."

We checked support visit times and noted that staff did not always stay for the agreed duration of support times. We did not see a valid reason for this noted in the summary records which all staff complete at each visit. We raised this with the registered manager who showed us correspondence with the local authority commissioning team to confirm that they were looking to reduce some support times for some people.

We checked the recruitment files of five staff members. Four contained the relevant documentation required to enable the provider to make safe recruitment choices. Each of the four files contained references, proof of identity and the relevant checks for each member of staff. Prior to starting employment, new employees were also required to undergo a Disclosure and Barring Service (DBS) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. One application form did not contain sufficient information about previous employment history and follow up checks to confirm staff were able to work at the service. The provider needs this to make sure staff have the ability and necessary skills and empathy required to work with vulnerable adults in their own home. The registered manager agreed to review this and has recruited a part-time worker in the office to support with recruitment.

People told us they were supported with their medication safely and effectively. A person said, "Yes, they seem good at this and record it [administering medicines]." The most recent medicines audit carried out by the clinical commissioning group had scored the service well.

We looked at medication administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. Some people had their relative manage their medicines, other people required regular daily support from staff. Records checked confirmed medicines had been given appropriately. There was a medicines policy in place, but we did not see any protocols or guidance in people's MAR for 'as and when' required medicines. The registered manager agreed to create these with the support of the provider. This would then support staff to make sure 'as and when' medicines were administered safely and effectively.

Staff told us that they had medication training as part of their induction and their competency assessed before they were able to support people with their medication. However, when we reviewed records to confirm this, these were not always available. This meant some staff may have been administering medication without being signed off as competent.

Is the service effective?

Our findings

Most people received effective care from staff that achieved positive outcomes. One person told us, "The thing with me is my needs are pretty much the same, but they do seem to notice when they change. But I am well looked after, I think they may do more for me than they should. They are very good. I am very lucky."

Staff we spoke with said their induction was good and prepared them for their role. However, records reviewed did not always show us the evidence that this had been completed. We shared this with the registered manager who told us inductions had been completed but we were unable to confirm this with all staff files we reviewed. This information needed to be kept in staff files to evidence inductions had taken place. The registered manager agreed to do this immediately.

Staff and the registered manager told us inductions involved staff shadowing co-workers to build trust and understanding of people's needs and preferences. Staff we spoke to agreed that this helped prepare them for their role. However prior to our inspection we had concerns raised that new staff were working alone before being signed off to do so. We did not see any evidence to confirm this. We spoke to people about new staff supporting them and asked when they were made aware of this. A person told us, "On the day they [the service] do [tell us]. On a double up call the new person comes with someone already familiar." A relative said, "Sometimes when they [new staff] shadow they seem unsure. But they pick it up after a few times. They always have a senior member until they are ready. We have double up calls anyway. Both always come."

We looked at the training schedule and found that new staff had either completed or were working towards the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

At the time of our inspection there was an independent assessor assessing staff on their progress with Health and Social Care Diplomas. The assessor confirmed that most staff had been enrolled onto these diplomas and had been progressing well through the modules. The assessor also confirmed the management and provider had been supportive of staff in achieving these qualifications, as part of their training and development.

Staff had received opportunities to meet on a one to one basis with the registered manager and deputy manager to review their work, training and development needs. These are referred to as supervision or appraisal meetings. A staff member told us, "Supervision is every three months." The service's policy confirmed this. However, records checked confirmed this was not happening consistently for all staff. From our discussions with staff not all felt the supervision process was effective and supportive. We shared this with the registered manager who agreed to improve staff experiences by discussing this at the staff meeting and supervisions. The registered manager confirmed the recently appointed administrative assistant will help to schedule a timetable for supervisions for all staff.

Records confirmed that staff had attended relevant training for their roles and were booked on updates as

required. Training included; moving and handling, Mental Capacity Act (MCA), safeguarding adults, health and safety, food safety, infection control and the care certificate.

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.

Most staff we spoke with had a good understanding of the principles of the MCA and what this meant in practice. Records viewed showed MCA assessments were being completed.

People who required support at mealtimes told us staff made sure they had enough to eat and drink throughout the day. Drinks and snacks were left within reach of people to access safely. One person said, "Oh yes they do, and then they leave me a drink and plate of biscuits so I can have a nibble." Another person told us, "They make me sandwiches and trifle or something at lunch and a nice tea."

We did have some concerns raised prior to our inspection about people not always being given choices at mealtimes. We spoke with people who used the service, relatives and staff about this and they confirmed choices were offered but some improvements needed to be made by some staff in their communication skills. We saw evidence this had been investigated by the registered manager and they had taken appropriate action.

A relative told us, "The food is not always the way [relative] wants it. They [staff] are not good in the kitchen." The feedback we gathered showed that at times staff did seem in a rush and the support they provided seemed more task centred and not person centred. This was raised with the registered manager and they told us this would be dealt with and actioned at the next staff meeting and staff supervisions.

We saw records that showed staff did record what people had to eat and drink in their daily logs which were completed by staff at each visit. However, weight and fluid charts were also used for some people to make sure people's health and wellbeing was maintained and these records were not always reviewed and updated. This meant people and staff may not be aware of any how much a person has had to drink or eat in the last 24 hours. These people had been identified as being at risk of malnutrition or dehydration, a record of their food and fluid intake needs to be kept up to date to identify significant increases or decreases in their consumption. The registered manager told us the recent appointment of the new office worker would assist them with records and administration.

People were supported to maintain good health. People and their relatives told us that staff supported them to access healthcare services when required. A relative confirmed, "They [care workers] coordinate this most of the time, and arrange it for when they are around or call me if they can't be there." Staff we spoke with also confirmed they would contact health professionals and relatives when required.

Is the service caring?

Our findings

Most people we spoke with told us they were happy with the care they received from the service and that they had positive relationships with staff. A person told us, "Yes, they are all lovely even the boys. They chop and change every few days but they are all good." Other people did mention some staff members did not always come across as caring when they were supporting people. We shared this with the registered manager who was aware of these concerns and had already taken action to investigate concerns and retrain staff where required.

People told us most staff were friendly and respectful. However, one relative said, "As soon as they come they want to be going. The odd one stays the time and is really caring but others are in and out and gone. The lady who came today, couldn't have been there more than ten minutes, she just warmed a can of soup and went. The other day someone came and spoke to me and [my relative] for a few minutes then went and sat in the car."

Staff were knowledgeable about the support needs of people they cared for. When we asked a staff member to tell us about a person they supported, they were able to easily describe the person's care needs and things that were of interest to them.

It was not always clear if relatives had been involved in supporting their family members at care plan reviews. A relative told us, "Indirectly, we discussed it [care plans] together at the start. Then they run any changes by me, to approve and take on board any changes I request."

Most people told us their main interest was watching TV and staff told us they did on occasion sit and have a catch over a cup of tea with clients which showed a more personal and caring approach to care.

Staff and relatives told us that they were kept updated through the use of a communication book that were kept in people's home. These books contained comments and feedback about appointments or telephone calls made on behalf of the person they were supporting and actions that had been taken or may need following up. A relative said, "About six months ago they dished out notebooks to every client, for family logs."

The service did not have information available in their service user guide about access to local independent advocacy services. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority. The registered manager agreed to add this to the guide.

Staff did tell us the office used a social media app to share information between the staff team and office. The registered manager confirmed when staff were working with people their phones needed to be on silent as per the company policy. People and their relatives did not raise any concerns about these messages whilst they were being supported.

Staff told us they closed doors when people used the toilet, closed curtains and took steps to protect their privacy during personal care. A person told us when being supported with personal care, "They [staff] will let me guide this," which also promoted the person's independence. This person also told us they did not mind being supported by a male or female carer, but for personal care would always have a female carer support them and the service was aware of this. We asked relatives whether they felt staff respected their relative's privacy and dignity. One relative said, "Yes. Yes very much so."

People's care plans contained information about the ways in which care should be provided in order to protect people's privacy and dignity but these varied in detail and consistency. Some care plans lacked clear information of who had been involved in creating and updating the plans. People told us staff understood their preferences and a person told us, "Yes, they let me do what I can."

Is the service responsive?

Our findings

Most people felt the service was responsive to their needs. One person said, "Yes I have no problems with it at all." Another person said, "My care quality is excellent."

Prior to receiving support some people had an assessment of their needs and support plans were then developed. However, some care records showed limited details about people's involvement, or where agreed, their relatives or representative in developing care plans.

We saw care plans varied in detail about people's personal histories, interests, and personal preferences. Not all care records we looked at had been reviewed regularly. Daily records we reviewed were not always up to date and completed fully. This meant people's needs might have changed and staff may not have been aware of this and provided appropriate care to meet their needs.

People told us they were offered choices and did not feel restricted by staff. People who used the service had care plans in place. However one relative told us their family did not have a care plan in place. We spoke with the registered manager about this she confirmed the care plan was kept in the office but one had not been sent to the person's home. The registered manager agreed to send the care plan immediately.

A relative told us the service had responded to changes in support and were always involved. They said, "When it [the support] started it was three calls, and we did teatime. But it got too much, so the social worker changed it. But they [the service] still keep us involved, anything we want to change they try to accommodate."

One relative said about punctuality, "It's a bit better now, because we had a go at them [the office] about it. But they are supposed to come at 8 o'clock to get [relative] up and they were coming as early as 6 or as late as 10am. And they don't stay the time they should." Another relative said, "We have had a problem with them [staff] coming ridiculously early to get [relative] to bed. They are due between 7pm and 8pm and turn up at 4pm. This has happened a few times now." The registered manager was aware of these concerns and told us that management were now also covering support calls to offer additional cover when required. The registered manager said they were seeking the provider's approval to use agency staff, as an interim measure whilst more staff could be recruited.

A relative said, "They [staff] respond to day to day changes but there has been no long term changes [in the person's needs]. They have offered to take [relative] out, but [relative] is not interested. They [service] don't seem to do a formal review but the carers communicate well to the office about changes. Sometimes the seniors come to do the care."

During our inspection a call had come through to the office from care staff informing the management that a person had had a fall. Paramedics had been called and staff remained with the person to wait for the ambulance to reassure the person. A member of the office staff was on their way home and agreed to relieve the staff so they could continue with their calls. The office worker stayed with the person until the

paramedics arrived. This showed us that staff worked as team and responded well when responding to incidents effectively.

A relative told us they had concerns about accuracy, "I have turned up at a time and according to the log they [staff] were still there and they weren't. I have recorded this and mentioned this to both the carers and the admin staff. They [service] apologised and said they would look into it." Another relative had said, "The supposed times they put are not real times. They [staff] will write half hour and they are not even there for ten minutes." We contacted the deputy manager after our inspection who said they would investigate and feedback their findings to us and the local commissioners of the service.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the registered manager or deputy manager. One person said, "They are marvellous people [staff] that come and I have no regrets and nothing to complain about." We reviewed complaints and these had been dealt with appropriately by the registered manager. People told us they knew how to complain and there was guidance in the service user guide about how to do this.

Is the service well-led?

Our findings

We were aware that the registered manager was in the process of updating care records. The current information available for staff was not easy to follow up and lacked detail in places. We found care reviews, daily summaries, food and fluid intake and repositioning charts were not always regularly checked and updated to ensure people had received care and support as required. We were told that the provider also carried out regular audits as part of their role. However we were unable to see any evidence of these records during our inspection. This meant people's care was not being monitored appropriately to ensure their health, safety and wellbeing needs were met. There was also a failure to effectively monitor call times and missed calls.

The registered manager explained there had been issues between some staff and management. Many concerns were raised by staff about the use of how information was communicated to the team. Staff felt this was not secure and on occasion information shared was not appropriate for all to see. Some of the information included entrance codes to people's homes and private information being shared about colleagues which should be kept confidential. This showed that the provider did not have an appropriate system in place to ensure that information and records relating to people's care and staff members had been kept securely.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

One person said, "They [the office] are usually helpful." Most people told us that they would leave contact with the office for their families to do.

Staff had a good understanding of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff had mixed views about raising concerns. Some staff told us they would be confident to raise any issues, concerns or suggestions about people's safety. However, some staff had raised concerns but did not always feel the management responded effectively. We shared this with the registered manager who agreed to discuss this with the provider so that all staff felt they were supported equally.

A relative told us the provider did not seem to support the staff team effectively and, "Can muck the care workers about." The relative went on to say, "The care workers will go the extra mile and often come in while under duress from the company."

Staff told us they were frustrated with the constant changes to their rotas. We spoke to the registered manager about this and they explained staff would, "Call in sick. At short notice." Nevertheless, the service needed to have an effective contingency to allow for this. The registered manager did confirm they and the deputy manager would go out and cover calls as and when necessary. They also confirmed they would discuss with the provider to look at the use of agency staff to accommodate for sickness or absence cover at

short notice. People also told us that this impacted on their calls by their call being missed or late.

Prior to the inspection we received concerns that the high staff turnover had created a divide between new staff and existing staff. Two staff members and a relative we spoke with also raised this as a concern. Some staff members told us they were worried about speaking with us and raising concerns because they feared repercussions from other staff members and the management. We were concerned that staff didn't feel able to raise concerns and this did not promote an open and transparent culture within the service.

There were high levels of sickness and turnover at the service which did stretch the service and impacted on the consistency of support. People using the service and those that worked for the service felt the leadership and support provided by the management and the provider was not always effective and supportive. Several staff we spoke with told us they did not feel appreciated or listened to by management or the provider. We were concerned that at times the leadership of the service was not always supporting staff effectively. We shared this with the registered manager and they told us they would discuss this at one to one supervision, at the team meetings and with the provider.

Regular staff meetings took place. However, staff morale varied at the service, as staff told us they were not always able to share things openly at these meetings. This told us the systems to support the staff were not always effective.

People and their relatives were supported by a service that sought feedback on the quality of the service. The service carried out audits to question practice and drive improvement. 25% of surveys sent out by the service were returned completed and 85% were satisfied with support provided.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of abuse and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

There were systems in place to ensure policies were in place and up to date and available to all staff.

The registered manager had not been long in post and had begun to implement daily, weekly and monthly audits of quality and safety of the service. The registered manager had identified improvements were required in relation to improving the reviewing and filing of care records. This process still required improvement and needed to be sustained over a period of time to confirm their effectiveness. The service had recently recruited an office worker to support with file management at the office. The registered manager told us this would give them more time to focus on being more visible and available to clients and staff.

The service had clear values which were documented in the service user guide. Some staff were clear about these, others were not. However, when we spoke to people receiving a service they felt staff were kind, caring and respectful to their needs and wishes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system to regularly assess and monitor the quality and effectiveness of service that people received. Regulation 17 (1) (2) (a) (b) (c) & (d)