Divine Care Provider Ltd

Divine Care Provider Ltd

Inspection report

Theedoms
Grove Farm Road, Tolleshunt Major
Maldon
Essex
CM9 8LR

Tel: 01621929158

Date of inspection visit:
31 May 2017
02 June 2017

Date of publication:
15 August 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 31 May 2017 and was announced. This was because the service was a domiciliary care service and we needed to be sure someone would be in.

Divine Care Provider provided personal care and support to people who live in their own homes in the community. At the time of our inspection, 49 people were using the service. The service was run jointly by two directors, one of whom was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The inspection on 7 October 2015 gave the service a rating of 'Good'. During this inspection, we found that improvement was needed in the way the service assessed and managed the risk to people's health and wellbeing and monitored the quality of the service. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have now given this service an overall rating of 'Requires improvement.' You can see what action we told the provider to take at the back of the full version of the report.

The service did not have robust systems in place for the overall effective management of the service. Assessment, monitoring and recording systems needed improvement as there was not effective oversight of the service to ensure people received high quality care.

Risks to people's health and wellbeing and that of the staff had not been completed to ensure safe care could be provided. The assessment process was not sufficiently detailed to provide an accurate description of people's care and support needs.

There were sufficient numbers of staff available to meet people's needs and there was a consistent staff team. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. People's medicines were administered to them safely and in a timely way.

Staff had induction, training, supervision and appraisals and had the skills and knowledge to carry out their roles.

People were treated with kindness and respect by staff and their dignity was maintained. Staff gave people choices and supported their rights and independence.

The service was working within the principles of the Mental Capacity Act 2005. People gave their consent to care and support and their rights were respected.

People were supported to be able to have their meals as and when they wanted them which met their nutritional needs. Their health needs were met in a timely way as staff liaised well with health and social care professionals.

A complaints process was in place and all complaints to the service had been dealt with quickly and appropriately.

Staff understood people's needs and provided care and support accordingly. Caring relationships had developed and people were fully involved in their care arrangements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments had not been completed to ensure that staff could deal with any risks to people's health and wellbeing.

Staff knew how to protect people from harm or poor practice in order to keep them safe.

There were enough staff to meet people's needs who had been recruited safely

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff gained consent before supporting people and the principles of the Mental Capacity Act (MCA) 2005 were followed.

Staff received induction, training and supervision and were skilled and knowledgeable in carrying out their role.

People's nutritional needs were met on an individual basis. Details of any needs associated with malnutrition were recorded and catered for.

People had access to appropriate services which ensured they received on-going healthcare support.

Is the service caring?

Good

The service was caring.

People received an individual and flexible service.

People's privacy and dignity was respected and staff were

sensitive to people's needs and wishes.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence was promoted and maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans lacked detail, contained conflicting information and had not been updated when people's needs changed.

Staff knew about people, their individual likes and dislikes and how these needs were met.

Complaints had been dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were not in place to monitor the effective management of the service.

There were systems in place to obtain people's views and to involve them in their care arrangements

There was good visible leadership in the service. Staff received the support and guidance needed to provide good care and support.

Divine Care Provider Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection on 31 May 2017. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service. They had experience of using community based services.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. A Provider Information Return (PIR) which provides information to us about the service was not requested on this occasion.

On the day of the inspection, the inspector spoke with the registered manager, the care coordinator and three staff. We reviewed six people's care records, six staff recruitment and training files and looked at quality audit records. We also spoke with a visiting professional. After the inspection, we undertook phone calls to three people who used the service and seven relatives or their representatives and received feedback from one additional staff member.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 7 October 2015, the service was rated as 'Good'. However, at this inspection we found that improvements were required as the service was in breach of the Regulations and safe has now been rated as 'Requires improvement'.

Whilst people and their relatives told us they felt safe, there were improvements needed in the way risk assessments were undertaken and recorded. We saw that for some people risks to their health and wellbeing had been assessed and discussed with them but these were not sufficiently detailed and up to date for staff to know how to deal with the risks identified. For example, we saw risk assessments which had been completed in 2015 for two people and, whilst the care plans had been updated, risk assessments had not. Therefore, it was unclear if risks still remained and if any new risks had been identified. Internal and environmental assessments were also not completed to know what potential risks people who used the service and the staff might encounter.

Some risk assessments had not been undertaken at all to show how to manage risks and minimise them to keep people safe. For one person, who had a medical condition which would need action taken by staff should they experience an episode of ill health, did not have information about the assistance needed and action to take should this happen. This was the same for a person who had been described as at risk of dehydration and malnutrition where no monitoring of the risks associated with this had been undertaken.

Another example included a person who could misuse their drugs. No risk assessment was in place despite medicines being found on the floor on two occasions. One assessment had recorded that the person, "Can get confused and wanders from their home," but there was no information available about what staff should do in the event that this happened. The registered manager told us that they reviewed people's care plans but that risk assessments were not completed as fully as they should be.

People who used the service and staff may be at risk as staff would not be able to provide the correct care in a safe way to meet people's current needs.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe. One family member said, "[Name] seems very much at ease and safe. Another said, "They help [Name] have a wash but they make sure the care is done with dignity and very safely, no falls or accidents." A third family member told us, "Yes, [Name] feels safe and at ease with the staff. One person told us, "I feel safe and they are getting the balance between safety and choice about right to help me be independent."

Staff understood their roles and responsibilities regarding safeguarding people and protecting them from harm. They were able to demonstrate how to report concerns should they see or hear anything which concerned them. Staff shared information with the registered manager and were confident that action

would be taken if they reported any actual or suspected harm to anyone. The registered manager told us that whistleblowing and reporting concerns was encouraged. The registered manager had made relevant referrals to the local authority where concerns had been identified and had notified CQC in a timely way.

The registered manager told us that they had sufficient staff with the skills and knowledge to meet the needs of people using the service. They told us about a telephone monitoring system which they had implemented to manage staffing allocation and ensure everyone had a call as and when required. This was working well and keeping both people who used the service and staff safe as staff had access to information at all times and the management could monitor timekeeping. The arrangement of the staff rota meant that staff worked in geographical areas which reduced the amount of travelling staff had to do to get from one person to another.

Staff told us they had enough time to get from one person to another without rushing or people being left unsafe. One staff member said, "It's great to work so local and it takes the stress away from rushing and sitting in traffic knowing you are late for a person." The registered manager and care coordinator also provided additional care to cover where needed so that the service ran smoothly. People told us, "They are never in a hurry, I'm more anxious that they get away on time than they are. They make sure they stay the full time, and we have a quick chat, and they ask if they can do anything else before they go," and, "They stay the full time but I might let them go if they finish and have done everything I want. They are not rushing to get away." Relatives said to us, "They take the time to do it right," and, "They are mostly on time, but they can get held up. They let me know but it's usually not that late,"

People were protected by the service's recruitment procedures which checked that staff were permitted to work with people in the community. We saw in the recruitment files that staff had completed an application form outlining their previous experience and employment history. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. Risk assessments were in place if additional assurances about a person's suitability to work with people in the community were needed.

Systems were in place for the safe administration of people's medicines. Staff received training in how to administer and prompt people and how to complete the medicine administration record (MAR). The records we saw confirmed that staff administered medicine for people correctly including any creams or eye drops. Where people needed their medicines in a particular way, for example, before food this was detailed so that staff followed the prescription correctly. People also told us that staff wore protective clothing such as aprons and gloves when appropriate and followed infection control procedures.

Checks on staff members' competency to give medicines safety were undertaken and this involved observation of their practice and identified any additional training which may be needed. People who needed assistance with medicines told us that they were administered according to the procedure, on time, without mistakes and recorded on the MAR. One person said, "I do my tablets via a blister pack and they remind me and they sign the book that I have taken them. They write it all down, no mishaps." A family member said, 'Tablets are taken and they note it and any problems they let me know sorted." Another family member told us, "They make sure [Name] takes their tablets and they make a note, it's done well."

Good

Is the service effective?

Our findings

At the last inspection on 7 October 2015, the service was rated as 'Good' in effective. At this inspection, the rating remains 'Good'.

People told us that their care was provided by staff who were skilled and competent in carrying out their role. They said, "My staff are well trained and very caring," and, "They are smart and professional," and, "Yes, the staff seem well trained and they have a very good attitude."

We saw records in the staff files which showed that there was an induction, training and supervision process in place. The induction process was comprehensive and involved training, understanding the systems and processes the service had in place, shadowing experienced staff and meeting people who used the service.

The registered manager had introduced the Care Certificate as part of the induction process and used it as part of the on-going training and development of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. They explained that staff had to complete five of the standards before they received their first full wage to ensure they had an understanding of their role and the basic skills and knowledge to care for people effectively. The remainder of the standards were completed during the year.

The majority of the training was completed online and refreshed every year. Some training was group based or at an outside venue. For example, the theory and practical application of how to move and position people correctly and the use of equipment was provided by one of the Directors who was a trained trainer. Staff had completed the Virtual Dementia Tour training (to understand what people with dementia may experience in their everyday life) in addition to their mandatory training. Staff had or were undertaking their Qualifications and Credit Framework (QCF) in social care level two and three and the registered manager and director both had completed their level five in management and leadership. One staff member had been given the opportunity and responsibility for undertaking risk assessments and had been offered training to gain the skills and knowledge in this specific area.

Staff told us that they were provided with the training that they needed to meet people's needs. One staff member said, "Whilst the training is mostly online, we get help if we need it." Another said, "We get lots of training and it's expected that we do it all." A third staff member told us, "I feel my induction and training with Divine has been very good. I also feel supported in my role. A visiting professional told us that the service was, "Very good at supporting staff to gain qualifications."

Spot checks and observations of practice were undertaken by the registered manager. Staff had one to one supervision meetings and appraisals which were recorded and these were used to develop staff knowledge and skills and have an input into their overall development. Staff were given the support and guidance that they needed to meet people's needs effectively.

People told us that the care and support they had received had been effective in enabling them to live at

home and remain as independent as possible. They told us that staff communicated well, listened and acted on what people needed and wanted. One person said, "I was having more falls so now I have more calls and now I'm not having falls. I still try to do what I can and they respect my independence." One family member said, "[Name] is happy with them and gets on okay with [staff member]. It's also company for them and we have good communication with them." Another said, "The staff give [Name] space and time. They also make me feel at ease and I leave them to it having a nice banter." And another said, "I leave them notes and we have good two way communications."

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

The service had a policy and process in place and was working within the principles of the MCA. Staff had undertaken training in the MCA and were aware of what it meant to protect people's rights. People's records included their capacity to make decisions and them or their representative had signed their records to show that they had consented to their planned care and staff acted on their wishes. For people whose capacity to make decisions fluctuated, the service worked with family members or their representatives to ensure consent was sought and their choices respected. This ensured that people's health and wellbeing was being monitored alongside their freedom and protection to remain at home in their own community.

Where people required assistance with preparing or eating meals and having sufficient fluids, this was recorded so that staff were able to meet their needs. People told us that their meals were done to their liking, with food well prepared, nicely presented and staff tidied up after meals. One person said, "They will do me some food if I want and one of them makes me a salad and it's so good. Meals are always nicely presented."

If people had specific requirements relating to their diet or any risks associated with malnutrition these were identified. For one person for example, it was noted in their care plan that fluid should be measured in the jug provided as the person was only able to have limited fluids." All relevant documentation was recorded in the person's daily notes so that this could be monitored. One family member said, "The staff do [Name] meals, yes that's done okay and they try their best to make it appetising." Another told us, "The staff prepare breakfast, lunch and tea or help [Name] to do it. They enjoy their meals and they help with the shopping too."

People were supported to maintain good health and have access to healthcare services. One family member said, "The staff will alert me if they find an early sign of a bed sore or a scratch. They have caught things early and they tell me." The registered manager had good links with health and social care professionals such as the district nurses, GPs, continence service and physiotherapists. Consent was sought from people when staff made referrals for extra support and advice. People who used the service and relatives told us how helpful the service was in getting them additional care or equipment. One family member said, "The service make sure [Name] gets a doctor if needed. So far so good." Another family member said, "The staff text us if [Name] seems poorly and alert us to let us know that [Name] had a fall and needed the doctor. They stayed with them whilst waiting for the paramedics; they got them a blanket and a cup of coffee."

Good

Is the service caring?

Our findings

At the last inspection on 7 October 2015, the service was rated as 'Good' in caring. At this inspection the rating remains 'Good'.

People were very happy with their care arrangements. They told us that they received care from staff who were very kind and thoughtful. Comments about the staff included, "They are very, very good. All the staff are like members of the family. The word caring is foremost in their approach. They all have a healthy dose of compassion," and, "They have a chat and they are very nice and very punctual and very professional," and, "They are very polite and respectful. For me they could not improve."

People said they were always spoken with in a friendly, polite and respectful way. People were listened to and their concerns taken seriously. One person said, "The staff take what I say seriously and value me." People could express a preference about who they had to support them in terms of gender of staff and this was accommodated. Staff and the registered manager knew people's needs and their circumstances. When they spoke to us about people, this was done with sensitivity and compassion. People's independence was actively encouraged and promoted in order for them to live their life in a meaningful way. For example, the service was flexible and adaptable in meeting people's requirements at different times should their day to day needs change. For example, going out with family or to visits and health appointments and care would be provided around them.

We saw that people were involved in making decisions about their care and support where this was possible. One person said, "It was all checked out with me but it was set up very fast and as it needed sorting, though I've had these days for years." Another person said, "The manager came out at the start. We agreed it [care plan] needed more work as my needs have increased. We have had on-going reviews and dialogue, they also ask for customer feedback." One representative said, "My authority is respected by the staff and they are superb in the care they provide. Lovely people look after [Name]." We saw that information about people was kept confidential and private.

The service had information about advocacy services and the registered manager said that they help people to access independent support and advice to help them make decisions about their lives if needed.

Staff were respectful of people, their homes and family life. People said, "All the support I have is done with dignity. I like them to do only as much as is needed. I'm not embarrassed," and, "They make sure I'm relaxed and at ease with them and they are pleasant to have call," and, "All the staff are considerate in the house. They go beyond their duties and they will do odd jobs as well, they are excellent." One staff member told us, "I always strive to give my clients the best possible care for them, care plans are reviewed constantly to ensure this happens." Another said, "This is a great job and I love the people I visit." A third said, "You treat people as you would expect to be treated. The support we get enables us to do our job well. People are well cared for because we are too."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection on 7 October 2015, the service was rated as 'Good'. However, at this inspection we found that improvements were required and responsive was now rated as 'Requires improvement'.

People told us that staff responded in a professional and caring way to them and their family. They were very satisfied with the care and support given by staff. They told us, "We have discussed things as we have gone on and Divine have provided more care. They respond to [Name] changing need," and, "They [Manager] will phone me if they are concerned, not needing to phone all the time," and, "The care staff are polite and respectful and [Name] is okay about them visiting. Staff know about their needs and any replacements do too, no strangers come."

People contributed to the assessment and planning of their care. We saw that they had expressed their preferences, likes, dislikes and views about how they wanted their care to be arranged and delivered. For example, "The staff make sure [Name] has talc put on and where, this is important," and, "[Name] likes to be followed to her chair so she feels safe."

Information about the service was available and given to people in response to an enquiry from an individual or a referral from a health or social care professional. The registered manager told us that ideally they would assess the person before taking on the care package. They could then judge whether the service could meet the person's individual needs.

The registered manager told us that increasingly there was a demand to take on people urgently which they had done. We saw that for new people with high support needs the basic care plans were clear about their needs but risks assessments had not been fully completed to safeguard people who used the service and staff. The registered manager told us that they responded quickly to requests from social services to provide care, however, this meant that they did not always do their own full assessment as to the level of care required and the risks associated with people who had high support needs. The registered manager told us they would review this process to ensure that they could respond appropriately to people's needs in the longer term.

The care plans we looked at covered relevant aspects of a person's individual needs, culture, living status, circumstances and requirements. This included details of the personal care and support required, duties and tasks to be undertaken, minimal risk assessments, how many calls and at what times in the day or evening. People were asked if they preferred a male of female staff member to support them and their preferences were respected.

People's needs were reviewed and we saw that these had been done. However, the information we saw in the care plans we looked at was confusing, duplicated and not sufficiently detailed to understand people's needs fully. For example, one care plan gave details of a person's mobility but the review said they were now cared for in bed. Another example we found was that a person's file contained two care plans and neither were dated so we were unsure which was the most up to date copy. The registered manager told us that

reviews were now being recorded on the computer system and therefore were not always printed off for the care plan file. It was difficult in some of the care plans to know what was the most current information about people's needs.

We discussed record keeping with the registered manager who agreed that the care plans needed attention and would make this a priority in order to maintain accurate records of people's health and social care needs. The registered manager told us that any changes to the person's needs after the review were communicated to staff through the computer system. This informed the staff immediately of people's changed needs. Staff told us that there was a system of good communication in place so that they were kept up to date and people's needs were met in a timely way. Despite issues with record keeping, care and support was provided when it was needed and everyone treated as an individual.

A daily notes book was used to record the tasks and activities undertaken for the person and to share any information of importance such as changes to the care plan. We saw copies of some of the completed daily notes and noted that the information about the person was written in a kind, non-judgemental and sensitive way.

Additional to the care plan held at the person's home was a handbook about what the service offered, their statement of purpose, complaints policy, contractual arrangements and photographs of all the staff who worked for the service so that people could recognise them as care staff.

People knew who to contact if they had any concerns or complaints. At each regular review people were asked their views about their care. Any issues were resolved quickly with an apology. People told us, "I've had no complaints but they help me if I need to phone up, and they take it seriously," and, "We just had to complain once about one staff member, as [Name] and the staff member were just not on good terms and afterwards they did not send them again," and, "We've had no formal complaints but have spoken to them about some staff only. They take things seriously."

The complaints policy and process provided guidance for people to make a complaint or share their concerns. The registered manager told us that they had improved the system to record and investigate verbal as well as written complaints and to record the outcome. We saw that three complaints had been dealt with appropriately and had been concluded satisfactorily. The registered manager had also learnt from the incidents and had used the information to improve the service. For example, a spot check was completed with a staff member and from this they learnt to slow down whilst undertaking tasks and interact more with people they were supporting.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 7 October 2015, the service was rated as 'Good'. However, at this inspection we found that improvements were required as the service was in breach of the Regulations and well led has now been rated as 'Requires improvement'.

The monitoring of the quality of the service needed some improvements. Systems and processes were not being operated effectively to assess, monitor and improve the quality and safety of the services. The registered manager had not undertaken any monitoring of the care planning and risk assessment processes needed to know if people were receiving care they were assessed to receive. The records we saw were not accurate or sufficiently detailed to understand and mitigate the risk to people and the staff and to meet people's care needs. Without the consistency of the staff and the knowledge they had of people in their care, it would be difficult to understand and provide for people's needs.

A yearly survey was sent to people who used the service and staff. This was a very lengthy tick box style document. We saw that a number of the survey's had been returned. The registered manager told us that they did not have an understanding of whether people were satisfied with the service or not as the survey results had not been collated. The registered manager told us that the surveys were cumbersome to complete but as they were part of the quality assurance package they purchased from a company, thought that they needed to be used.

We were provided with the results after the inspection when the director returned from annual leave. This information did not provide any results that could be of use to improve the service. We discussed with the director that they were not fit for purpose and did not demonstrate how the leadership was proactive in gathering people's views and taking actions to support the development, improvement and quality of the service.

The registered manager told us that they did not have an overall plan for improvements to the service and said, "We just deal with things as they come up." They also said that discussions or service decisions between the two directors of the service were not recorded so they did not have a recorded audit trail of decisions made or the input from people who used the service and staff.

Management and responsibilities for the service were split into care provision and staffing under the registered manager and finance and training under the director. However, the registered manager was unable to find key documents we requested whilst the director was away from the service. Lack of effective management oversight meant people were at risk of receiving care which was not of a high standard.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance

Staff told us that the director and the registered manager were both visible in the service. They were fair, dependable and open. They were aware of the day to day culture and had honest dialogue with staff about

the vision, values and standards they expected. Staff were motivated and supported to question practice and were valued for their views and opinions. Staff meetings were held monthly. Staff also went into the office regularly so information was shared and they felt involved. On the day of the inspection we saw that the office was an inclusive and supportive place for staff to be. One staff member said, "We don't meet up as a whole team, like in a meeting, but it would be nice to share more ideas and information."

People were very complimentary about the staff and management of the service. They told us they could, "Get in touch with the office and that the staff were easy to get on with," and, "The service was open to comment and feedback and the managers were very hands on, approachable and personable," and, "Staff were well trained and competent to do their work including the manner and professionalism of the office staff and managers."

Spot checks of staff competence in carrying out their role were undertaken to ensure that they provided appropriate care and support in line with the person's needs. Also that they followed the provider's policies and procedures such as the medicine administration policy. The manager advised that the spot check also included a review of the person's care records and daily notes so as to ensure that these were appropriately completed. One person said, "[Manager] has reviewed it all and asked me what I think of it, they are interested in how it is for me, face to face." Another person told us, "They keep me in touch about once a month to check up and they gave me a newsletter once, like an email."

The Quick Plan system was supporting the monitoring of the service and the registered manager said that this was working very well. The staff had a mobile phone which logged that they were at a call, the times, helped with rota arrangements and enabled communication with staff at all times. It was used to record all information in and out of the service. However, the registered manager told us that they were working two systems at present and hoped to reduce the amount of paper and have all information electronic. This would take some time to do but there was no plan in place as to when this would be completed.

The registered manager was aware of changing legislation and best practice and followed guidance as and when required to improve the service such as subscribing to the Quality Compliance System for updates to policy and practice. They were affiliated with other organisations such as the Essex Home Care Association (EHCA) regarding the sharing of information and learning. They understood their role and responsibilities to the people and staff they worked with and the requirements of being a registered provider. Notifications were sent to CQC in a timely way.

The service produced a Newsletter for sharing news and views and hosted a Christmas and a summer party for people who used the service, their relatives and staff twice a year in order to bring people together and say thank you to them.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and well-being had not been assessed or action taken to mitigate the risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have an effective quality assurance monitoring process in place and there was a lack of oversight of the service.