

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care and Nursing Agency - Leamington Spa

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?

Good 

Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

The Care Bureau Limited Leamington Spa is a domiciliary care agency which is registered to provide nursing care and personal care and support to people in their own homes. The service is registered to provide support to younger adults and older adults, people living with dementia, mental health needs and sensory impairments, physical disability and people with a learning disability and autistic people.

At the time of our inspection the service was supporting 106 people; younger and older adults who were receiving 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.

At the time of the inspection, the service did not provide a regulated activity of nursing care to anyone. The provider was in the process of having the regulated activity of nursing care removed from their service provision. We have therefore not reported on the regulated activity of nursing care in our report.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the performance review and assessment, the service did not provide a regulated activity to anyone with a learning disability or autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a service for this population group.

Right Support: 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; overall the policies and systems in the service supported this practice. Where people lacked mental capacity improvement was needed to include important information about who could make decisions on their behalf in their plan of care.

Staff had been trained and completed agreed support tasks on care calls.

Staff were recruited in line with the provider's policy, but improvement was needed in the provider's check on information received, such as references, to ensure these always covered staff's employment histories.

Right Care: People's care, treatment and support plans did not always reflect give staff the information they needed to provide safe care. Risk management plans did not provide detail on the safe actions staff should take to ensure risks of harm or injury were minimised.

Staff ensured people's rights and dignity were promoted and protected. Infection, prevention and control was managed well.

People said they felt safe with staff in their homes. Staff understood how to protect people from the risks of abuse and how to report any concerns.

Right Culture: The nominated individual and the registered manager did not consistently have good oversight of the service. Quality checks took place, but these did not always identify where improvements were where needed. The provider's own checks had not identified the shortfalls we found in risk management, the safe handling of medicines and medicine administration records, care plan records and one staff recruitment check.

The nominated individual and the registered manager had not always ensured we (CQC) were always informed about incidents we should be legally told about.

The nominated individual and the registered manager were open to inspection feedback from us and were willing to learn lessons and make improvements where needed.

Feedback was sought from people, relatives and staff about how they felt about the service they received. This was positive about the hands-on caring approach by staff.

Staff were valued and said they felt supported by the management team. Staff felt proud to work for the company.

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 good (published 15 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from 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 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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Care Bureau Ltd - Domiciliary Care and Nursing Agency - Leamington Spa

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 2 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

The regulated activity of nursing care is in the process of being removed by the provider and no nursing care was being provided at the time of the inspection.

Notice of inspection

This inspection was announced. We gave short notice on 15 March 2023 to the registered manager. This was so they would be available to support the inspection process.

Inspection activity started on 15 March 2023 and ended on 25 April 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, the local Clinical Commissioning Group (CCG) and Healthwatch. The local authority and CCG purchase packages of care when people do not purchase their own care and support. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used 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 the information service to plan our inspection.

During the inspection

This inspection was carried out using technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation. We undertook a site visit to the provider's office.

We spoke with 19 people and 21 relatives to gain their feedback on the service. Additionally, we spoke with 4 care staff, 2 care supervisors, the domiciliary care administrator, the supported living manager, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Further email feedback was received from 11 care staff.

We reviewed a range of records. This included 4 people's full care plans and 8 people's records related to risk management. Assessments, reviews of care and medicine administration records were looked at. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed 3 staff recruitment files.

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 this key question has changed to requires improvement. This meant people were not consistently safe or protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were not always protected from the risks of potential harm. For example, one person had an identified risk of choking. Guidance for staff to follow was contradictory and posed risks of potential harm. For example, staff supporting one person were directed not to follow first aid actions to pat this person on the back. The management team told us this was based on 'guidance from a clinician'. However, the provider had no evidence of this guidance.
- A person had a risk of aspiration but had no risk management plan in place to guide staff on managing this. The nominated individual told us that prior to call care visits to this person, the person had received speech and language therapist guidance but there was no reference to this in the person's plan of care.
- Risk management plans did not always include information for staff to keep people safe. For example, some people were transferred using a hoist. However, risk management plans did not inform staff of which sling hoops to use. One person's plan directed staff to use the "long-legs, short shoulders technique" but there was no further information or images used for staff to refer to.
- Improvement was needed to ensure risk management plans were relevant to the person. For example, one person's care plan described them as mobile, weight-bearing and walked using a stick. However, a risk management plan instructed staff this person was "at risk of (skin) sores due to poor mobility".
- Improvement was needed where people had identified risks of developing sore skin or had damaged skin. For example, one person had skin damage and their care plan told staff, "My skin can become sore, staff need to monitor this and let me know if it is becoming red or sore." Whilst the district nurse was involved in this person's skin care, care staff had no further guidance from the provider or registered manager on what to monitor for or what actions to take if they had concerns.
- Staff did not always feel they had the right information available to them to manage people's identified risks. One staff member told us, "I would like training on choking as I would not know what to do". Another staff member told us they would apply a clean damp cloth to sore skin.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- Some people were prescribed 'when required' medicines. However, staff did not always have protocols in place to refer and direct them to administer these medicines.
- Medicine administration records (MARs) did not always direct staff as to the maximum safe dosage of 'when required' medicines in a 24-hour period. A manager told us their electronic 'app' informed staff about this. However, staff used a paper-based MAR in people's homes, which meant they may miss important information.
- Staff had received training in the safe administration of medicines and, overall, people were supported to

take their medicines as needed. However, improvements were needed to ensure consistency in this. For example, a person prescribed a transdermal (skin) patch medicine was not supported by staff with this in line with the manufacturer's instructions.

- Staff needed to ensure they consistently followed training given in the safe handling of medicines. A relative told us, "Staff need to be more careful in the way they take medicines out of the packets (to avoid it being dropped on the floor). I have mentioned this several times."
- Some people were prescribed topical medicines such as creams for their skin and directions were in place to instruct staff where creams should be applied. A relative told us, "Staff apply cream to my relation's legs, this has really helped (heal) their sore skin."

Systems and processes to safeguard people from the risk of abuse

- Overall, the registered manager understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse and serious injury. However, during our inspection we identified two incidents that had not been reported to us as legally required. The nominated individual explained they had believed another manager had sent these to us (CQC), but they had not done so. We requested the notifications be sent to us.
- People and relatives felt safe with staff in their homes and protected from the risks of abuse when their care calls took place. A relative told us, "Staff introduce themselves and explain what they are doing at every stage."
- The provider had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. Staff members told us they would report any concerns to their manager. Staff could also tell us how they would 'whistle-blow' any concerns to external organisations such as the Care Quality Commission, if they felt their concerns had not been acted on.

Preventing and controlling infection

- There was an infection prevention and control policy available to staff to refer to. Staff were trained in infection prevention and followed the training given to them.
- Staff had access to stocks of personal protective equipment (PPE) and used these when supporting people with personal care.
- Measures had been taken to protect people from the risks of COVID-19. During April 2023, the provider had notified people and relatives that staff would no longer be required to routinely wear face masks; in line with COVID-19 government guidance. At the time of our inspection people's care plan still referred to staff wearing "full PPE" and these were due to be updated to reflect the change in policy. Reviews of this would include whether people and / or relatives wished staff to continue to wear face masks if they wanted this.

Staffing and recruitment

- Staff were recruited in a safe way. We reviewed 3 staff employment records and checks such as references had been obtained.
- Pre-employment checks had been undertaken. DBS (Disclosure and Barring Services) checks had been obtained. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Overall, there were sufficient staff employed to undertake agreed care calls. A few people and relatives told us about missed care calls, though these were attributed to bad weather and a traffic accident. Most people and relatives were happy that the care call times took place within the agreed time slot. A few people and relatives shared examples of lateness but added this had "improved lately".
- Overall, people were offered a gender preference of staff, and this was met. However, a relative told us, "There have been hiccups because of a lack of staff, my relation has had male carers against their wishes. Office staff have told me this is because they have had no one else and they are trying to fulfil their contract."

Other times, they have had no second carer to send for the 'double-up', but things had settled lately."

- The registered manager told us they faced recruitment challenges being experienced throughout the health and social care sector. The nominated individual and registered manager told us they had, at times, declined taking on more people until they had recruited staff.
- Despite staffing pressures, people and relatives told us staff did not rush on care calls.
- The provider had a care call monitoring system. This created alerts to the management team if staff were running late to a care call so action could be taken to inform people and relatives.

Learning lessons when things go wrong

- The registered manager told us lessons were learned from accident and incidents. Individual analysis took place, which meant actions could be taken to reduce the risk of reoccurrence.

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 this key question has remained good. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people. People were supported in their own home, and they were not restricted by staff in how they lived their lives.

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt this gave them the skills they needed for their role, although some staff wanted additional information in people's plans of care to help them manage specific health conditions.
- People and relatives felt staff had the skills they needed for their role. Comments to us included that where there was a consistency in the care staff, the staff member had got to know the person well and knew how they liked to be supported.

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. A staff member told us, "It is best to simplify food and drink options for someone with dementia, by using visual clues and avoiding distractions. Also by being patient, and considering their preferences."
- Staff knew people's likes and dislikes well. A staff member told us, "I always ask [Name] what they would like for lunch. They always have something cold at lunch time, so I ask would you like a sandwich, or crackers, and what filling."
- Staff had received training when needed to support people receive their nutrition and hydration through a Percutaneous endoscopic gastrostomy (PEG). A PEG is a feeding tube that goes through the skin and into the stomach.

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

- Staff were able to give examples to us of when they would seek help and support from other healthcare agencies. Staff said they would report any concerns to the manager or if needed would contact district nurses or a person's GP on their behalf.

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. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives gave positive feedback about the caring approach of care staff. A key theme in the feedback we received was the positive approach taken by staff. This enabled people and relatives to build relationships with the staff who supported them. A person told us, "My carer is a diamond."
- People and their relatives were positive about managers being caring toward them. One person told us, "The manager who runs the (supported living) branch is amazing, she listens to me. I will stay with the care provider as long as my needs are met."
- Some care staff went the 'extra mile' in demonstrating a caring approach toward people they cared for. For example, a staff member told us, "One person I support has a 30-minute care call, but their bath fills really very slowly. This person really enjoys a bath for their personal care. I use some of my own time to provide a bit extra to their care call as it means so much to them to have a bath and a soak."
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. A relative told us, "When staff give personal care, they never strip my relation naked but give them dignity and cover them using a towel."
- Staff demonstrated a positive understanding of why people's independence was important. A staff member told us, "It can be tempting to try to do everything for the person, especially if they are struggling or in pain but by not taking over completely only giving guidance or suggestions, I allow the person to try and complete the task on their own. It can help maintain a sense of autonomy and control over their life."

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. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed prior to them receiving care and support from Care Bureau Leamington Spa. The registered manager or care supervisors undertook an initial assessment which was used to create a task-based plan of care.
- People and relatives were positive about care being personalised. A relative told us, "Staff are fabulous, they are like family members. One staff member has followed my relation's exercises with diligence (healthcare professional exercise guidance) and this has enabled them to no longer be cared for in bed and be back in their wheelchair, they are amazing."
- Staff were responsive to people's wishes and gave examples of how they gave people choice and control. For example, a staff member told us, "I look to provide opportunities for people and help them carry these out. I try to boost their confidence and self-esteem."

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.

- People's communication needs had been assessed and was documented in their plan of care. For example, one person's care plan informed staff they had limited verbal communication and were better with closed questions they could reply to with yes or no.
- People and relatives were positive about the way both care staff, managers and office staff communicated with them. One relative told us, "It is easy to get through to office staff and there is always someone to talk to."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered additional services including social visits and support calls to people as well as the regulated activity of personal care. People, or their relatives, could purchase these other services if they wished to from the provider.
- People's plans of care gave staff basic information about their hobbies and interests. Staff members were aware of what people liked to chat about. A relative told us, "I can hear the staff member and my relation laughing and singing together during the care visit."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints about the services they received and were aware of how to contact managers of office staff if they needed to raise a concern.
- There was a complaints policy available to people and their relatives. The registered manager told us any complaints and concerns received were used as a way of learning to improve the services they provided.

End of life care and support

- End of life care and palliative care and support was provided to people. However, people in receipt of palliative care had no detailed palliative care plan to reflect their wishes about how staff should care for them as their health declined toward end of life. One person had a risk assessment informing staff of a 'risk of life ending' which detailed only bodily function changes. Whilst improvement was needed, which is reported on further in our well-led section of this report, risks were currently mitigated because people currently lived with relatives who would be able to direct staff.
- Managers told us that some people had a directive of DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation). We found no mention of this within the person's plan of care, nor where staff would be able to locate the directive if needed. The registered manager, however, assured us the directives were kept in people's homes with their plan of care.

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 this key question has changed to requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture did not always promote high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager's quality checks and audits were not always effective. One person had two medicines listed on their medicine administration record (MAR) that were prescribed to be taken daily. We found no record of the medicines being offered or given to the person as directed on their MAR. A manager told us they had told staff to treat these medicines as 'when required'. However, there was no directive to the manager to do this from the prescribing healthcare professional.
- Quality checks of medicines for those people who received a regulated activity had failed to identify where improvements were needed. We saw a person's MAR for a prescribed medicine to be given daily was blank for the whole of March 2023. A manager explained the gaps were "probably because the person declined to take them, as this was known to happen at times". The manager had not directed staff to use the appropriate code to reflect the medicine was offered by them but declined by the person.
- Systems to ensure staff had the right information to support safe medicines management had not identified where improvements were needed. For example, a person's relative as well as staff members were recorded as having joint responsibility for administering a person's medicine. There was no clear process to staff at what times and which medicines they were responsible for. A risk management plan had not identified the potential risks of this arrangement.
- Audits on medicine administration records and body maps had not identified where the medicine manufacturer's instructions were not being followed. For example, where staff had consistently not followed the patient information leaflet directions related to a person's transdermal (skin) patch medicine.
- Another person's care plan informed staff they self-administered their own medicines but in another section of their care plan staff were directed to prompt this person with their medicines.
- Improvement was needed in the processes for assessing staff's medication competency. For example, whilst assessments had deemed care staff as competent, the knowledge of the assessor required improvements.
- Quality checks to ensure people's risk management plans were robust were not always effective. The provider's checks had not identified the shortfalls we identified.
- Quality checks to ensure care plans were accurate not always effective. Audits were completed but had failed to identify gaps in information for staff to refer to. For example, one person's care plan described them as having damaged skin. Whilst there was reference to the district nurse visiting this person, there was no care plan for staff to follow on skin care.
- Two people were described as receiving palliative care but had no palliative or end of life care plan in place to reflect their wishes had been discussed with them and for staff to refer to when needed.

- Systems and checks to ensure people's mental capacity and decision making had not identified where improvements were needed. Staff did not always have the information they needed when people lacked mental capacity or had varying mental capacity. For example, one person's care plan stated they were unable to retain information to make decisions and would need support from others. However, no further detail was given to staff about who could make such decisions on behalf of this person.
- Where people had internal or external catheters, there was very limited, or no information, for staff to refer to about how they should support people. A person had a surgical device attached to them and the care plan informed staff to "be aware" without any detail on reducing risk of injury.
- Quality checks on care record completion did not always identify areas for improvement. For example, where care staff had scribbled out a mistake instead of crossing it through or had left blank lines between entries.

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

- Unannounced spot checks on staff's skills took place. This included ensuring they were using the required PPE to reduce risks of cross infection.
- An out of office hours on-call system operated to support staff. Staff gave positive feedback about this and told us they felt very supported by the provider and registered manager. One staff told us, "If it is out of office hours and I leave a message, the (registered) manager always calls me back."

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 registered manager was aware of their legal responsibilities under the duty of candour. They told us, "I want to provide a good, safe service to people, and I am willing to learn and put things right where improvement is needed."
- During our inspection the nominated individual recognised they had not always had the oversight required from them when tasks had been delegated by them to a manager with responsibilities for supported living support. The nominated individual told us, "Improvements will be made, we will take learning from this inspection."

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

- People and their relatives were asked for their feedback on the service received. They told us managers phoned them and they were able to contact office staff if needed. A relative told us, "There is clear communication, and they respond quickly. They contact me if they have any questions about my relation." Another relative described the registered manager as "brilliant".
- The registered manager had a system in place for gaining feedback from people in the form of survey. During 2022, surveys had been sent to people and feedback analysed reflected people rated the service either 'excellent' or 'good'. The registered manager was in the process of undertaking their 2023 feedback survey.
- Compliments from people and relatives had been recorded and reflected their satisfaction with the service received.
- Processes were in place to support and value staff. One staff member told us, "I have worked here for over 10 years. We have meetings and support. I can't think of anything that they (the provider or registered manager) need to improve on really."
- Staff were positive about the communication systems in place. One staff member told us, "I feel the communication from the (registered) manager to us is very good, it is a good company to work for." Another

staff member told us, "I pop into the office to collect PPE, and the (registered) manager takes the opportunity to ask how I am, she is very supportive."

- Staff felt proud to work for the service and told us about working in a positive culture. One staff member told us, "The culture is by far the best I have worked in. All the carers I work alongside work really well as a team and we are all friendly and support one another. I never feel uncomfortable when going to the office."

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other healthcare professionals involved in people's care. For example, working with people's social worker to ensure special equipment was in place.

- The nominated individual shared with us their plans to split their existing registered location between their "Dom Care" and "Supported Living". They told us that going forward the two parts of their service would each have their own registered manager, separate office address and registration with us (CQC). The nominated individual assured us that learning from this inspection would be taken forward and embedded into their services.

- Following our inspection feedback on risk management, the nominated individual recognised the need for further staff training. They told us about their arrangements in place to give managers and staff further risk management plan training.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had not always assessed risks to the health and safety of service users. The provider and registered manager had not always done all that is reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had not always effectively assessed, monitored or improved the quality and safety of the services provided in the carrying on of the regulated activity. Risks had not always been assessed, monitored or mitigated in relation to service user's health, safety or welfare.</p>