Caremaid Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 30 and 31 August 2016 and was announced. We gave the provider 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The service was registered with the Care Quality Commission on 11 June 2015 and had not been inspected before.

Caremaid Services Limited is a domiciliary care agency which provides personal care for people in their own homes. At the time of our inspection, there were 69 people using the service, most of whom were funded by their local authority. People who received a service included those with physical frailty or memory loss due to the progression of age, terminal illness, eating disorders and dementia. The frequency of visits varied from one to four visits per day depending on people's individual needs.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service were at risk of unsafe or inappropriate care as the provider did not always carry out checks on new staff to make sure they were suitable to work in the service.

The risks to people's wellbeing and safety had been assessed, however, risk assessments were generic and not person-centred and there were no detailed plans in place for some of the risks identified.

Care plans were written from the person's perspective, however these were basic and lacked detail.

Feedback from people and their relatives was mostly positive, although some people said that care workers were often late and did not always inform them of this. Some people said they had different care workers visiting which made it difficult for them to build a rapport and get to know them. However, all of them said the care workers were reliable and caring and that they trusted them.

People's needs were assessed by the local authority prior to receiving a service and support plans were developed from the assessment. Most people told us that they did not know the names of people in the office and were not sure who they would contact if they had a concern. Some people told us they had received a visit recently from someone from the office. Some people told us that they had been involved in the planning of their care. Everybody using the service whom we spoke with said that they were happy with the level of care they were receiving from the service.

There were procedures for safeguarding adults and the care workers were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's condition.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 but told us that none of the staff had received in depth training in this. Records showed that people had consented to their care and support and had their capacity assessed prior to receiving a service from Caremaid Services Ltd.

There were systems in place to ensure that people received their medicines safely and all staff had received training in the administration of medicines.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence.

People's health and nutritional needs had been assessed, recorded and were being monitored. These informed carers about how to support the person safely and in a dignified way.

Care workers received induction training and shadowed experienced staff before delivering care and support to people. They received the training and support they needed to care for people effectively.

There was a complaints procedure in place which the provider followed, however, some people did not feel confident that if they raised a complaint, they would be listened to and have their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, but audits had failed to highlight that there were no detailed plans in place for some risks identified during people's assessment.

We made a recommendation with regards to the management of accidents and incidents.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the safe care and treatment of people, recruitment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The risks to people's safety and wellbeing were assessed, however there were no detailed plans in place for some of the risks identified.

People using the service were at risk of unsafe or inappropriate care as the provider did not always carry out checks on new staff to make sure they were suitable to work in the service.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and there were regular audits by the management team to ensure people received their medicines safely.

The service employed enough staff and contingency plans were in place in the event of staff absence.

Is the service effective?

Good

The service was effective.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty (DoL) and understood its principles. People had consented to their care and support.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the care workers and the provider.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers and had developed a trusting relationship with them.

People and, where appropriate, their relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. However, most people did not know the management team.

There was a complaints policy in place. People knew how to make a complaint, however not everyone we spoke with was confident that their concerns would be addressed appropriately.

The service conducted satisfaction surveys of people and their relatives. These provided information about the quality of the service provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People we spoke with and their relatives did not know the registered manager and although some told us they had received a visit, they were unsure whom it was from.

Audits had failed to highlight that there were no detailed plans in place for some of the risks identified during people's assessments.

The provider did not always undertake thorough recruitment checks before staff started to work for the service.

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

There were systems in place to assess and monitor the quality of the service.

Caremaid Services 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.

The inspection took place on 30 and 31 August 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector and an expert-by-experience carried out telephone interviews with people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for an older person who used care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications sent to us informing us of significant events that occurred at the service. We also obtained feedback from two social care professionals involved in the care of people who used the service, and the local authority's Quality Assurance team.

During the inspection we looked at the care records of ten people who used the service, seven staff files and a range of records relating to the management of the service. We met with the registered manager, the operations manager, the care coordinator and three care workers.

Following the inspection we spoke with eight people who used the service and seven relatives to obtain their feedback about the service.

Requires Improvement

Is the service safe?

Our findings

The provider had general risk assessments in place for people using the service but detailed risk assessments for specific issues were not in place. We looked at the care records for 10 people and saw that each person had a general risk assessment document which covered day to day living. Possible risks were identified but specific guidelines for care workers on how to reduce these risks had not been provided. These issues included a high risk of pressure sores for a person who was bedbound and the risk of falls for another person who used the service. This meant that care workers were not aware of any increased risks in relation to people's specific support needs and how to reduce these risks. This resulted in an increased risk that people's needs may not be met in a safe and appropriate way.

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

People using the service were at risk of unsafe or inappropriate care as the provider did not always carry out checks on new staff to make sure they were suitable to work in the service. One of the seven staff recruitment records we looked at showed that a potentially unsuitable member of staff had been providing care and support to people for seven months before a Disclosure and Barring Service (DBS) check was received although this was a requirement of the provider's recruitment policy. We discussed this with the provider who said they had received a DBS check for this person but the staff member's name was wrongly spelt and they had requested a new one. However there were no records or evidence of a previous check having been done. The operations manager told us they had identified this concern during a file audit recently and were putting a risk assessment in place. They told us that they were putting systems in place to ensure that nobody would start work before all checks had been completed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded in a folder, however accident/incident forms had not been completed, which meant that it was difficult to audit the amount of episodes and what actions the provider had taken to prevent further accidents occurring. We discussed this with the registered manager who said they kept records of the actions taken in people's journals in their own home, but would ensure that they had copies in the office from now on. They showed us a template incident/accident form which they were going to start using with immediate effect.

We recommend that the provider seeks relevant guidance with regards to the recording and reporting of accidents and incidents.

Care workers supported people with either prompting or administering their prescribed medicines. We saw ten medicines administration records (MAR) charts which had been completed over several weeks. These indicated that people had received their medicines as prescribed and there were no gaps in signatures. There was a generic risk assessment which took into account the management of medicines, however there

were no detailed person-specific risk assessments in place. We saw training records showing that all staff had received training in administration of medicines and they received yearly refresher training. The registered manager told us the visiting officer collected the MAR charts from people's homes at the end of every month and these were audited at the office to identify any issues or concerns. Where there were errors were identified, they told us that these were addressed with the care worker responsible. Actions taken included inviting them for a supervision meeting or booking them on a medicines refresher training. However we did not see any records of the audits undertaken. We discussed this with the registered manager who told us they were kept in people's homes. This meant that we could not evidence that regular audits were taking place and therefore we could not be sure that potential errors were identified and addressed.

Almost everyone we spoke with complained about the care workers being late, however they did not blame individual care workers. One person who used the service told us, "They are in an impossible position if they don't have a car – my own regular carer always gives me a ring which helps, but many don't, so we just wait." We were told that at times, care workers had been up to two hours late. One relative said, "No matter what time they come and how long they stay, they do not fill in the care plan with the correct time." However, one person told us that all the office staff and care workers were courteous, willing and polite and added, "It does not always work out perfectly but I appreciate what they do, so despite their difficulties I would recommend them." The registered manager told us that care workers were expected to call the office if they were running late, then the care coordinator would immediately inform the person using the service. They told us that there had been issues in the past about lateness but this was improving now and they had increased the spot checks to ensure that issues were picked up without delay. In addition, they told us that they allocated car drivers to every geographical area where they provided a service and had introduced company drivers who were able to drive care workers who were not drivers. The provider told us that they were planning to introduce an electronic call monitoring system in the near future. This would ensure that service delivery was timely and monitored accurately.

Most people and their relatives told us they felt safe with the care workers who visited their home. Comments included, "My carer assists me with my blister pack and always makes sure I am safe and sound" and "My main carer is great, more like a good friend." However, one person told us, "The carers chop and change a lot. It can make me feel insecure and unsafe. Although at the moment I have a carer who is interested in football, so we get along fine. For the moment I am content, but I do wish they would stop chopping and changing the carers." People we spoke with told us they knew how to contact the office if they had any concerns, and had the contact numbers in the book given to them by the service. This included the out of hours contact number.

Care workers told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Care workers we spoke with were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. Where concerns had been raised by people using the service or their relatives, the registered manager and the operations manager had worked closely with the local safeguarding team to carry out the necessary investigations and management plans had been developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional we spoke with and records we viewed confirmed this.

The provider employed enough staff to meet people's needs, and there were contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned. This included a pool of bank staff. The care coordinator told us that staff were being allocated to people in their geographical catchment area to reduce the risk of lateness.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. One care worker told us, "I would know if something was wrong with one of my clients, because I know them well. I would call the office straight away or 999 if it was serious." We saw evidence in people's care records that reviews were organised when there were changes to people's conditions and appropriate referrals were made. This meant that the person received medical attention without delay.

Good

Is the service effective?

Our findings

Most people and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person said, "It runs smoothly usually. My carers are all kind and caring" and another told us that their care worker kept them 'secure and happy'.

People said that care workers communicated appropriately with them. One person said, "We have a chat and a laugh, my carer is a friend" and another said, "They are quite effective but then again, I have only been with them four weeks." One relative told us, "Communication from the agency was not very good but it is improving."

Not all the people's nutritional needs were assessed and recorded in their care plans. We saw that some records were blank. We spoke to the provider about this and were told that this was because the family members were providing support with meal provision and the care workers were not required to get involved. We saw that the care records for a person who had complex nutritional needs were detailed and included guidance for staff to support the person. This included, "Please do not make any comments about weight", "The key skills are calmness, patience, compassion and firmness." Where people's nutritional needs were assessed we saw the assessments included people's dietary requirements, allergy status and weight.

New staff went through a five day induction period which included undertaking training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a shadowing period in order for the service users to get used to them and for the care workers to learn the job thoroughly before attending to people's care needs themselves. Care workers were supported through one to one supervision with the registered manager or the operations manager. The provider told us that staff had not yet received an appraisal but this was being put in place and would be undertaken this year.

Care workers told us they felt "supported and listened to" by the management team. We saw in the staff files that spot checks in people's homes were taking place. These included checks on the care workers' punctuality, whether they wore their uniforms and name badges, and if people were happy with the care and support they received. Records showed that all new care workers had received an induction to the service which included the company's policies and procedures and training such as health and safety, infection control and moving and handling. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard. The provider also told us that they were in the process of employing an in-house trainer, to ensure that training was available anytime throughout the year. They showed us a designated training room next to their office where all the training would be taking place, including practical training such as moving and handling, with the necessary specialist equipment for staff to gain practical experience with.

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. The registered manager told us that some of the people who used the service lacked the capacity to consent to their care and support. We saw that where relatives had Lasting Power of Attorney for health and welfare matters, this was clearly recorded in their care records. Where there were no legal representatives, the service took appropriate action to make sure that any restrictions were in the person's best interest and were authorised through the Court of Protection. Records we viewed confirmed this. People told us that care workers gave them the chance to make daily choices. We saw evidence in the care records that people were consulted and consent was obtained. People had signed the records themselves, indicating their consent to the care being provided. Staff told us that they were informed of the principles of the MCA but did not receive in depth training. Staff we spoke with showed a basic understanding. One care worker told us, "Some clients can't decide for themselves. If that was the case, I would call the office and they would liaise with social services. They have done so before." The registered manager told us they planned to deliver more in-depth training to all staff in the near future.

People's health needs were identified and monitored by the care workers, so that they received appropriate care and treatment. Where people required specialist support, the care records we viewed detailed that appropriate healthcare professionals were involved to ensure people's needs were met. This included support from a district nurse for a person who was being cared for in bed and whose skin was at risk of deterioration.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. People said the carers were kind and caring, had a good attitude and treated them with respect and dignity. Comments included, "Caring. Top quality, first class. I appreciate both the agency's and the carers' difficulties in performing a caring reliable service. Our girls are so nice and gentle with my [relative]. Always courteous and polite when they bathe him. I would not switch agency" and "The actual 'caring' is first class. I wish I could say the same thing about time keeping!" However, one person disagreed and said, "They turn up when they feel like it – write in the book but don't really achieve anything for me."

Most people we spoke with said they had regular care workers and had built a good rapport with them. However, some told us they had lots of different care workers to support them. The care coordinator told us they tried to allocate the same care workers to people but this was not always possible, however, the provider told us they had recently employed new staff and would work to improve this. A care worker we spoke with told us they had regular clients and had built a good rapport with them. They said, "It helps to be a regular carer because we know if something is not right, or they are running low of their medicines. We can then contact the GP or the pharmacist. We chase things up."

Care plans did not provide enough information to indicate if people were treated with dignity and that staff respected their human rights and diverse needs. Although the care and support plans were written from the person's perspective, they lacked person-centred details and it was difficult to get a 'picture' of the person and their individual needs by reading these. We discussed this with the provider who told us they would be improving their care plan systems in the near future.

The provider told us they tried where possible to provide the most suitable care workers to people who used the service. This included a choice of gender. We saw evidence that a person who had requested a female worker had been provided with a change of care worker without delay. People told us they were involved in discussions about their care and support, and had signed to give consent for their support.

The service received compliments from relatives and healthcare professionals and they indicated that they were happy with the service. Comments included, "The two allocated carers who visit routinely have been arriving on time to provide such a beautiful and high standard of care", "Really pleased with your carers" and "The care worker this morning did a wonderful job."

Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The care workers we spoke with told us they enjoyed working for the service. One care worker said, "I just love my job" and another told us, "When I walk in, the smile on their face! Wow!" The service carried out random spot checks, reviews and telephone calls. These indicated that people and their relatives were happy with the service and the support they received.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed and the support and care provided was all agreed prior to the start of the service. The initial assessments were carried out by the local authority and care plans were developed from the initial assessments. We looked at a range of care and support plans and saw that these were not consistently completed. Most were basic and although they contained instructions for care workers to follow, they were not detailed and did not always take into account people's individual needs. For example, we looked at the care and support plan for a person receiving end of life care, and saw no advanced guidance or advice for staff to follow when the person's condition deteriorated. However this person was receiving appropriate care from specialist healthcare professionals such as palliative nurses, GP and physiotherapist, and this was recorded in people's care plans. Another care and support plan we looked at contained guidance such as, 'I will need the support of a carer each morning to assist me into my chair from the bed'. However there was no information to explain to care workers how to provide this support. Other care plans contained very little information about the people's healthcare conditions and their social and cultural needs. This meant that we could not be sure people's needs were being met fully.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers told us they were able to speak with the senior staff to discuss people's needs anytime they wanted. One care worker told us, "The agency is open and communication is good. They listen to us, and always take action when we have any concerns." We saw from the daily care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. This included where a care worker identified that a person who used the service was not taking their lunchtime and teatime medicines. The provider liaised with the local authority and following a review of the person's needs, additional 15 minutes visits were added for the service to support the person with their medicines.

Support plans were written from the person's perspective and took into consideration people's choices and what they were able to do for themselves. We saw a request from a person which said, "I prefer getting ready for bed by 7.30/8pm." Care workers we spoke with told us they encouraged people to do things for themselves if they were able to.

The provider told us that every person who used the service and/or their representatives had taken part in the planning of their care. However, not all the people we spoke with said they remembered doing this. All but one of the care plans we looked at were signed by people or their representatives which indicated that they had agreed to their care and support.

Reviews of people's needs were undertaken every six months, however the operations manager told us that they always organised a review if a person's needs had changed. We saw evidence of this where a person's healthcare needs had increased and there were concerns about them not taking their medicines. Following a review, an agreement was reached and the person had expressed satisfaction with the outcome. This

indicated that the service was responsive to people's changing needs and had systems in place to review and meet these needs.

We looked at a sample of daily care records of support and found that these had been completed at every visit and described a range of tasks undertaken, however, only one of the records we looked at contained information regarding people's wellbeing, social interactions, or anything relevant to the day. Most records started with, 'assisted with', and referred to a person as 'him' or 'her' rather than using their preferred names. We brought this to the provider's attention and were told that they had already identified the issue, discussed it with staff and this was now improving.

There were processes in place for people and relatives to feedback their views of the service. Telephone surveys were regularly undertaken with people and their relatives. These surveys included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. Relatives were also asked if they were happy with the service, and had the opportunity to add comments. We viewed 12 surveys carried out in August 2016. These showed an overall satisfaction. Comments included, "Yes, I am happy, all the concerns have now been sorted out.", "Improved communication.", "So far, they have met all my [relative]'s needs.", "All is fine at the moment" and "Very happy."

We liaised with a team of social care professionals who had found some serious issues with the service and who were regularly visiting the service to provide support and promote improvements. The provider had supplied an action plan indicating areas for immediate improvements and improvements planned at an agreed date. On the day of our inspection, we found that the provider had made significant improvements and were working closely with the operations manager to continue to develop the service. This showed that the provider took concerns seriously and ensured that appropriate actions were taken to improve the service.

Some people were not confident that if they made a complaint, this would be taken seriously and their concerns addressed. However, the records we looked at confirmed that complaints were taken seriously. The service had a complaints policy and procedure in place and this was being followed. This information was supplied to all people using the service. Records of complaints indicated they were taken seriously and responded to appropriately. This included where a person who used the service failed to receive their allocated visit. We saw evidence that the provider had taken appropriate disciplinary action with the care worker. There was also evidence that the provider had followed their policies and procedures where they had received concerns regarding the misconduct of a care worker.

Requires Improvement

Is the service well-led?

Our findings

The provider had put in place a number of different types of audits to review the quality of the care provided. However, audits relating to the care and welfare of people using the service had failed to highlight that there were no specific risk assessments and support plans in place for some of the risks identified during people's assessment.

The provider did not always undertake thorough recruitment checks before staff started to work for the service and this had not been picked up by any auditing processes.

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

People we spoke with told us they did not know the registered manager and did not have any contact with them. Most people said they had been visited and contacted by someone but were not able to tell us who the person was.

The care coordinator carried out regular spot checks of the care workers. These included checks about punctuality, whether care workers wore their uniform and name badge, and carried out their duties according to people's care plans. These checks were recorded and we saw that an "action taken" section was completed where an issue had been identified. However, this did not include any details of the action taken. For example, where a care worker was 15 minutes late, it was recorded that they were questioned about it, but no further action was evident to minimise the risk of this happening again, and where another care worker was also 15 minutes late, it was recorded that 'no action required as the carer is following all the required procedures'. This meant that the spot checks were not always effective at reducing the risk of care workers' lateness.

The senior staff were involved in audits taking place in people's homes. These included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. However most of the audits were kept in people's homes. We discussed this with the provider who told us they would keep duplicates in the office from now on.

The registered manager had been in post for nine months and was the second registered manager to run the service since it was registered on 11 June 2015. They were supported by an operations manager who started in July 2016 and one care coordinator. They told us that the registered manager was approachable and supportive and they felt encouraged to develop within their new role. The registered manager told us they were working together to improve all areas of the service and we saw evidence of this.

The registered manager told us they attended provider forums organised by the local authority and kept themselves abreast of developments within the social care sector by accessing relevant websites such as that of the Care Quality Commission.

The registered manager informed us that regular team meetings and management meetings were now in place although these were not regular prior to July 2016. Records we viewed confirmed that these were now regular and included topics such as training, safeguarding, accidents and incidents and current issues regarding staff and people who used the service. Staff were requested to sign the minutes to confirm they had read these and understood their content.

Issues such as professional boundaries, lateness or complaints received were discussed with the care workers. This showed that staff were supervised and that concerns about care practices were addressed. Staff told us they felt supported by the management team and found them supportive and professional. Care workers told us, "They are doing their best. They always support us", "They listen and support us. Every time we report, they respond" and "Management is ok. Everything is now getting better."

Some people told us that they had been asked their views about the quality of the service that was provided. The provider undertook quality visits to people's homes. These provided an opportunity for people to voice their opinion of the service, raise concerns and tell the provider what they liked or disliked about the service. The feedback we saw varied but overall was positive. Comments included, "In general, [person] feels the service is not bad but could be better", "[Person] is very happy with the carers and has no concerns at all", "[Person] is happy with her carer who gives her time to even chat with her", [Person] is very grateful with the carers. They are all good and she likes them all" and "The service is ok." These quality visits were put in place recently following concerns and complaints. This indicated that the provider was putting systems in place to improve the quality of the service and meet people's needs fully.

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 9 HSCA RA Regulations 2014 Person-centred care The care of service users did not always meet their needs or reflect their preferences. Regulation 9 (1) (a) (b) and (3) (a) (b) (e)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for people using the service. Regulation 12 (2) (a) and (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality audits were not effective in highlighting concerns and mitigate risks to people. Regulation 17 (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured that fit and proper persons were employed because recruitment procedures were not operated effectively.

Regulation 19 (1) (a) and (2) (a)