White House Home Care Services Limited

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Inspection report

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Tel: 01482827902

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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 19 and 24 July 2017 and we gave the provider 24 hours' notice. We gave this short notice as the service is small and we wanted to make sure someone was available to speak with us. The first day of the inspection was carried out at the office and the second day was spent visiting and making telephone calls to people who used the service.

The provider is a small domiciliary care service which is registered to provide personal care to people in their own homes. Currently the service provides support with personal care for 17 people who live in Hull and East Riding; all the people fund their own support from the service. The main office is situated in a residential area in Hull; there is on street parking. At the last inspection on 26 July 2016, we had concerns about the lack of a quality monitoring system. At this inspection, we found improvements had been made in this area but there was some way to go before the service was fully compliant.

The service had a registered manager in post. 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.

We found concerns with three areas in the service. These were recruitment processes, the planning of person-centred care and, despite some improvements, monitoring the quality of the service.

A good recruitment process had not been followed which had led to a lack of important records being in place prior to the start of staff's employment. Some staff didn't have references, gaps in employment history had not been explored and disclosure and barring checks were not always returned to the service before the member of staff started work. There was no record that an interview had taken place to assess the skills, knowledge and values of potential staff.

People who used the service had assessments of their needs completed and task sheets developed to guide staff in how to meet them. However, the assessments and task sheets were very basic and did not provide full information about people's needs nor full guidance for staff in how to support people in line with their preferences. This meant there was a risk that important care could be missed. When we spoke to staff they told us they knew how to look after people.

There was a quality monitoring system which consisted of audits, checks, and seeking people's views. However, the audits had failed to identify shortfalls in the assessments and task sheets and staff inconsistency in the use of codes on the medication administration records. There was no audit completed for recruitment documentation.

You can see what action we have asked the provider to take in response to the above concerns at the back of the full version of the report.

The service had a small staff team, which was sufficient to meet the current needs of people who used the service. Staff had travelling time in-between calls and there was an electronic system in place which enabled the registered manager to know when staff had arrived at the call and when they left. This helped to minimise the risk of missed calls.

People told us staff were professional, friendly and listened to them. They also said staff respected their privacy and dignity and delivered personal care in ways they preferred. Staff supported people to make their own decisions and had an understanding of the need to gain consent prior to carrying out care tasks.

People who used the service all had capacity and were able to make their own decisions. The registered manager had an understanding of mental capacity legislation and knew what action to take if people were assessed as lacking capacity and important decisions were required.

Staff had received training in how to safeguard people from the risk of harm and abuse. They could recognise the signs and symptoms of abuse and knew what to do if they had concerns.

There was evidence staff monitored people's health care and nutritional needs. They supported people with the preparation of meals, prompted them to take medicines as prescribed, contacted health professionals on people's behalf or informed relatives of concerns so they could liaise with the person's GP or district nurse. Staff knew what to do in emergency situations.

Staff had access to training, supervision and support. They said management was supportive and they felt able to raise issues with them. The registered manager was in the process of sourcing two training courses that new staff had not completed yet.

People who used the service were provided with a copy of the complaints process. This explained how they could make a complaint and how quickly it would be investigated. People told us they felt able to make complaints but they had not needed to; they gave the registered manager's name and the director's name as the people they would contact if they had concerns.

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 consistently safe.

Recruitment processes were not sufficiently robust; full employment checks had not been completed prior to new staff starting work in the service.

Staff knew how to protect people from the risk of harm and abuse and how to report concerns to the appropriate authorities.

Staff supported people to administer their medicines in a safe way and as prescribed by their GP.

Is the service effective?

Good

The service was effective.

Staff knew how to make sure they gained people's consent prior to completing care tasks. They supported people to make their own decisions about day to day activities. Staff were aware of the actions to take if they felt people lacked capacity to make decisions.

Staff monitored people's health and welfare and contacted health professionals for them as required. They also ensure people's relatives were informed of any issues.

When included in the care plan, staff supported people to make meals or prepared them on their behalf. This helped people to maintain a healthy diet.

Staff received training, supervision and support which helped them to feel confident in supporting people who used the service.

Is the service caring?

Good

The service was caring.

People told us staff had a kind, caring and professional approach. They said staff respected their privacy and maintained their dignity during personal care tasks. The registered manager

ensured the same staff team supported individual people to reduce the amount of carers delivering support.

People were given a care file which provided them with information about the service they received. Staff arrived promptly and stayed for the allotted time.

Staff recognised the importance of confidentiality and protected personal information.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had assessments of their needs and tasks sheets were produced. However, these were basic and did not include full information about people's needs and how staff were to meet them; this meant important care could be overlooked.

Despite the lack of information in task sheets, staff knew people's current needs well and how to respond to concerns.

The service had a complaints process and people felt able to raise issues knowing they would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

A quality monitoring system had been initiated since the last inspection which was an improvement. However, the system had not identified specific shortfalls so that these could be addressed.

People who used the service were asked about their views during visits to them by the registered manager and also via surveys.

Staff described a culture that was open, supportive and focussed on meeting people's needs. Care staff told us they would feel able to raise concerns.

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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 checked 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.

This full comprehensive inspection took place on 19 July 2017 and was completed by one adult social care inspector. The provider was given 24 hours' notice because the location was a small domiciliary care service; we needed to be sure that someone would be in.

The provider had completed a Provider Information Report (PIR). The PIR 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 checked our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service. We also looked at the results of a questionnaire we had sent out to people. We used the information we held to support our inspection process.

Prior to the inspection, we spoke with the local authority safeguarding, and contracts and commissioning teams. They informed us they did not have any current contracts with the service and the people who used it funded these themselves. The local authorities tended to have contracts with larger services.

During the inspection, we spoke with the registered manager, a director of the service and an administration worker. Following the day at the office, we visited two people who used the service and had telephone conversations with three relatives and three members of staff.

We looked at specific care records relating to three people who used the service. We also looked at other important documentation relating to people who used the service. These included medication

administration records (MARs) for four people. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included recruitment files for two staff, training records, the staff rota, minutes of meetings with staff, quality assurance audits and maintenance of equipment records.

Requires Improvement

Is the service safe?

Our findings

We found there were shortfalls in the way staff had been recruited which meant all checks were not in place prior to the start of new staff's employment. New staff completed an application form but we saw gaps in employment had not been explored with them or not recorded. Out of the six staff files we looked at, three people did not have references and two people had one reference, one of which was returned after their start date. There was no record that interviews took place. Disclosure and barring service (DBS) checks had been completed to ensure potential staff were suitable to work in care settings. However, two of these had been returned after the start date and there was no record that a holding check had been completed during the interval. We spoke with the registered manager about recruitment shortfalls and they confirmed these would be addressed straight away.

Not ensuring safe recruitment practices was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Despite the recruitment shortfalls, people who used the service told us they felt safe with the care support staff coming into their home. They told us they were supported by a regular and consistent staff team who attended at the correct time and stayed for the whole length of time allotted to them. Comments included, "Oh yes, definitely [feel safe]. The care we get is consistent and good; [director's and registered manager's names] are honest", "They never rush me" and "I can't speak too highly of the staff."

Relatives said, "Yes, she trusts them and likes them; any worries and they [staff] ring us up" and "Oh yes, definitely [feels safe with staff]; it was difficult at first but we have built up trust."

We found there were sufficient staff to meet the needs of the service. The staff team consisted of two directors of the service, one of which is the registered manager, an administration assistant and four care support workers. The registered manager told us they were a small service and had found it difficult to recruit the numbers of staff required to expand. They said they had turned down potential packages of care as they did not have the numbers of staff required to meet people's needs safely and consistently. This showed us the registered manager was committed to ensure existing users of the service were not compromised during any expansion.

The registered manager had completed a risk assessment of people's environment and determined the level of risk. They had also included a safe system of work for staff following an assessment of people's moving and handling needs. The tool used to assess risk was a tick box form with scope for comments to expand on the information to guide staff. On some occasions the information in the assessment was brief and we saw it could have contained more information. This was mentioned to the registered manager to address. Staff were aware of security measures such as key safes and in discussions were clear about the action to take in emergency situations such as finding a person had sustained a fall or an inability to access the premises.

The provider had a system whereby staff logged in the time on their mobile phones when they arrived and left the service. This was connected to an electronic monitoring computer system and ensured the

administrator was aware when staff had arrived. It helped to monitor calls and ensure they were not missed. It also helped staff when they were lone working, as their phones identified where they were. The system enabled the registered manager to update records electronically and send messages to staff if there had been any changes in need and care support required. Staff confirmed they were allocated travelling time in-between calls.

Staff knew how to safeguard people from the risk of harm and abuse. In discussions with members of staff, it was clear they were knowledgeable about the different types of abuse and how to recognise signs and symptoms that would alert them to concerns. They knew how to report concerns to other agencies. Care support staff said, "We have to report it to [registered manager's name] straight away and record it; they would deal with it then." The registered manager knew to speak to in the local authority safeguarding team if they had any concerns.

We saw staff supported people to administer their own medicines when required. Generally people were able to take their own medicines with support from relatives or prompts and supervision from care support staff. Staff had received basic training in medicines management. The registered manager and director had received medicines training with a local company and other staff had completed workbooks on medication. There was a minor issue with confusion over codes when medicines were omitted. This was mentioned to the registered manager to address. A relative told us, "They don't make mistakes and follow the medicines procedure."

Staff confirmed they were provided with personal, protective equipment such as gloves, aprons and hand sanitiser. They were provided with a tunic top to wear with the company logo, identity badges and were also issued with a first aid kit.

Good

Is the service effective?

Our findings

People who used the service told us staff knew how to look after them. Comments included, "I think the training is excellent; they are experienced", "They are all very good at what they do" and "They don't prepare meals, I have that sorted but they will make a cup of tea if I want one." When asked if staff sought their consent prior to delivering care, both people we spoke with confirmed they did.

Relatives told us staff prepared meals to their family member's liking and preferences. They also said they thought staff received appropriate training and kept them informed if the person became unwell. Comments included, "Yes, there are two choices for them each time at lunch and they keep an eye on what they drink and record it", "They contact us if she is unwell; they are on the ball" and "The staff are really nice and professional. I think the staff are well-trained." One relative confirmed that when their family member was unwell, they had met with the registered manager to plan what to do and also what future plans may be required. Another relative confirmed staff had contacted the district nurse when required for a specific issue. When asked if staff asked the person's consent prior to carrying out care tasks, a relative said, "Yes, always and in a very encouraging positive way. We had problems with a previous service with personal care but now they look forward to seeing staff; they [staff] are upbeat and pleasant."

The 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. The registered manager, director and one care staff had received training in the Mental Capacity Act 2005 (MCA). Other staff were due to complete the training. Staff recognised the need to gain consent prior to the delivery of care tasks and described how they did this. They said, "We ask people if it's ok, explain what we are doing and check they are alright with it" and "We never assume that people haven't got capacity. If they can't consent then you would have a best interest meeting. Everyone we see can give consent though."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection. The service was not currently supporting anyone who lacked capacity to make decisions. The registered manager was clear about the processes they needed to follow and the principles of the MCA.

We saw staff had assisted people to maintain their health and they were aware of the actions to take in any medical emergencies. Staff said, "We assess all the time and read the notes when we go in to check what went on during the last call. We get to know people and how they are" and "The other day [person's name] didn't look well and when I asked if they were okay they said not so I advised them to contact their district nurse. They did and the district nurse told them to ring the hospital which they did and the person received advice over the phone." One person who used the service told us they had a specific condition and when it flared up staff always made a note of it in the daily log so other staff could monitor it.

Staff supported people to prepare meals or they prepared meals for them when required. Staff spoke about ensuring people had sufficient food in and how they may need to prompt and supervise people when eating their meals. They recorded when people had eaten their meal and for one person they documented their fluid intake and monitored their output.

We saw staff had access to training, supervision and support to enable them to feel confident when supporting people. They said, "I think the training is really good – definitely" and "Training with [registered manager and director's names] is brilliant." We saw staff completed e-learning and work books that checked their understanding of specific topics such as infection prevention and control, safeguarding adults from abuse, fire safety, dementia awareness and basic food hygiene. The registered manager and director had completed medicines training with a local pharmacy and had cascaded this to care staff. One person used a hoist and the registered manager had been shown how to use it by an occupational therapist and then demonstrated this to the care staff. The registered manager confirmed they were currently sourcing first aid and MCA training for the staff that required it.

Staff told us they had received a good induction which had consisted of shadowing the registered manager or other experienced care worker. There was an induction booklet which the registered manager completed when they were satisfied the new member of staff was competent in specific tasks. Staff confirmed they felt supported by the registered manager and could discuss issues with them if required. There were records of one to one meetings between staff and the registered manager and appraisal forms. These were used to check competency on visits to people and included reference to maintaining dignity, administration of medicines, the use of personal and protective equipment and whether staff appropriated checked people's skin for potential sore areas. The two new staff had not had their supervision yet but this was being planned.

Good

Is the service caring?

Our findings

People who used the service described staff in very positive ways and said they respected their privacy and dignity. Comments included, "All the staff are kind; very nice", "Oh yes, most definitely [staff respect privacy and dignity]", "They stay for the full hour and if there is spare time they ask if I want any odd jobs doing; [name of staff] repaired a drawer for me in her own time "and "[Registered manager's name] introduces new carers to us. They [staff] are outstanding; all the staff are brilliant and nothing is too much trouble."

Relatives were equally positive about the staff team. They said, "They treat him like a human being and are also considerate to my mother as well", "The service is very good; staff are always on time", "They [staff] are very good and encourage them to have a shower; some days are better than others for them [person who used the service]" and "I am very happy with the service." Relatives told us they had overheard staff provide explanations to people about the task they were to complete.

In January 2017, the registered manager had sent out a questionnaire for people who used the service and their relatives. There were positive comments returned. These included, "This is the best care we have ever received and three other companies used were nowhere near as good", "Friendly and excellent all round service" and "The girls are always pleasant and efficient."

Staff were clear about how they promoted core values of privacy, respect, dignity, choice and independence. They said, "We constantly talk to people during care tasks, encourage them to do what they can for themselves, give them personal space and keep people covered up" and "We try to put people at their ease by talking through everything. We would ask people to wash their hands and face if they were able."

In discussions, staff also demonstrated a caring approach and told us they enjoyed the work. Comments included, "It's important to give the best care and support you can; they come first", "We respect service users and give the care that they want. We make sure they are healthy and happy and promote their independence" and "If we're running late, it's important to apologise and let them know why; we ring them and it stops them panicking."

We saw people who used the service were provided with a care folder. This included their care and support agreement, assessment, any risk assessments, a record which described the tasks staff were to complete and information about how to complain. There was a second folder that staff used to document the care delivered to people and to highlight any concerns. We saw the daily records were completed thoroughly and there was evidence staff followed up concerns and commented on issues the next time they visited. The entries referred to staff sitting and chatting to people when tasks had been completed, encouraging people to maintain their independence, checking that they were not in any pain and the completion of monitoring charts. Staff recorded the time they started the call and the time they finished it in the daily records.

Staff told us that communication was good within the service and this enabled them to have up to date information about the people they supported. Staff said, "We called into the office last week to discuss two new people" and "We get text messages to update us and the office let us know."

The registered manager told us they expected the care staff to be kind and caring towards people. They said they attended all new care calls initially to familiarise themselves with the tasks required and also introduced new care support workers to people to ensure they knew what to do. Staff were provided with handbooks which included information on the behaviours expected of them with regards to maintaining confidentiality.

Requires Improvement

Is the service responsive?

Our findings

We saw people had an assessment of their needs completed by the registered manager. This was a tick box form with scope to add comments. The form incorporated the level of risk identified which for most people was low. We found the assessment and risk tool had basic details of people's needs, for example, the section on eating and drinking for one person stated 'encouragement to eat'. There were no further details regarding their nutritional preferences and what measures staff could use to encourage the person to eat. The same person was recorded as having a catheter, a risk of developing sore areas and urinary tract infections, and staff were required to complete domestic tasks. However, the person's assessment did not reflect the level of needs and how staff were to meet them. The assessment for one person mentioned health conditions but not how these impacted on them.

The was a moving and handling assessment completed for each person which gave staff information on safe moving techniques to use and what level of assistance the person could provide themselves.

The care folders had a copy of the assessment information, the tasks staff were required to carry out and the timing of them. However, the information in the task sheets was basic and would not provide staff with sufficient guidance on how to provide care to people in a person-centred way. For example, one person's task sheet indicated staff were to 'make a meal', 'make sure [name] drinks plenty' and 'encourage [name] to assist with food preparation'. None of the tasks described how they were to be completed or what the person's preferences were. The daily notes described other tasks that staff completed such as assisting with medicines, washing pots and making security checks but these were not included in the task sheets. Similarly another person's task sheet had limited information about how staff were to support them with catheter care, monitoring how much they drank and how they were to prevent sore areas from occurring. There was limited information in task sheets about what people could do for themselves to help them maintain their independence.

However, not ensuring a full assessment of needs and a clear care plan was developed meant there was a risk that important care could be overlooked. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Despite shortfalls in the assessment and care planning documentation, in discussions with staff they were able to describe how they supported people in an individualised way and responded to changes. This included catheter care and how they prevented sore areas from occurring. They said, "They get the care that they actually want in the way they want to do things. [Person's name] likes things done a certain way; that's what they are paying for." There was an incident when the registered manager had noticed one person had a sore area and contacted their district nurse for advice.

People who used the service told us they felt staff were responsive to their changing needs and looked after them well. Comments included, "They are all very good at what they do", "I would recommend this service; anything I ask for, they do for me" and "They know where I like things kept in the wardrobe and know what I mean when I ask for certain things."

Relatives said, "When we first got together, the care manager came over and asked relevant questions about what was needed. He's not mobile now and can get low; they [staff] cheer him up" and "We have no issues at all. There is a huge difference between this service and the last care service." When asked if the service provided person-centred care, the relative stated, "Absolutely, we are really satisfied." One relative said, "Anything I have ever mentioned, they have taken this on board."

The provider had a complaints policy and procedure which was included in the care file each person was given when they started to receive a service. The complaints procedure described what people had to do to and who to speak with should they wish to make a complaint. People told us they would feel able to make a complaint if required. Comments included, "I would ring [names of registered manager and director] directly, discuss it with them first and give them a chance to put it right. I have never had a complaint and if [registered manager's name] wants to do anything different they will come and chat about it", "I wouldn't hesitate to complain if I needed to" and "I would speak to [name of director]; I have his mobile number. I have never had to make a complaint though; I've not even had any niggles." Relatives also provided the names of staff they would speak to if they wanted to raise concerns.

Requires Improvement

Is the service well-led?

Our findings

We saw there was a quality monitoring system which had been initiated since the last inspection in July 2016. Whilst this was an improvement, there were still areas of shortfall that the system had failed to identify. For example, there had not been any audit of staff recruitment files and the registered manager had not recognised the importance of robust recruitment practices. Several medicines administration record audits had failed to identify inconsistencies in the use codes used by staff or relatives when people had their medicines were omitted. A check of task sheets had not identified that these required more information to guide staff in how to support people in an individualised way.

Not having a quality monitoring system that was effective in highlighting shortfalls, so they could be addressed in a timely way, was a breach of regulation 17 (good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other checks were carried out and recorded. For example, daily log sheets that staff completed when they delivered care. These were checked to make sure entries had been completed accurately and that staff signed when they entered and left the call. There had been other documentation checks, and an audit of first aid equipment, fire extinguishers and portable electrical appliances used in the office.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission and other agencies of incidents which affected the safety and wellbeing of people who used the service. We had received such notifications in a timely way.

People who used the service and their relatives knew the names of the registered manager and director of the service. They knew how to contact them and some said they had their mobile numbers to hand in case they wanted to speak directly to them. People said the service was well-led and comments included, "I think they run a good service" and "[Registered manager's name] is brilliant."

Relatives said, "This is the first service we've had. It seems good and they are there if we need them; they keep in touch", "The managers are great; it's a brilliant service", "They check how things are going" and "Management is very efficient and friendly."

An annual survey had been sent to people who used the service and their relatives. The survey asked people to rate the care provided to them and comment on whether their needs were met. It also asked people whether staff treated them with dignity and respect and if they were kept informed should staff be late. We saw the questions were answered positively from people who used the service. We saw there had been a positive review left on a specific website used for people to leave comments about domiciliary care services. The registered manager told us they regularly checked the website to ensure there were no issues to address.

It was clear from discussions with the registered manager and director that they were committed to ensuring people received a quality service. They spoke about having a small service and the benefit this

brought in them both being able to deliver care to people and in monitoring how staff delivered care to them. They saw and spoke to most people who used the service each week, sometimes on a daily basis, so were able to check out with them if they had any concerns. Staff had a handbook which contained information about the provider's expectations of their behaviour and ways of working. The handbook reminded staff about the provider's aims and objectives which referred to people being treated in an individual way, their health and wellbeing promoted and core values respected.

Staff told us they were supported by management and felt able to raise concerns and make suggestions. Comments included, "I love working here; it's fantastic. They [registered manager] sort out any problems and are flexible", "They are really approachable. Any problems and we can go to them and they treat us well" and "They are really good actually and we get a lot of support."

Staff told us there were good communication systems between themselves and management. They had meetings which, because the service was small, were usually on a one to one basis and were a catch up of information and to discuss any changes in people's care needs. There was a texting message system that management used to pass on important information before staff visited calls; staff could also use this to contact management to report issues. There was an administration officer on duty during the week and they could take messages from staff and pass on information if required. There was a daily log book in people's houses that they used to make sure information was documented. We saw these were completed thoroughly and staff followed on with relevant information when concerns had been identified at the previous call.

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 registered provider had not ensured assessments and plans of care included full information about how people's needs were to be met in the way they preferred. This meant staff may not have accurate and up to date information and there was a risk important care could be overlooked.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Although some improvement was noted since the last inspection with the registered provider initiating a quality monitoring system, this had failed to identify shortfalls so they could be addressed in a timely way.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured safe recruitment practices and had not made every effort to gain information to confirm staff were of good character prior to them starting work at the service.