

Monarch INC. Limited

# Yanah Care

## Inspection report

Concord House C0011  
Nottingham Road  
Nottingham  
NG7 7FF

Tel: 01157483626

Date of inspection visit:  
09 March 2023  
15 March 2023

Date of publication:  
07 June 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability, and autistic people, respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Yanah Care is a domiciliary care agency, providing personal care to people living in their own homes. There were 27 people receiving personal care at the time of the inspection. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support

The service supported people to be as independent as possible. Staff communicated with people in ways which met their needs. Care support was provided flexibly by staff. Staff supported people to take their prescribed medicines safely.

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.

#### Right Care

The provider's staff sometimes needed advice and additional support to understand people's specific cultural and dietary requirements, but quickly learned how to meet those needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. People who had individual ways of communicating, using body language, sounds etc, could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

#### Right Culture

People received compassionate care from staff who were responsive. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes and needs at the heart of everything they did.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for the service, based at the provider's previous premises, was Requires Improvement (published on 10 March 2022) and there were 4 breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, but the provider remained in breach of 1 regulation.

#### Why we inspected

The inspection was prompted in part due to concerns received about how the provider's staff responded to incidents. A decision was made for us to inspect and examine those risks.

The provider had taken action to mitigate the risks identified, by updating people's care plans and providing additional training, guidance, and support to staff on what to do if a person's health suddenly declines. The overall rating for the service has remained Requires Improvement, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Effective and Well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yanah Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified an ongoing breach of Regulation 17 (Good Governance), in relation to the provider's quality monitoring processes and procedures, at this inspection.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Yanah Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided, and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the provider, who is also the registered manager. We spoke with 5 members of staff, including members of the compliance team and care management teams. We received feedback from 7 care staff, 4 people who use the service, and 7 relatives of people who use the service. We also received feedback on the service from 1 external social care professional. We reviewed a range of records. This included relevant parts of 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training data, and relevant policies and procedures, were reviewed.

# 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 changed to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure they had robust processes and records to demonstrate staff had suitable recruitment checks in place before being employed; and whether they were suitably qualified, competent and experienced. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider's recruitment records did not always contain the necessary information. This had also been raised with the provider at our previous inspection. During this inspection we found required documents missing from two staff recruitment files. This included some missing references, and documents confirming whether a staff member continued to have the right to work in the UK. This was raised with the registered manager who subsequently obtained the missing recruitment information and updated their recruitment processes to prevent recurrence.
- People told us the provider ensured enough staff were deployed to meet their assessed care needs. The provider arranged their staff rosters, so people received care and support from staff with whom they were familiar.
- The provider had a licence from the UK government to sponsor skilled care workers from overseas to enter the UK and work for the provider as care staff. This meant those sponsored care staff had already received UK government visa and immigration checks, as well as other relevant checks such as their ability to speak, read, and understand basic English language before being allowed to work in the UK.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were kept safe from abuse and avoidable harm. This was a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had policies and procedures in place to mitigate people's risk of abuse. The provider had effective safeguarding policies and procedures in place and staff understood how to manage safeguarding

concerns appropriately.

- People were supported by staff who understood how to safeguard people. Staff received safeguarding training as part of their basic induction when they started work for the provider.
- People told us they felt safe. For example, a relative told us, "[Person] is safe with them. They have left a contact sheet in the house, but they have also given me [care coordinator's] direct mobile number so I can ring them if there are any issues."

### Using medicines safely

At our last inspection the provider had failed to effectively manage and monitor medicines. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's prescribed medicines were administered and managed safely. The provider had improved their training and assessment process to ensure staff were competent to support people with their medicines.
- The provider had introduced electronic medicines records. This meant the recording of when people's prescribed medicines had been administered had improved since the last inspection.
- The provider's electronic medicine recording system produced daily reports to the registered manager of whether medicines had been administered to people at the required time. It also alerted the registered manager to any medicines which had been missed, enabling action to be taken to investigate and rectify any issues before they impacted people's health.
- Staff received medicines administration training, which was supported by online competency assessments, and spot check assessments by the provider's care coordinators. This meant people received support with their medicines from competent and trained staff.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed by the provider. The provider's risk assessments had improved since we last inspected. Risk assessments identified people's individual known risks and how the risk could be mitigated.
- The provider monitored how care was being delivered to people by their staff. This was done by care coordinators carrying out spot checks, obtaining feedback from people, as well as monitoring electronic care records.
- The provider carried out environmental risk assessments as part of the initial assessment process before providing support to people. This included identifying any risks relating to people's own equipment which staff would be required to use to support a person, such as a hoist.
- For example, a person told us, "[Care coordinator] came out to set up the contract and they listened to what we needed. They made a point of checking the house, so they knew what equipment we had, and the layout of the house, and how my relative sleeps etc. When the first carer came to work, [care coordinator] came along just afterwards to check with me if everything had been ok."

### Preventing and controlling infection

- The provider ensured all staff received infection prevention and control training. This was an improvement from our previous inspection findings.
- The provider told us they ensured all staff had access to appropriate personal protective equipment for use when supporting people with personal care.

### Learning lessons when things go wrong

- The provider had learned from most of the issues identified in the previous CQC inspection report and had taken action to improve most aspects of their service. They also had an ongoing improvement plan in place.
- The registered manager had begun to routinely review all incident reports written by staff. This was an improvement since the previous inspection. The information was used by the registered manager to identify areas for improvement.
- For example, the registered manager told us they had reviewed the details of a significant incident, involving a person, and had identified lessons learned from that to reduce the likelihood of recurrence. This showed the provider was taking action to improve the service.

# 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 Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment, and support did not always achieve good outcomes or was inconsistent.

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

- People received care and support based on their assessed needs. The initial assessment was usually written by a person's social worker. The provider then carried out their own assessment to create people's individual care plans. However, we found care plans required further work to make them effective as a guide for new staff to meet people's assessed needs.
- For example, some people's care plans stated they needed support with meals, but the care plans were not specific about what that support should be. This increased the risk that people would receive care from staff which was inconsistent or not effective.
- The provider monitored how care was delivered through an electronic care record system which also tracked the location of individual care staff. The provider's care coordinators also carried out spot checks to ensure care was being provided in line with people's assessed care needs. This helped ensure the provider was alerted if any care calls were missed.
- People told us the provider's staff were reliable. For example, one person told us, "The carers always turn up on the days they should, and they are never late. In my opinion they are an excellent care company." Another person told us, "They are all very good. I get a visit in the morning and in the evening and they always turn up. I get mostly the same staff unless one of them is on a day off. The staff are always very nice."

Staff support: induction, training, skills and experience

- Not all staff had received training in how to support people with learning disabilities and autistic people. We raised this with the registered manager who explained they were in the process of arranging the relevant training for all their care staff.
- People told us the provider's care staff sometimes did not understand how to operate people's domestic appliances. For example, a relative told us, "At first the carers didn't know how to operate the microwave. I had to show them. But that has improved now because they have consistent carers visiting [person]."
- We raised this with the registered manager who told us they had identified some care staff, from overseas, had little previous experience of using some types of European domestic appliances. The registered manager had introduced a familiarisation leaflet into their new staff induction process and arranged for new staff to be shown how to use individual appliances by more experienced staff when needed.
- Apart from learning disability and autism training, staff had received relevant basic care training. Many staff completed online basic training from the provider prior to entering the UK, and then received additional specialised training as part of their induction and ongoing support.
- Most of the provider's care staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and

social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People told us they sometimes had to explain to staff how to prepare certain favourite meals and snacks. For example, a relative told us, "The carers sometimes struggle with the meaning of some of the words [person] uses. But they seem to work it out between themselves, and it works out OK in the end. [Person] had to explain to them what watercress was because they didn't know. But when she described it as a big bag of leaves in the fridge, that cleared it up!"
- Another relative told us, "They didn't understand what is usually in a meat sandwich. They also didn't know how to make a bacon sandwich, so I have had to show them. But that has improved now. They learn quick and it helps that we get the same carers most of the time."
- We raised this with the registered manager who told us people's care plans would be expanded to include more specific details about the types of food care staff would need to be able to prepare. The provider would then give individual staff additional advice on how to prepare certain foods if required.
- The registered manager recognised people could choose to eat whatever they wanted, and care staff would need to be able to assist them if required.
- Care staff involvement in meal preparation was generally limited, due to this being a visiting domiciliary care service. However, most care staff had received basic food hygiene training. This meant they were aware of how food should be stored, cooked, and served safely.

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

- The provider's processes for linking with other agencies were not always effective. An external social care professional told us the provider needed to improve, "the way in which concerns are escalated to GP and social care" and that there should be, "better communication with social care".
- One of the recommendations from a recent Local Authority review, into a significant incident, was that the provider should, "consider how concerns are escalated by carers and how managers then report these concerns to health and social care agencies."
- The registered manager told us they had reviewed the incident and that lessons had been learned about the need to ensure information was passed onto external health and social care agencies in a more timely manner.

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

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

- People were not being deprived of any aspects of their liberty by the provider or their care staff.
- People had consented to receive care from the provider, and evidence of that consent was available in people's care plans. This was an improvement since our previous inspection.

# 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. The rating for this key question has remained Good. 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 told us that they were supported by kind and caring staff who treated them well. A relative told us, "The carers are a bit more mature than the ones we used to get from the other care provider. The Yanah carers spend time sat chatting with [person] so they use the full half hour of the planned visit. [Person] really likes their carers."
- Another relative told us, "The really good thing is that they notice things about my [relative]. They notice when they have had a haircut and complimented them. They notice if they have a whiskey or a brandy before they go to bed and they have a chat about that too. It is just a little thing really, but it makes a big difference to us."
- The provider's staff had received equality and diversity training.

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

- The provider regularly obtained satisfaction survey feedback from people about the care they received. The registered manager used this information to ensure people received the care and support they needed, in the way they preferred to receive it.
- People told us that they could express their views to the registered manager and that staff and managers were approachable. For example, a person told us, "I have had a few calls from [care coordinator] to check how things are going, and I have their contact numbers if there are any problems. But everything has been fine."
- People decided how they wanted their care to be provided. For example, a relative told us, "I had to contact them about [person] having an infection and I told them about things they needed to look out for, which they did. They also sorted out giving extra medicines for a while until the infection cleared up. I have no issues with Yanah Care, I am happy with them."

Respecting and promoting people's privacy, dignity and independence

- People's wishes regarding privacy were respected. A person told us, "They send a male and a female carer to me. The male carer doesn't do any of my intimate care, the female carer does that, but it did take me a while to get used to having a male carer. But I am Ok with it now. I think they need two staff because of the hoisting."
- People were treated with dignity. A relative told us, "We always get the same 4 or 5 staff on a rota. They take it in turns but we know who they all are. They are always very chatty with [person] and it really brightens up their day. They get a lot done, but I can often hear them chatting with [person] about the cricket, football, or grandchildren."

- Staff took the time to understand people. A relative told us, "The carers are really nice and have a good approach to [person]. They have had to learn to understand facial expressions and body language because [person] is nonverbal, but they soon got to know them as a person and saw beyond the disability really quickly. It can be overwhelming working with people like [person] sometimes if you don't have the right approach. [Person] likes all the ones who are supporting them from Yanah Care at the moment."

# 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 Requires Improvement. At this inspection the rating has changed to Good. 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

- Care was provided in a responsive and flexible way. For example, a relative told us, "They are very flexible. If we needed to take [person] out, and cancelled the care visit at short notice, they just rearranged it for when we were back. When we used a different care company, and had to cancel a call, we would have to wait a couple of days for the care visits to restart again."
- Staff worked in a personalised way. For example, a person told us, "I asked them if they could empty my vacuum cleaner and the next day that was the first thing they did, so they had remembered and made sure they did it. They meet all my care needs. I can't fault them at all."
- People's care plans were regularly reviewed by the provider's care coordinators. This happened routinely every 3 months, but more often if people's needs were observed to have changed.

Improving care quality in response to complaints or concerns

- People told us their complaints were listened to. For example, a relative told us, "I had to make a few complaints at the start when Yanah Care came, when somethings weren't being done right, but things are getting better now." Another relative told us, "They have given us contact numbers so we can contact them if we have any problems, but I must say we are very happy with the care we get from Yanah Care."
- The provider had a complaints policy and procedure, which was given to people when they started receiving support from the provider. This helped ensure people knew how to raise concerns with the registered manager.
- The provider logged details of any complaints received onto their electronic records system and reviewed complaints to identify any lessons learned and areas for improvement.
- The registered manager participated fully in local authority led reviews into any concerns which had been raised. This responsiveness helped ensure issues could be reviewed and resolved in a timely manner.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider confirmed they would be able to provide information and documents in various formats and alternative languages if required to meet people's communication needs. There had been no requirement

to do that so far, but the provider understood this must be made available if necessary.

#### End of life care and support

- The provider was not supporting anyone who was specifically identified as requiring end-of-life care at the time of the inspection.
- The provider had an end-of-life policy and procedure in place for staff to refer to, and all staff had received basic training in understanding the principles of end-of-life care.
- The registered manager told us the provider's electronic care record system would be used to construct an end-of-life care plan specific to an individual if that was identified as a need for that person; and where people were happy to discuss their wishes.

# 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 Requires Improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure effective governance and leadership. This included the failure to have clear and concise records in all areas to monitor and manage the service and was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made and the provider was still in breach of regulation 17.

- The provider's quality monitoring processes failed to identify gaps in staff recruitment records, which we had found at this inspection. This meant the issue had not been addressed effectively, even though we had raised similar findings at our previous inspection.
- The provider's quality monitoring processes had not identified people's care plans did not always contain enough detailed information to guide staff on how to meet people's specific care needs. This was mitigated to some extent by the fact the registered manager ensured care was provided by staff who knew the person well.
- The registered manager had mostly made the necessary notifications to the CQC, and other agencies, when relevant incidents had occurred. The registered manager had failed to formally notify us about a recent person's death. We discussed that with the registered manager, and they told us it was an oversight and that they would make the necessary notification.
- We signposted the registered manager to guidance on the provider's legal responsibility to notify the CQC about specific incidents, such as deaths or allegations of potential abuse etc.
- The registered manager understood their role and was developing processes to help them monitor the quality of the service people received from care staff. Those quality monitoring processes were not always consistent at the time of the inspection, but we saw the provider had made some improvements since our previous inspection.
- The provider had implemented an electronic care records system which was used to monitor how the service was provided to people. This gave the registered a better overview of the service.
- The provider's care coordinators also spot checked how care was being provided to people by the provider's care staff. This helped further verify the provider's quality monitoring information.

The provider failed to ensure effective systems and processes were established to assess, monitor and improve the service received by people. This included records relating to persons employed in the carrying on of the regulated activity, and records relating to people's planned care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Working in partnership with others

- It had been identified, because of a recent significant incident review by the local authority, that the provider needed to develop better links with external agencies for use in emergencies. The registered manager told us they were still developing their procedures and staff understanding to implement that improvement.
- The provider did not always have people's next of kin details available, which meant relevant next of kin had sometimes not been contacted when they would like to be. The registered manager explained the contact information was not always provided to them by the local authority social worker. They told us would now check each person's records to determine who should be contacted in an emergency if there was no clear next of kin known.

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

- People told us they received good outcomes from using the service. We saw complaints and concerns raised by people were listened to and the service people received improved as a result.
- When the provider found they could not meet a person's care needs, or specific requests, they positively engaged with local authority social workers so an alternative care provider, better able to meet the person's specific requests, was found.
- The service demonstrated a positive culture. Staff feedback was positive about how they felt about the provider and the work they did.
- Feedback from people who received a service was mostly positive. In cases where people had raised complaints about the service, we saw the service had improved as a result. People spoke positively about their contacts with the care coordinators and care staff.
- The provider had improved several areas of the service and had invested in systems and technology to assist them in managing the quality of the service. We found this was already in operation and that the registered manager was also developing the system to generate specific reports to further improve quality monitoring.
- The registered manager had sought external support and guidance from a care consultant company and had used that to improve the service. This showed the provider was committed to continuous learning as they developed their service.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's understanding of their responsibility to be open and honest when things went wrong had improved since our previous inspection.
- For example, the registered manager contacted people and their relatives to apologise when things went wrong and also explained to them the action they would take to prevent recurrences.

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

- Staff told us they felt well supported by the registered manager and provider. A staff member told us, "The managers care about the welfare and wellbeing of the staff, and the communications between the staff and the line managers has been so wonderful and great."

- Another staff member told us, "Yanah Care has done well in terms of working compliance and training. There is good communication and managers listen to opinions from staff. They are always open to ideas for improvement and adjustment when necessary."
- People's equality characteristics were also understood by the provider. A relative told us, "I think they are very good. The previous local care provider was not very reliable and Yanah Care are much better. They always turn up and there is more continuity of carers. We get the same 4 or 5 carers who rotate to support [person] and they know them all. That is important to [person] because they are registered blind."
- The provider's staff had received equality and diversity awareness training as part of their basic training.

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 provider had failed to ensure effective systems and processes were established to assess, monitor and improve the service received by people. This included records relating to persons employed in the carrying on of the regulated activity, and records relating to people's planned care.