

B24 Healthcare Solution Limited

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## Inspection report

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Date of inspection visit:  
04 December 2023  
08 December 2023

Date of publication:  
16 January 2024

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

B24 Healthcare Solution Limited is a domiciliary care agency which is registered to provide personal care and support to younger adults and older people in their own homes.

At the time of the inspection the service was supporting 54 people 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.

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

Risks of harm to people were not always identified, assessed or mitigated effectively. Staff did not always have the information they needed to provide safe care and treatment to people.

People's care records sometimes contained contradictory and inaccurate information which meant staff did not have the information they needed to provide safe care.

Overall, people received their medicines as prescribed, but staff did not always have the information they needed to refer to regarding some prescribed items.

The provider's systems and processes to monitor the safety and quality of the service were not always effective.

Some checks and audits had been delegated to staff and effective oversight by the provider had not taken place to ensure improvements were made.

The provider had not been aware of their responsibilities under the Accessible Information Standard and some people did not have information made available to them in a way that they understood.

The provider had advertised services to members of the public on their website that they were not registered to provide.

People were protected from the risks of ill-treatment and abuse and staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

Staff were recruited in a safe way. There were sufficient staff to undertake the agreed care calls to people.

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

The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. Opportunities were given to people, relatives and staff to share feedback.

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 requires improvement (published 23 February 2023) and we found breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had been made to the safe recruitment of staff but not enough improvement had not been made in the governance of the service and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This inspection was prompted in part due to concerns received about risk management and the governance of the service.

You can see what action we have asked the provider to take at the end of this full report

#### Enforcement and Recommendations

We have identified a breach in relation to safe care and treatment and a continued breach in the governance of the service at this inspection.

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

#### Follow up

We will request an action plan 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 no always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# B24 Healthcare Solution 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 2 inspectors and 1 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 homes.

#### 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 were 2 registered managers in post. One registered manager was the provider (within our report we refer to them as the provider). Prior to our inspection visit they had submitted an application to de-register, as manager, with us. This follows them recruiting a manager, who had become registered with us during November 2023.

#### Notice of inspection

We gave the service short notice of the inspection. This was because the service is a domiciliary care agency

and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 1 December 2023 and ended on 8 December 2023. We visited the location's office on the 4 December 2023 and 8 December 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. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We had telephone conversations with 5 people and 17 relatives to gain their feedback on using the service. We spoke with the 7 staff, including the care-coordinator, the registered manager and the provider. We reviewed 7 people's care plans, risk assessments and medication administration records. We reviewed 5 staff files to review the recruitment methods in place. We looked at a range of policies, audits and systems in place that monitored the safety and quality of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant people were not always safe or protected from avoidable harm.

Assessing risk, safety monitoring and management

- Whilst some risks were assessed, information was not always clear for care staff to follow, and we found examples of contradictory information in people's care plans and risk management plans. For example, one person was cared for in bed, but a different part of their care record directed staff on supporting the person to mobilise.
- Some people's care plan and risk management plans referred to other people (who used the service) within their care record. For example, mid-way through one person's diabetic risk management plan, it referred to another person and the action to take for their diabetes. This meant care staff did not always have the correct information they needed to provide safe care placing people at potential risk of harm.
- Care records did not always contain accurate information. For example, one person's risk management listed they were diabetic. However, the person was not diabetic. The provider explained to us their computer system drop-down menu did not list the person's health condition, so they had selected 'diabetic' to achieve a particular score on the risk plan.
- Care records were not updated in a timely way. One person's change in their situation was not reflected in their care plan or risk management. The provider and registered manager were aware of the significant change that had taken place but had not reviewed any detail to ensure staff had the information they needed.
- The provider did not have effective oversight of people who had damaged skin and was unable to tell us or refer to records about skin damage. Some people's care plan recorded they had skin damage. We found there was no care plan or body map related to this. Of the 3 people we asked about, the provider told us that 2 people's skin had now healed but the care record was out of date.
- For the third person there was no care plan for their skin damage. During feedback to us, a further person told us about their skin wound, that the provider had not been aware of. The provider did inform us the district nurses were involved where anyone had skin damage, but agreed they had no care plan for their own care staff to follow.
- Some people had an identified 'high risk' of developing sore skin. For example, one person's risk management plan directed staff to support them with repositioning every care call. However, there were limited references to this in the person's daily notes. Other people's skin care risk management plan directed staff to check their skin, but we found no records of such checks taking place. This posed potential risks of people's sore skin not being recorded or acted upon.
- Where care staff had identified emerging risks with people, the registered manager and provider had not always implemented risk management plans or guidance for staff to follow. For example, one person's daily notes recorded they frequently put their meal in the bin. Whilst staff recorded this and tried to encourage the person to eat their meal, there was no identified risk of weight loss or malnutrition in the person's care plan as we would have expected.

- Some care staff knew people well and how to provide safe care to them. However, care staff did not always support the same people. One care staff member told us, "I do not have regular people really, I cover anywhere and everyone. So, I always try to read the care plan before the care call". This meant information in people's care records and risk management plans was crucial to care staff having the details they needed to provide safe care and treatment. However, we found information was not always current or accurate.
- Staff told us they had not always received training in the specific healthcare conditions people had whom they supported. Staff also undertook specific tasks, such as stoma care, which the provider had not given them training in or assessed staff competency in. Whilst there was no evidence harm had occurred, the provider had not assured themselves of staff's skills or competence.
- The provider had not given staff specific training in supporting people with learning disabilities. No staff had completed the Oliver McGowan training on learning disability which is the standardised training developed for this purpose and the government's recommended training.
- The registered manager and provider gave moving and handling guidance to staff, who used specialist equipment, and undertook competency checks on staff during care calls. However, neither the registered manager or provider had a current recognised qualification in moving and handling to enable them to assess whether they were using safe practices. The registered manager's certification had expired. Both the registered manager and provider took immediate action to arrange to complete a recognised course.

Risk management was not sufficiently robust to prevent people being placed at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Staffing and recruitment

At our last inspection we found the provider had not established systems to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- Staff were recruited in a safe way. We reviewed 5 staff employment records, each contained pre-employment checks and employment histories.
- DBS (Disclosure and Barring Services) checks had been undertaken, and these were dated before the staff's recorded start of employment date. Rights to work in the UK had been explored and recorded. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The care co-ordinator told us they were responsible for rota planning and had sufficient staff to cover care calls. The registered manager and provider told us they provided cover when needed, such as short-notice of absences.
- Overall, people and relatives felt care calls took place at the agreed times. One person told us, "Mainly they are on time unless there is an emergency somewhere. They can be half an hour to forty minutes late, but they always come." We received mixed feedback from people's experiences of being informed about a care call being late.

### Using medicines safely

- Overall, people were supported by trained staff in the safe administration of their prescribed medicines. Most medication administration records (MARs) showed people received their medicines as directed. We have further reported on signature gaps and checks on MARs in our well-led section of this report.
- Staff's skills in the safe handling of medicines were assessed and 'competencies' were completed to

ensure staff followed safe practice.

- Some people were prescribed topical medicines such as creams. Whilst these were recorded on their MAR, there was no body map in place to direct staff where to apply creams. The provider told us this would be put into place.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding people from abuse. People told us they felt safe when staff were supporting them. Staff told us they had no concerns about abuse, and they would report anything straight away.
- The registered manager and provider understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) about allegations of abuse.
- The provider assured us that lessons had been learned in identifying what incidents were legally reportable.

Preventing and controlling infection

- Staff completed training in infection prevention and were provided with personal protective equipment (PPE).
- Overall, people were satisfied with how staff treated their homes. "They are very well mannered, good natured and keep everywhere clean".

Learning lessons when things go wrong

- Systems and processes were in place so that lessons could be learned from, for example, accident and incident analysis.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant people's outcomes were not consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives gave us mixed feedback about whether they felt staff were skilled and trained for their role. One relative told us, "Yes, I do think they are all well trained". However, another relative told us, "Some staff come and don't know what to do." A further relative told us, "I am concerned about the training; I think they seem to do the bare minimum which is sufficient to cover the criteria they have to do."
- Some people and relatives felt staff's communication skills could be improved upon. One person told us, "There is room for improvement with their communicating with my loved one." Another person told us, "I am quite happy with them but sometimes I can't understand what they are talking about with their (face) masks on, but we get over it". A further person told us, "Some staff don't speak English very well and when they wear their face masks, even I struggle to understand them so think about my relative who is hard of hearing and has poor vision, they don't stand a chance."

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. People's care plans detailed preferences and staff were able to tell us what people liked to eat and drink and how they supported the person.
- Some people's care plan directed staff to leave drinks and snacks with a person. One care staff member told us, "I always ask, '[Name], would you like me to leave some biscuits with you for later?' and do what they wish me to do." However, whilst this need was met, not all staff documented they did this in a person's daily notes.

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

- Whilst staff sought professional healthcare support in an emergency, they did not always remain with the person until support arrived, which the registered manager told us was their expectation. One relative told us, "A couple of times my relation has fallen downstairs and when the staff came, they had to call an ambulance. One time staff stayed with them, and the other time staff got a neighbour to stay with them." Another relative told us, "The staff left after calling an ambulance."
- The registered manager and provider worked with information and guidance given to them from healthcare professionals including speech and language therapists and district nurses.

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

- People's needs were assessed prior to care and support being provided. Initial assessments were completed with the person, their relatives and their social worker to gain a good understanding of needs.
- Assessments included people's cultural, spiritual and communication needs. One relative told us, "We had consultations with the manager at my relation's house and we went through everything. The care plan is tailor made, I am happy with it, I signed it. It has been reviewed recently by a social worker and then I sat down with the manager to go through it".

#### 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 worked within the remit of the Mental Capacity Act. People were supported in their own homes, and they were not restricted by staff in how they lived their lives.
- People's plans of care recorded whether they had mental capacity. The provider understood when a 'best interest' decision would be needed and when they would need to refer a person for an independent mental capacity assessment.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant people were not always supported and treated with dignity and respect; or involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The provider had not ensured care plans demonstrated respect toward people. For example, the provider had directed care staff to 'toilet train' one older person living with dementia.
- The provider and registered manager told us they created personalised care plans for people. However, we found multiple examples of a person's care plan referring to other people (who used the service) within their care record. This suggested 'cut and pasting' had taken place and did not promote respect toward people. This is further reported on in our safe section.
- The provider had not consistently demonstrated a caring approach toward people. For example, 1 relative had complained to us, prior to our inspection visit, that staff did not stay for the agreed care call time. We discussed this with the provider who told us the care call was for 30 minutes and required 1 staff member. However, they had chosen to send 2 staff for less than the agreed time. The provider told us lessons had been learnt on reflection that this was not a caring approach.
- Most feedback gained from people and relatives during this inspection was positive about care staff being kind and caring. One person told us, "Staff are kind, all my carers are doing brilliantly, they don't waste time and always ask if there is anything else they can do for me."
- People felt care staff were kind. One person told us, "When they come in, they always say, 'good morning, how are you? Have you had a good night sleep?'"
- Care staff demonstrated a caring approach toward people. One staff member told us, "I try to chat to [name] to make them happy. They like it if I dance, it makes them smile."

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

- Care staff demonstrated a respectful approach toward people involving them in day-to-day decisions about their support. One relative told us, "We have expressed a preference for female staff, but they do send a male with a female. When they take my relation to the bathroom the male staff will leave while the female helps. They are very respectful."
- Staff enjoyed their role in supporting people. One staff member told us, "I enjoy supporting people living with dementia and helping them."
- 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 protected characteristics were respected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant people's needs were not always met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which people were aware of.
- Where some people had needed to raise concerns, some felt these had been resolved but others did not. For example, one person told us, "I was told at the beginning that if there was anything we didn't like we can call them. One or two things have gone wrong, but they have been put right immediately. I have not had to complain since the one occasion." However, one relative told us, "Following a complaint, I requested the managers do not send a specific staff member to the care call, but they continue to do so." Another relative told us they had not received a response from managers about their complaint.
- Most people were satisfied with the service they received and told us they had no complaints. One relative told us, "We have never complained. The manager is lovely and passionate about what she does, she is on the ball." Some healthcare professionals had been asked by relatives to pass on their compliments to the provider expressing satisfaction with the services.

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.

- The registered manager and provider were not aware of their responsibilities under the Accessible Information Standard. Whilst people had written copies of their care plans in their homes, some people living with dementia, or a learning disability may not have been able to access their information.
- We discussed the importance of accessible formats with the registered manager and provider who accepted improvement was needed to ensure alternative formats were readily available to people. For example, accessible format care plans and their complaints policy.
- People's communication needs had been assessed and was documented in their plan of care. For example, one person's care plan directed staff to be clear in speech and keep communication simple.

End of life care and support

- The provider told us that some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and the form was kept, as we would expect, in the person's home. However, there was no copy of this on the person's electronic or office copy care record and no guidance to ensure staff knew this was in place. The provider told us action would be taken to address this.
- End of life care and palliative support was not currently provided to anyone. We have therefore not made

a judgement on this part of this question during this inspection.

- The registered manager and provider told us that should a person's health deteriorate, they would support the person's wishes and work alongside healthcare professionals in caring for the person.

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. An initial assessment of need took place which was used to create their care plan.
- Information about individual needs and preferences was recorded. This included details about a person's family and previous work life and important relationships.

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

- People's plans of care gave details about their hobbies and interests. This information enabled staff to have meaningful conversations with people. One staff member told us, "I love to chat with [name] and make her happy."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service was not consistently managed and well-led. 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; 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

At our last inspection we found systems and processes were not good enough to demonstrate that safety and quality checks were effective in identifying where improvements were needed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found not enough improvement had been made and the provider remained in breach of this regulation.

- Systems and processes were in place to monitor the quality and safety of the service, but these were not always effective in improving practices where needed. The registered manager and provider had delegated checks to the care co-ordinator and team leader. However, the registered manager and provider had not always retained effective oversight to ensure robust actions were taken on any areas requiring improvement.
- Delegated audits of medicine administration records (MARs) had identified areas that required improvement. Whilst audits recorded issues found had been addressed with individual staff members, there were no records to support this. Further monthly audits continued to find the same areas and same staff that required improvement which meant actions taken had not been effective.
- Checks on care plans had not identified the need to update and review information to ensure staff had accurate details to refer to. For example, one person's home situation had changed over a month ago and no change had been made to their care plan.
- Timely updates on care plan information had not taken place. For example, we discussed numerous entries in people's care plans which the provider told us were incorrect or out of date.
- Improvement was needed to the provider's care call monitoring system. Whilst the care co-ordinator told us they monitored care calls, the system did not create alerts to highlight possible missed care calls or late care calls. We found an example of where staff had not logged into the system on their care call, but no alert had been generated to the care coordinator. On investigating this, the registered manager told us the care call had taken place, however, they agreed no alert had triggered when staff had not logged the care call. The registered manager recognised their electronic system needed improvement and assured us action would be taken.
- The registered manager and provider had not always shown respect toward people in their care plan. For example, one person's care record referred to them by two other people's names.

- The registered manager and provider had not always understood their duty of candour to be open and honest. For example, the provider had failed to display their rating from their last inspection on their website as required. We reminded them of their legal requirement and the provider added their rating to their website.
- The provider's website was misleading to members of the public. It offered multiple services that the provider was not registered to provide. For example, services to people with a learning disability and supported living in '24-hour care in accommodation units'. When we asked the provider about this, they assured us they did not operate any 'accommodation units'. Following our inspection, the provider removed this from their website.
- The provider had acted outside of their service user bands and accepted a package of care to support a person with a learning disability. The provider acknowledged to us that they did not give staff training in learning disabilities or meet the requirement under registering the right support.

Systems did not always effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager recognised improvements were needed in the electronic systems they used. The registered manager told us, "We use a system called Istaff and it has some limitations we need to address."
- Overall, the provider and registered manager understood when statutory notifications about specific events should be legally sent to us. However, the provider had handled 1 incident as a complaint and not identified the allegations as reportable. We requested a notification be sent to us as legally required, which it was.
- The registered manager and provider worked in collaboration with other health care professionals in supporting people. For example, with occupational therapists and district nurses.
- Spot checks on staff took place to ensure the provider's expectations were met. Whilst recorded checks showed staff met the provider's expectations, some feedback to us showed this was not consistent. One person told us that staff did not always wear their identify badge, telling us, "It would be helpful if I could see their name."

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

- The registered manager and provider gave opportunities to people and their relatives to share their feedback. During October 2023, a survey was completed by 36 people, who, overall gave positive feedback. Analysis of feedback had taken place, and actions were in progress to make improvement, for example, to the travelling time between care calls to reduce reported late care calls.
- Staff had opportunities to give feedback to the registered manager and provider. Survey results showed staff felt positive about their role and working for the organisation.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider worked in partnership with local authorities. Following a quality monitoring visit from one local authority during June 2023, the provider was working to a service improvement plan.

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>Risks to the health and safety of service users had not always been assessed or mitigated. Risks of harm to service users were found because care records contained inaccurate information.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been effectively established to assess, monitor and improve the quality and safety of the service.</p> <p>Systems and processes had not been effectively established to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>