

J.C.Michael Groups Ltd

J.C.Michael Groups Ltd

Barnet

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

J.C.Michael Groups Ltd Barnet is a domiciliary care agency providing personal care to older people living in their own homes. The services they provide include personal care, housework and medicines support. At the time of our inspection the service was providing personal care and support to a total of 80 people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

The service failed to ensure care workers were always appropriately deployed to meet people's needs. We found numerous instances where care workers failed to provide care and support for the agreed time specified.

The service had a system in place to monitor the quality of the service being provided to people. However, the service failed to effectively check various aspects of the care provided and identify deficiencies with aspects of care.

Accidents and incidents were not always recorded in accordance with the provider's policy and procedure. It was also not always evident what investigation and been carried out and what lessons had been learnt to reduce reoccurrence.

There was a recruitment system in place. However, we noted that the provider had not always checked who provided employment references for newly recruited staff. We have made a recommendation in respect of this.

Staff completed an intensive induction and training records were in place. However, we noted that some staff required refresher training. Some supervision notes we reviewed lacked detail. We have made a recommendation in relation to this.

Medicines management was safe and people were appropriately supported with their medicines.

There were systems in place to help safeguard people from the risk of possible harm. Feedback we obtained indicated that people and relatives felt safe in the presence of care workers.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

People and relatives told us that care workers were respectful of people's privacy and dignity. They told us care workers were kind, helpful and considerate.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff we spoke with told us they enjoyed working at the service and they were well supported by the management team and their colleagues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service was good (5 December 2017). Since the previous inspection, the provider has changed its name, although it is the same legal entity running the service.

Why we inspected

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

Enforcement and recommendations

We have identified two breaches of regulation in relation to staffing and governance at this inspection. Further, we have made two recommendations in relation to staff recruitment and training.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Barnet

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

J.C.Michael Groups Ltd Barnet provides personal care to people living in their own houses.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 5 April 2023 and ended on 21 April 2023. We visited the office location on 5 April 2023 to see the registered manager and review records related to the service.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We reviewed a range of records related to 10 people's care and support. This included people's care plans, risk assessments and medicines records. We also looked at 6 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included quality assurance records, minutes of staff meetings and a range of policies and procedures. We also reviewed electronic call monitoring (ECM) data. An ECM system is where care workers log in and out of their calls, and the information is recorded.

We spoke with 13 staff members. This included the registered manager, business manager, business support manager, care coordinators and care workers.

The majority of people who received care and support from the service were not able to speak with us due to their health needs. We therefore spoke with their relatives. As part of this inspection, we contacted 29 people and managed to speak with 2 people and 14 relatives. We obtained feedback from two care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People did not always receive care and support for the agreed time as detailed in their care package.
- An electronic homecare monitoring [ECM] system was in place. This monitored care worker's timekeeping and punctuality in real time. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late.
- We looked at the ECM records for the period of 20 March 2023 to 9 April 2023. We found that there were numerous visits where staff had logged in as being at people's home for less than the agreed visit duration. We found a substantial number of examples where the log visit recorded were 15 minutes or less where the agreed visit time was 30 minutes. This meant staff were not always adequately deployed so care workers stayed the full duration of the visits.
- We shared our concerns with the registered manager who told us that the majority of this was due to people not wanting care workers to stay for the full duration. However, we found this explanation had not been clearly documented in any records we viewed.
- The system in place at the time of this inspection was not effective and robust to ensure call log issues were swiftly identified and appropriate action taken.

These issues were a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- As a result of the concerns we raised regarding the length of visits, the registered manager told us that they would implement a system whereby care workers must document if they are asked not to stay the full duration of the visit and this would be closely monitored by management. Management would then take appropriate action where necessary.
- Despite the above, the majority of people we spoke with told us that care workers stayed for the duration of their visit. When asked about this one person told us, "Oh yes. If they finish early, they will stay and talk to me." However, one relative told us, "Some will only come in and check that everything is alright and if it is they will leave. They don't stay, it is just a flying visit."
- The majority of feedback received regarding punctuality was positive. One person told us, "Yes, they are on time. When there is an event on [at Wembley stadium] the office will ring and let me know what time they will be here." One relative said, "Mostly they are on time but if they are running late, they will always phone and give me an estimated time of arrival."
- The business manager explained to us that they communicated potential delays to people and relatives so that they were kept informed. A letter was recently sent to all people prior to bus and tube strikes advising of potential delays. The service operated a traffic light system in relation to how time sensitive people's care

was. This helped ensure that those people that required care at a specific time for health reasons were prioritised so that delays did not impact on their care.

- Systems were in place for the recruitment of new staff. Checks were undertaken. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK had been completed.
- We saw that references were obtained. However, it was not clear who had provided some of these as referee details were limited. There was also a lack of evidence to confirm how references had been verified to check their authenticity. Further, in some instances, character references were obtained instead of employment references but the reasons for the service doing this were not documented. It was therefore not clear why employment references hadn't been obtained in the first instance.

We recommend the provider review their recruitment process to ensure all people are supported by suitable staff.

Learning lessons when things go wrong.

- There was a policy in place to record, assess and analyse accidents and incidents. However, this was not always implemented. During the inspection, we found some accidents and incidents were not recorded on the appropriate form. There was therefore no formal record of what occurred, what follow-up actions were carried out and what lessons were learnt to prevent reoccurrence. We reviewed care records which showed that there had been two separate incidents of falls that involved different people. However, these had not been recorded as incidents on the appropriate incident/accident form and there was a lack of information as to what action was taken and how to mitigate this from happening again. Whilst management were able to tell us what action they had taken, documents did not clearly detail this.
- The provider did not have a robust system to record and learn from accidents and incidents.

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

Assessing risk, safety monitoring and management

- Our previous inspection found that some risk management plans lacked detail about how to mitigate risks. The registered manager explained that since the last inspection they had changed the format of risk assessments and these were now in place for all people. This format included detailed information about how to mitigate risks.
- Risk assessments were robust and comprehensive and covered areas such as the environment, mobility, diabetes and skin integrity. These were person centred and included information about the level of risk and clear details of how to minimise the risks as well as the possible signs for care workers to look out for. These were reviewed and updated when people's needs changed to help care workers provide care in a safe manner.
- Care workers had completed training in moving and handling, basic life support, first aid and health and safety as part of their induction and refresher training.

Using medicines safely

- Appropriate medicines management systems were in place. At the time of this inspection, the service assisted 17 people with medicines support. People's medicine support needs were documented in their care plan.
- The provider recorded the support people received with their medicines on paper Medicine Administration Records (MARs). We looked at a sample of these and the majority of these were completed

fully by care workers. Where we identified gaps we raised this with the registered manager who was able to review daily log notes and confirm that medicines had been administered. The registered manager advised that care workers would be reminded of the importance of completing MARs fully and further training would be provided where required.

- Staff received training to administer medicines and competency checks were carried out to ensure they had the appropriate knowledge and skills.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to safeguard people from harm and abuse.
- All the feedback we received indicated that people felt safe in the presence of care workers and this was confirmed by relatives we spoke with. One person told us, "Yes, I do [feel safe]. I have never had an accident with them." One relative said, "I know for a fact that [my relative] is very safe. I used to always be in the room with them watching what they were doing but since February I don't go in the room anymore. I was fearing the worst, but all my fears were dispelled by February." Another relative said, "Of course [my relative] is safe, yes. I can leave them with [my relative] without a problem".
- Staff completed safeguarding training. Care workers we spoke with were able to describe their role in keeping people safe and reporting safeguarding concerns.
- Staff said they felt comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.

Preventing and controlling infection

- Systems were in place for managing and controlling infection, including COVID-19. The service managed risks associated with infection control and hygiene.
- An infection prevention and control policy was in place. This included guidance on the COVID-19 pandemic.
- Staff completed relevant training and followed current guidance to keep people safe from risks associated with poor infection control and hygiene.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and knowledge to effectively support people. Staff completed a classroom based 4-day induction which was carried out by the provider training lead at the head office. This was an intensive training course designed to provide care workers with an overview of the service as well as detailed information for their day-to-day role whilst outlining expectations. Staff also completed online training to reinforce their knowledge and understanding.
- There was a system in place to monitor staff training. We looked at the staff training records and noted that some staff required refresher training as their training had recently expired. We discussed this with the registered manager who acknowledged this and said that staff were booked onto refresher training which was to be completed by the end of April 2023.
- Documentation we viewed indicated supervisions took place quarterly and this was confirmed by care workers we spoke with. We looked at a sample of supervision notes and found these were generic and lacked detail about what was discussed during these sessions. It was also not evident that supervision sessions were tailored to individual care workers. We discussed this with the registered manager who acknowledged this and said that office staff would receive further training to ensure supervision sessions were personalised and well documented.

We recommend the provider seek and follow best practice guidance on providing refresher training and carrying out staff supervision.

- Staff told us that they felt well supported by the registered manager and that they were always able to contact the office when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The service had a system in place to ensure compliance with the requirements of the MCA. A MCA policy was in place. Care plans we looked at included some information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.
- Staff received training of the requirements of the MCA. Staff we spoke with told us that they sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care. Assessments considered people's healthcare background, mobility, personal care and safety requirements. Their protected characteristics under the Equality Act 2010, such as their age, gender, religion, marital status and ethnicity formed part of the assessment.
- A care plan was created following the assessment process. This included information about what care people needed. Details of people's preferences were documented.

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

- People's nutritional needs were met. We discussed with the registered manager how the service monitored people's health and nutrition. She explained that care workers did not prepare meals from scratch but instead heated meals for people and assisted with breakfast.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies. This helped care workers ensure that people's needs and wishes were respected and met.
- We saw evidence that care workers had undertaken food hygiene and fluids and nutrition training.

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

- The service worked with other agencies including social care and healthcare professionals to help ensure people received a level of care that met their individual needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people].
- Staff, people and their relatives where appropriate worked together to ensure people received effective care and support.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from care workers who were kind and respectful. One person said, "They do let me know what they are doing. I talk with them. They are very helpful." One relative told us, "They are interacting with [my relative] directly and have built up a good relationship with them so much so that [they] look forward to the carers coming in. They are very service user oriented. They are very respectful and don't talk over [my relative]. They address [my relative] personally." Another relative said, "[My relative] is happy with them. They respect [my relative]." However, one relative told us, "Their attitude could be better and show more interest in their clients."
- People's preferences were included in their care plans; care workers used this information to get to know people and to build positive relationships with them. All care plans included a section titled 'a little about me'. This provided detailed information about the person, their past, present and their preferences. This information enabled care workers to know a bit more about the person and engage in conversations with people based on their interests.
- Wherever possible, people were provided with consistent staff who got to know them. This resulted in positive communication between people, relatives and staff and helped to ensure people received care that was personalised. One person told us, "My previous agency I had lots coming in and out but now I only have two. You get to know them, which is a good thing, and I feel relaxed with them. They are all local people who come here which is better than all over." One relative said, "[My relative] has the same four people come round so [my relative] can get used to them. If they have to introduce a new carer, they bring them in on the shift before so she can meet them."
- The registered manager explained that where possible people and care workers were matched together based on their personality, interests and cultural needs.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved with decisions about their care. People felt listened to and valued by staff. People had been consulted about their care and support needs. The service involved people and their support network where applicable, in making decisions to ensure their needs were met.
- People and those acting on their behalf were encouraged to express their views about the care and support from the initial assessment through to care reviews and telephone monitoring calls.
- Management obtained people's feedback to check whether they were satisfied with the level of care and support they received was continuing to meet their needs. One person said, "I have had some feedback forms, but everything is ok." Another person said, "A couple of times a year they come and find out how I am doing and how the carers are treating me." One relative said, "I have had a few calls from head office asking

me if I am happy." Another relative told us, "We are asked for feedback from the carers but there is nothing we want changed."

Respecting and promoting people's privacy, dignity and independence

- The service aimed to support people in a way that enabled them to maintain their existing skills to keep their independence as far as practicable. Care plans detailed what tasks people could do on their own and the areas they required support.
- Care workers we spoke with were aware of the importance of dignity and privacy and knew ways to support people. Feedback indicated that care workers were respectful of people's privacy and dignity.
- Care records and files containing information about staff were held securely in the office. Computers were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised to meet their individual needs. Care plans we looked at included details about people's medical background, details of medical diagnoses and social history. There was also information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. They included information about people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. Care support plans we looked at were specific to each person.
- Care workers told us management communicated with them about people's changing needs and support regularly. One care worker said, "[The office] communicates really well. They send us updates through care planner." Another care worker told us, "They keep us informed of changes – communication is good."
- Systems were in place to ensure any changes in people's care needs and planning arrangements were promptly communicated to staff, so people would continue to receive the care they wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and care plans included information about how people communicated and how they wished care workers to communicate with them.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager confirmed that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints. Complaints and concerns had been investigated and responded to in line with this policy. However, we noted that the level of detail recorded in respect of investigations and outcome of complaints varied. We raised this with the registered manager who acknowledged this and said that she would ensure that the detail was consistently documented.
- People and relatives we spoke with told us they were aware how to make a complaint. Some feedback we obtained indicated that people and relatives had contacted the service to raise concerns and that these had been listened to and actioned. One relative told us, "If we needed to make a complaint, we have a contact number for them. A supervisor has come round to ask if we are happy [with the service]. They do a good

job." Another relative said, "I have not formally complained but I have rung them about a carer." Another relative said, "If I have to call I will. We have no complaints or concerns."

End of life care and support

- At the time of the inspection no one was receiving end of life care from the service.
- Care plans included a section detailing people's end of life wishes. However, this was not always completed. We raised this with management, who explained that some people did not wish to discuss this and have this information documented.
- The training matrix indicated that staff had completed end of life training as part of their induction. The registered manager explained that in the event care workers supported people with this, they would receive further training and guidance to ensure they were equipped to deal with people's needs safely and sensitively.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits and checks were not always effective at identifying issues. Management completed some checks and audits in areas such as training, supervisions, appraisals and completion of MARs. However, these were not always effective. There were instances where their checks and audits had failed to identify issues raised during this inspection. For example, some MAR audits we looked failed to identify deficiencies in relation to how they were completed.
- There were some areas where the service failed to carry out audits and consequently failed to take appropriate action to address issues identified during this inspection. For example, the lack of checks around the management of incidents and accidents meant that the system to learn from incidents and accidents was not effective. Whilst the service carried out some audits in relation to employment checks, they failed to highlight and address issues we found with staff recruitment checks.
- There were occasions where the service had failed to consistently maintain records in accordance with their policy. For example, they failed to maintain accurate and consistent incident/accident records and record outcomes of complaints consistently.
- The current auditing systems in place were not robust enough to show that the quality of the service had been assessed and improvements to the safety and quality of the services being provided to people had been made.
- Systems and processes were not consistently in place or effective in maintaining oversight of the safety and quality of the service.

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

- Whilst the registered manager had the experience and knowledge to carry out their role, we found shortfalls in the oversight of the service during this inspection.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- There was evidence staff meetings took place monthly. This enabled staff to share ideas and discuss updates and important information. The registered manager and business manager told us they encouraged staff to come to the office and speak to them if they had any concerns or suggestions. They emphasised that there was an open-door policy and staff were encouraged to speak up.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and

professionalism. Management maintained a spreadsheet to record this to ensure staff received regular and consistent spot checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care;

- The registered manager understood their responsibilities relating to duty of candour and the importance of having open and honest discussions and learning from errors.

- During this inspection, the registered manager and business manager were open and receptive to our feedback and indicated a willingness to make improvements. Following the inspection visit, the registered manager sent us an improvement plan detailing the action they would take to address deficiencies we identified and timeframes to make these improvements.

- Care workers told us that staff morale was positive. They told us they felt supported and valued.

- The service had appropriately displayed their previous inspection rating in the office and on their website.

- When asked about management of the service, the majority of people and relatives said the service was operating well. One person said, "Yes, it is well managed. They do phone me to check and ask if I have any concerns." One relative told us, "I have no reason to question them, the level of service is very good."

Another relative said, "I am confident the service they are giving is what [my relative] needs. I will have no qualms in the future. We are happy customers." However, another relative told us, "I don't think they are well managed, but it is improving."

- People and relatives told us that they were able to contact the office and did so without hesitation. One person told us, "Once I called the office, I got a carer. They are no trouble at all, both the people in the office and the carers. I don't have much contact with the office." One relative said, "We have called a few times and they are always very nice". Another relative told us, "It has all gone well so I have not had to call them, but I do have their number, so they are accessible".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through telephone calls and questionnaires.

- The business manager explained that a monitoring officer at the provider head office carried out telephone monitoring quarterly. This ensured that having a member of staff not directly involved with the service obtaining feedback, encouraged people and relatives to speak more openly. This was last carried out in February/March 2023. The service had also carried out a satisfaction survey in December 2022 and we saw evidence that they had reviewed and analysed the feedback obtained. Feedback obtained was generally positive.

- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

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 17 HSCA RA Regulations 2014 Good governance The current quality assurance systems in place were not always effective to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17(1)(2)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff were always deployed appropriately to keep people safe. Regulation 18(1)