

Independent Care & Support Ltd

# Independent Care and Support Limited

## 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

### About the service

Independent Care and Support is a domiciliary care agency providing personal care and support to people in their own homes. The service is registered to provide care for older people, people with dementia, a physical disability and younger adults. At the time of the inspection the service was providing personal care to 76 adults.

Not everyone who used the service received personal care. 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.

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

Quality assurance and monitoring systems were not always effective in identifying shortfalls and improving the service for the people who used it. When complaints had been raised it could not be ensured the provider had taken sufficient action to minimise the chance of the same thing from happening again. The recruitment of staff had not included establishing satisfactory character references before staff worked without supervision. This included obtaining checks from staff who had previously worked in the social care.

Feedback from people was not effectively reviewed and used to make improvements to the service. Quality checks on staff were limited and did not include direct observation of staff administering medicines so their competency could be continuously assessed. The provider had obtained a number of tools to aid their quality assurance systems and planned to put them into practice.

There was inconsistency in the detail of staff guidance to support people with their care. There was not sufficient information about the signs and symptoms of infection for people who used a catheter. For people who were anxious, staff were advised to talk to them but there was no indication of what topics people liked to talk about.

Staff undertook regular training in essential areas but it did not include regular practical competency based moving and handling or medicines training. We have made a recommendation about moving and handling, medicines and catheter care training.

Staff supported people to access health care services in a timely manner. There were mixed views about how effective staff were in encouraging people to eat.

The majority of people and relatives said they would recommend the service to others. There were mixed views about the quality of communication with the management team.

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 told us they received kind and caring support from staff. A person told us, "Staff are very friendly and caring. We have conversations and we talk all the time. I get on very well with them." A relative said, "I've actually been there when staff have been there and seen the way they act and speak to my mum; they are very kind and caring in that respect. My mum is very relaxed around them."

There were enough staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 23 January 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This included concerns about the overall management of the service. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

We have identified breaches in relation to the recruitment of staff, management of complaints and governance of the service.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Independent Care and Support Limited

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an 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.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 19 May 2023 and ended on 25 April 2023. We visited the location's office on 19 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Contact was made with 7 people who used the service and 4 relatives about people's experience of the care provided.

We also spoke with 5 members of staff including the registered manager, senior supervisor, administrator and two care workers.

We reviewed a range of records. This included 5 people's care records, and 2 people's medication records. We looked at 3 staff files in relation to recruitment and supervision, and the staff training matrix. A variety of records relating to the management of the service were viewed, including quality checks and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The service had enough staff to meet people's needs but staff recruitment practices were not always comprehensive.
- The providers policy included obtaining two references before staff were assessed as suitable to be employed at the service. However, none of the 3 staff files we selected contained any references. This included staff who had previously worked in social care and for whom it is required suitable references are obtained. The registered manager said they had seen the references and we asked them to send them to us after the inspection. We have not received them to date.
- The auditing sheet to check that the provider's recruitment policy had been followed, had not been completed for any of these 3 staff.

The provider had failed to ensure the safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been obtained before staff worked unsupervised. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Assessing risk, safety monitoring and management

- Potential risks to people had been identified but there were some exceptions to this practice. Therefore, it could not be assured actions had been taken to reduce risks to everyone who used the service.
- There was a lack of detailed guidance for staff about how to support people who used a catheter. A catheter is a tube that drains urine from the bladder into a drainage bag. People with catheters are prone to infections. However, staff were not advised of the signs or symptoms of an infection so they knew when to seek medical advice. Nor were staff provided with step by step guidance on how to care for, drain, or remove the drainage bag. The provider had obtained a catheter care plan tool to record this important information. However, they did not provide us with any assurances after our inspection that this or any other people's catheter care plans had been completed to guide staff and minimise any potential risks.
- Other risks people to people had been fully assessed and guidance was in place for staff. For example, for people who had epileptic seizures, guidance was available to staff about what to do and when to seek medical assistance. Some people had been assessed as at risk of falls. In these situations, staff were guided how to move the person safely, what equipment they may require and which health professionals they should contact on people's behalf if they had any concerns about their health.

### Using medicines safely

- The management of people's medicines was not regularly checked to ensure safe systems for the administration, recording and storage of medicines.
- The provider had identified some shortfalls in the management of medicines. The provider had obtained a medicines auditing tool but had yet to put this into practice to help identify any area where further improvements were needed.
- Some people raised concerns about the support they received with their medicines. This was that staff did not always observe them taking their medicines after they had given them to them. The National Institute for Health and Social Care Excellence (NICE) management of medicines guidance recommends that staff, 'Should not leave doses out for a person to take later unless this has been agreed with the person after a risk assessment and it is recorded in the provider's care plan'. This is because there is a potential risk the person may not take their medicines or that they may stock pile medicines to take later. A person told us, "Staff only watch me occasionally to make sure I have taken my tablets. But most of the time they don't as they are too busy talking."
- Training for staff in medicines did not include NICE recommendation that in addition to medicines learning being refreshed at least yearly, that staff's knowledge and competence is also assessed as part of this framework.

We recommend the service finds out more about national guidance on the management of medicines and implements this based on current best practice.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had undertaken training in safeguarding people. Staff felt confident any concerns they raised would be actioned by the management team. The registered manager acted on advice from the local authority safeguarding team. Staff had access to information about how to contact the local safeguarding team and other external agencies if needed.
- People told us they felt safe. One person told us, "The staff are quite nice: I trust them."

### Preventing and controlling infection

- We were assured the provider was following government and health authority guidance for the prevention and control of infections.
- Staff had completed training in infection control, including Covid-19. Staff told us they had access to personal protective equipment (PPE) such as gloves, masks and aprons appropriately.
- Staff spot checks included carrying out observations that staff were wearing the necessary PPE.

### Learning lessons when things go wrong

- The registered manager informed us that lessons had been learned and shared with the staff team.
- Medicines administration had been changed from paper to electronic records and this had minimised the number of medication errors.
- The registered manager informed us that there had been no accidents or incidents at the service.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff undertook a programme of training but the content of moving and handling and catheter care was not sufficient to ensure staff consistently provided a safe and effective level of support.
- New staff undertook training in the theory and practice of moving and handling people but only their knowledge of the theory was regularly refreshed. Neither were staff's practical moving and handling skills observed as part of spot checks to ensure staff were following guidance and safety protocols. Skills for Care (SFC) recommends learning in moving and handling people is refreshed and knowledge and competence assessed at least annually and when a new risk is introduced.
- Staff were provided with catheter care training at induction. However, there was no programme to refresh staff's knowledge through updated training or an assessment of their competency to ensure they maintained their knowledge. There were mixed views about the quality of catheter care people received. A person told us, "I have a catheter and staff change it." However, a relative told us, "Staff leave my family member with a night bag on during the day. They have also forgotten to attach the night bag twice." As mentioned previously in this report, staff were not provided with a catheter care plan. It is important to attach the right bag as the day bag allows people to move around their home and the night bag has a larger capacity for when people are asleep.

We recommend the service finds out more about moving and handling and catheter care training for staff and implements this based on current best practice.

- New staff undertook a structured induction which included shadowing and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff were encouraged to complete further training through the Level 2 Diploma in Care.
- Staff said they felt supported by the management team. Staff had regular formal supervisions and could contact a member of the office team if they had any queries or concerns. There was an on-call system for out of hours support for staff. Staff said when they had contacted the on-call they had received the support and reassurances they needed.

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

- People and relatives gave mixed feedback about the effectiveness of staff support in helping people to eat and drink.

- Some people told us they received exactly the right support they needed and were able to choose what to eat. One person told us, "Staff prepare my meal. I get choice as my daughter buys the meals I ask for and staff do what I ask with them." However, some relatives told us that staff did not always encourage their family member to eat when they had a poor appetite. A relative said, "My family member is continuing to lose weight so it is important they eat properly. They forget to eat and if there is still 5 meals left 2 days after I have brought them 5 meal then it means they have not eaten."
- Guidance was available for staff about how to support people when eating and drinking. Some people had been assessed by the speech and language therapist as needed thickened drinks and pureed food.

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

- Staff worked in partnership with people, relatives, and other healthcare professionals to ensure people's healthcare needs were met in a timely manner.
- Referrals had been made to people's GP's so they could access health professionals including the tissue viability nurse, dietician and speech and language therapist. For example, one person received support from the community nurse to manage their wound care. Care staff were guided to report any concerns about their skin care directly to this nurse team.
- People's health care needs and medical conditions were recorded in their care plans, so staff were aware of them.
- People and relatives told us that staff monitored their health and contacted health professionals for them when required. A relative told us, "My family member had an appointment last week and they organised all that for them and the transport." A person said, "Staff do help me make medical appointments if I needed. Even if I haven't got concerns and they have, they will follow it through."
- People's oral health needs had been assessed. Care plans set out if people required assistance with their teeth and dentures and if relatives were involved in arranging dental appointments.

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

- The provider used an assessment framework to identify people's needs before they started to use the service, which reflected national best practice. This guided the assessor to check all aspects of a person's health and social care needs.
- Relatives and people told us assessments included gaining people's views about the type of care they wanted to receive. Comments from people included, "Yes I was involved. Staff asked what I needed"; "The occupational therapist undertook an assessment. Then staff came to the house to double check what I needed"; and "The first time they came the supervisor got a good comprehensive set of notes written up for me."

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 MCA 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.

- Staff followed the principles of MCA and understood that people could make their own decisions about their care and support unless they had been assessed as not having the capacity to make a specific decision.

- Staff had completed training around the MCA. Staff explained how they got to know people so they could support them to make daily decisions such as what to wear or eat.
- A record had been made when people had appointed a Power of Attorney (POA) for their finances, or health and welfare, or both. The provider had contacted everyone's POA to ensure they had a copy of this legal authority. This was to ensure these people had the legal authority to act on behalf of people who used the service.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People were treated with kindness and respect.
- Everyone spoke favourably about the way staff supported people. A person told us, "Staff are very friendly and caring. We have conversations and we talk all the time. I get on very well with them." A relative said, "I've actually been there when staff have been there and seen the way they act and speak to my mum; they are very kind and caring in that respect. My mum is very relaxed around them."
- People were asked about their religion, race, and sexuality during the initial assessment. This was clearly documented in order to observe and respect the person's needs when providing care and support.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff consistently treated people with dignity and respect and helped people to maintain their independence.
- Care plans included guidance for staff about what things people could do for themselves and when they needed assistance. This helped people to maintain their independence. A relative told us, "My mum gets dressed and staff ensure she is washed and moving about. Staff make sure she is feeling good."
- People said staff were respectful and understanding. A person told us, "Staff and I have a lot of teasing, but it's always done in a nice gentle fashion and they follow my emotions. The carers are lovely. Nobody talks to me like I've lost my marbles. They are very, very respectful; they are very understanding."
- People's personal information was kept secure and confidential.

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

- People were involved in day to day decisions about their care and how they liked to be supported.
- Staff respected people's choices and supported them in partnership. A person told us, "My movement is limited so staff help me move up the bed to where I want."
- People and relatives said staff carried out all the tasks with people as they expected. A person told us, "Yes, staff come in and do the things they should do. It is only the times that gets me down."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had not reviewed complaints received to help identify any trends or shortfalls in the service where improvements could be made.
- In August 2022 a complaint had been made that a staff member carried out a care call when the person was not at home. The staff member dispensed the person's medicines and left them out for them to take. This is contrary to NICE guidance on the management of medicines. There was no record that the complainant had been contacted or what action was taken as a result to ensure this did not reoccur.
- When concerns had been raised there was inadequate monitoring to ensure the chance of the same thing happening again had been minimised. A person had stated on a feedback form that their evening calls were rushed. This had not been recorded on the concerns or complaints register, nor was there a record the concern had been investigated so things could be put right. The registered manager told us the only action that would have been taken would have been to speak to staff member. There had been no follow up with the person who raised the concern to check this had remedied the situation.
- Similarly, when a complaint had been made about the language used by a staff member, the staff member was asked to make a statement. The registered manager told us it was not necessary to check with other people who received care from this staff member. This was because they had not received any complaints from them about the staff member's language. Therefore, there was no evidence that monitoring processes were used to help ensure complaints raised were fully addressed and lessons learned.
- People and relatives gave mixed responses about how effective the service was in dealing with their complaints or concerns. A number of people commented on the lack of communication by the office staff. A relative told us, "Care staff have always dealt with concerns. It's the office that is not listening." Another relative said, "If I had one single complaint it would be the lack of communication. I think they say if staff are going to be more than half an hour late they will let the person know but they don't." Other people were satisfied with the support the office provided. Comments from people included, "When you ring the office they always try to put it right," and "I normally phone up the supervisor and they do listen."

The provider had failed to operate an effective system for identifying, recording and responding to complaints. This was breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff provided people with personalised support in line with their care plans but there was mixed feedback

on if staff call times met their needs.

- People and relatives told us unanimously that none of their care calls had been missed. However, some people said staff arrived within the expected times (15 minutes early or 30 minutes late) and others that staff came late and they were not informed, particularly at weekends. Comments from people included, "I've got a rota and sometimes it has to be changed but it can't be helped"; "Yes, I can't fault them. The carers I've had have been wonderful. They are always reliable, always give me my full time and always do extra for me. They are very understanding, gentle and kind, even the younger ones"; "I have always had issues with their 'rotas'. Staff coming too early so I miss them and sometimes refusing to come back"; "Staff do come in a bit late. It makes me angry because I'm sitting here waiting. They should come at the time they say they are coming. I trust the staff but I wish they would come when they should so I can relax after they go." The registered manager told us they did inform people if staff were running late, but could only do so if staff let them know that they were running late. This is an area for further improvement.
- People told us that regular carers knew them well including their likes and dislikes. Care plans contained varied amounts of detail about people's likes, dislikes and interests to aid staff who did not know them well to be able to support them in the best way. For example, some people were anxious and staff were directed to engage them in conversation as this gave reassurance. However, there was no detailed information for staff to suggest what topics and things people liked to talk about.
- People had been asked about the outcomes they wanted to receive before being provided with support. For example, to maintain their independence or be supported when feeling anxious.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of the Accessible Information Standard. The provider had a range of resources available to add with people's communication needs. This included providing information in braille, large print or easy read.
- One person was non-verbal but could lip read. Staff were guided to directly face the person and to find a quiet place to have a conversation with them. If the person could not understand, staff were guided to repeat the conversation, or to write it on paper.

#### End of life care and support

- People had been consulted about their end of life wishes and choices and any preferences were recorded in their care plans.
- Staff understood how to care for people at the end of their lives. This included working with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.
- People's end of life plans took into consideration people's faith and religion. This included how people wanted their body to be treated after their death.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The providers quality monitoring systems were not always effective in identifying areas for improvement.
- During the inspection we found shortfalls in staff recruitment, the management of complaints, staff guidance for managing risks to people, management of medicines and training in moving and handling people safely. The provider had identified that their quality monitoring processes needed to be strengthened and had obtained a range of quality checking tools including audits of care plans, staff files and medicines. However, these had tools had yet to put into practice.
- Quality checks on staff included observing staff's dress code, use of PPE, time keeping, communication and standard of personal care. They did not include direct observations of medicines administration or moving and handling practice. The service had obtained an observation spot check tool but had yet to put this into practice.
- The provider sought feedback from people but there was little evidence this feedback had been used to develop the service. People were contacted to check if they were satisfied with the service or if any adjustments needed to be made. The majority of comments we viewed were positive, but when negative comments had been received there was no evidence these had been acted on. People told us there used to be face to face quality checks in the past but these had stopped. The provider had employed a new person to undertake quality checks with people using a new tool but it was too early in the process to evaluate the outcomes.

The provider had failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of service provided. This was breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsible for this service and 2 others of the provider's services. The registered manager also provided training for staff and covered care calls when needed. The registered manager told us they were responsible for oversight of the service and delegated the day to day running of the other 2 services. The registered manager told us they received excellent support from the provider. They were in regular communication with the provider who was also the nominated individual, although they were not a regular visitor to the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- The registered manager understood their role and responsibilities to notify CQC about events and

incidents such as abuse, serious injuries and deaths, in line with regulatory requirements.

- Staff were complimentary about the registered manager and senior assistant coordinator. They said they were accessible and gave them the advice and support they needed.

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

- There was a positive staff culture at the service and most people responded they received personalised care.
- Staff complimented the management team and on-call service for being available and responsive when they were needed.
- The majority of people and relatives said they would recommend the service. Comments from people included, "Mostly, I would recommend it. I would just say they need to remember communication. I give them zero on that. But they are definitely approachable"; "Yes, I would recommend it, as a recipient I am satisfied with what I am getting," and "Probably yes I would recommend it. The registered manager is lovely. She says just phone and she will sort it."
- The registered manager understood the duty of candour. They explained the importance of responding in an open and honest manner if something at the service did not go as it had been planned.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals, including the local authority district nurses, dieticians and speech and language therapists.
- The service worked with the local resilience team. The local resilience team is the first point of contact for the emergency services during a major incident. This partnership ensured that domiciliary services worked together if an emergency occurred so people still received the care and support they needed.
- The service worked with the local authority and attended monthly meetings where a range of different topics in relation to providing a domiciliary care service were discussed.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to operate an effective system for identifying, recording and responding to complaints.</p> <p>Regulation 16 (1) (2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of service provided.</p> <p>Regulation 17 (1) (2) (a) (b) (e)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure the safe recruitment of staff.</p> <p>Regulation 19 (3) (a)</p>