

Inna Care Ltd

Inna Care

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

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

Inna care is a domiciliary care agency located in the London Borough of Havering. It is registered to provide personal care to people in their own homes. At the time of the inspection, 30 people were receiving support from the service. Most people using the service were older people, but there were at least 3 people with learning disabilities; all were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

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

Right Support

Call planning and monitoring had improved since our last inspection. However, people and relatives told us more improvement could be made.

Recruitment processes were robust; the provider made checks on employees to ensure people's safety. People were safeguarded from risk of abuse. The provider and systems and processes designed to support people 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. People's consent was sought before care was provided.

People were supported to eat and drink healthily. People were encouraged to remain independent and their privacy and dignity respected. People received personalised care and their needs were recorded in care plans. People were supported to take part in activities they enjoyed.

Right Care

People's risks were assessed and monitored. Medicines were managed safely. Infection prevention and control measures were in place. People's needs were assessed before they began using the service. Staff were received an induction before starting work, so that they knew how to do their job. This was followed up by further training. People and relatives told us staff were kind and caring. People were able to be involved in decisions about their care. People's communication needs were met.

Right Culture

Lessons were learned when things went wrong; incidents and accidents were recorded and follow up actions completed to keep people safe. Staff were supervised and received appraisals to embed good working practices and provide the opportunity for development. Staff worked with other agencies to ensure people received good care.

People's equality and diversity needs were recorded and people were supported in a culturally sensitive way. People were able to raise concerns and make complaints which the provider responded to appropriately. The service promoted a person centred approach and people and relatives were complimentary about the care. Quality assurance processes ensure good quality care.

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 this service was requires improvement (published 30 December 2022) and there were breaches of regulation. 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 improvements had been made, however the provider was still in breach of one regulation.

The last rating for this service was requires improvement (published 24 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for one consecutive inspections.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was prompted by a review of the information we held about this service. Enforcement. We have identified breaches in relation to staffing 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 was 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 ●

Inna 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 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

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

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

The inspection was announced. We gave the service less than 24 hours' notice of the inspection. This was because 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 the information we already held about this service. This included registered details, previous inspection reports and any notifications of significant incidents the provider had sent us. The provider was

not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 8 members of staff, which included 5 care staff, an administrator a care coordinator and the registered manager.

We reviewed a range of records. This included 7 people's care plans and multiple medicine records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following our site visit we spoke over the phone with 7 people who used the service and 3 relatives about their experience of care. We continued to seek clarification from the provider to validate evidence found. We looked at recruitment information and quality assurance documentation.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained Requires Improvement. 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

At our last inspection the provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing.

Although some improvement has been made at this inspection, the provider was still in breach of regulation 18. Further work was required to ensure people received care visits on time from the right staff.

- At our last inspection systems did not ensure staff attended calls on time. At this inspection we found the provider had made improvements to the call planning and monitoring, however, there was still work to complete to ensure people received calls on time from the right amount of carers.
- There were mixed views about call times and attendance. One person said, "They come sometimes at the wrong time, they are supposed to come between 12-1.30pm but sometimes they come at 3.30pm or after 4pm." Another person said, "They come very early, sometimes only 1 carer comes. My [family member] is in bed all the time. I think 2 people are supposed to come. We don't always get 2. That has only happened a few times." Another said, "[carer] is on time."
- The provider used call monitoring software to coordinate calls to people. We analysed call data following the inspection and compared it to analyses made at the previous inspection. We found improvements had been made and the service no longer had high levels of lateness and short calls. Though we did see a substantial number of calls still had no travel time planned, and staff were able to be logged into multiple places at the same time (which they shouldn't be able to do).

the provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing.

We shared our concerns with the provider who told us they would use the information to further drive improvement. They stated the improvements already made were due to a change in staff and that they expected to see further improvements being made shortly. They provided evidence of further new staff being employed, buying a service vehicle to support staff with travel to calls and the introduction of one-time passwords to stop simultaneous log ins.

- A staff member told us improvements had been made, "It has got a lot better [regarding travel time], most

of my clients are planned in a geographic area, some routes are worse than others."

At our last inspection we found recruitment procedures did not ensure persons employed by the service had the competence, skills and experience necessary for work they performed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for fit and proper persons employed.

Improvement has been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment systems were robust. At our last inspection we found poorly completed application forms, a lack of references for some staff and no interview notes. At this inspection we found checks were being made to ensure staff were suitable to work with vulnerable people.
- The provider verified employee identities, ensured applications were completed thoroughly, sought and checked criminal histories and gathered references from previous employers. Interview notes indicated suitable questions were asked at interviews. This meant the provider sought to keep people safe through their staff recruitment process.

Assessing risk, safety monitoring and management

At our last inspection the provider had not assessed the risk to the health and safety of service users receiving care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Improvement has been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and managed. At our last inspection risks to people were not always recorded and assessed to ensure people received safe care. At this inspection we saw the provider had improved on their recording of risks and people's risks assessments were person centred and being updated as and when people's needs changed.
- We noted risk assessments relating to choking, falls and specific health conditions. These provided reasons as to why there was a risk and what the service and staff could do to mitigate risks.

Using medicines safely

At our last inspection the provider had ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Improvement has been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. At our last inspection we noted there wasn't always risk assessments for medicines, medicines administration wasn't always being checked as having been carried out and not all staff had undertaken medicines administration training.
- At this inspection we saw staff were competency assessed for medicines management, people's medicines needs were recorded properly along with risks associated with these. Senior staff were checking that medicines were administered regularly. One staff member said, "The clients have MAR (Medicines Administration Record) chart and their meds in a dossett box, therefore it is quite hard to get wrong but we sign the MAR and it is checked every week by the supervisor."

Preventing and controlling infection

- Infection prevention measures sought to keep people safe. The provider had policies relating to Infection prevention and control which staff followed. Staff were trained in infection prevention and control, which highlighted the importance of washing hands and wearing Personal Protective Equipment (PPE). We saw supplies of PPE for staff to take as and when required. One person told us, "They wear the gloves and the aprons." A staff member said, "We use the PPE; put on gloves on arrival and disposable aprons and face mask and after attending then we dispose of them."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. At the last inspection the provider was not following their own incident and accident policy nor able to provide evidence of appropriate information being shared with staff to show lessons being learned.
- At this inspection we spoke with staff who were aware of the processes of what to do and completed accident and incident forms. One staff member said, "I will alert the coordinator and fill out the form to record the incident or accident." These forms, along with body maps to signify where injuries to people had been noted, were seen by management to ensure actions carried out to further keep people safe from harm. We also noted discussion about these in meetings.

Systems and processes to safeguard people from the risk of abuse

- There service sought to safeguard people from abuse. The provider had a policy which staff followed. Staff were trained to recognise abuse and knew what to do should they suspect it. One staff member said, "If I go into a person's home, and I see how they are being treated by family member I make sure there is no physical, financial or emotional abuse. [If there is] I highlight their needs to my manager immediately."
- The service kept records of safeguarding and notified CQC when they had referred safeguarding concerns to local authorities.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider was not carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for person-centred care.

Improvement has been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed before they began using the service. At our last inspection we found this was not the case. At this inspection we saw the registered manager or care coordinators met with people and relatives to assess whether they could provide people with the right care.
- Assessments covered people's health conditions and social circumstances and identified what risks there were in carrying out care duties. Assessments recorded people's equality characteristics and were in line with the law.

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

At our last inspection we found care and treatment of service users was not being provided with the consent of the relevant person. The service was not seeking people's consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for need for consent.

Improvement has been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- People's consent to care was recorded. At our last inspection there were no documentary records of people consenting to their care. At this inspection we saw the service had obtained written consent from people to provide care. In some cases, where people were unable to consent to their own care, relatives or advocates had done so, providing it was in their best interests.
- People's capacity to make decisions was recorded in care plans. Staff had been trained and understood consent should always be sought from people receiving care. One relative said, "They will always ask [person] and respect when [they do] not want it done." A staff member said, "We always ask what people want and gain their consent."

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured an induction programme to prepare staff for their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing.

Improvement has been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were supported to fulfil their roles. At our last inspection staff were not receiving inductions when they began working for the service so were not being properly prepared to fulfil their roles and may not have known what to do in certain situations. At this inspection we saw staff were trained and assessed by managers through induction so they could understand the duties they were tasked with carrying out. One staff member said, "I did [have an induction]. I remember lots of questions they asked me. They were checking my knowledge and competency and how I would deal with situations. I did shadowing too."
- Staff received further training and were competency checked on aspects of their roles. The service maintained a matrix to monitor staff training and ensure they were up to date with this. The matrix showed all staff had completed their training. Training topics included moving and handling, safeguarding and first aid among others.
- The local authority had supported the service by providing some training also. This training included recognising pressure sores and also high-performance leadership for senior staff.
- Staff received regular supervision and appraisals. One staff member said, "My last supervision was last week. It happens in the field to check my work and let me know if I need any improvement." Supervision meetings provided opportunity for staff to raise issues and receive guidance from senior staff. Appraisals sought to identify areas for development and longer term aspirations.

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

- People were supported to eat and drink healthily. One person said, "[Staff] makes me breakfast; they are really good. They will cook for me." At our last inspection dietary needs were not always recorded correctly. At this inspection we saw people's dietary needs and preferences, included interaction and or guidance from health care professionals, were recorded. The service also tracked people's food and or fluid intake, when required, to support health care professionals to monitor this.

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

- Staff worked alongside other agencies, including health care services, to ensure people received

consistent effective care. One person told us, "When [family member] is not well the team leader will phone us, they know [family member] does not want to go into hospital."

- The service worked with other agencies, such as district nurses and occupational therapists, to support people with their healthcare needs. Records of interactions were maintained, and instructions were followed by staff where required.
- The service also worked with local authorities, more specifically commissioners and social workers, to ensure people received care they were supposed to. One relative told us, "We had a meeting with the GP and Council with the care agency a few months ago. We all have good communication."

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 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 were treated well by staff. One person said, "I am happy with the care, it is very good." A relative told us, "I think they do a splendid job. They are kind and caring." Regular feedback was gathered by the service which was generally positive and showed compliments being made about how people were cared for. One staff member told us, "It is important for me to know they [people] are [happy]. The biggest payment is when they are smiling. I might be the only person they see that day."
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity.
- People were supported in a culturally sensitive way. For example, we saw people's heritage and faith were recorded. This meant the service took people's diversity into account when supporting them. One staff member told us, "We support [people of faith denomination] who don't eat pork and vegetarians who don't eat chicken. For some people, we have to wear shoe covers who request it. I think everyone is treated according to their personal needs so not everyone is treated the same."

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

- People and relatives were able to express their views and be involved with decisions about their care. One relative said, "I will speak to the team manager if I have any concerns re [family member]."
- Care plans were signed to document people's or relative's involvement with care decisions. Care plan reviews and spot checks provided an opportunity for people and relatives to express their views and make changes to care if required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person said, "They will give me a wash and do it how I like." One staff member said, "We close the door for personal care and ask family to leave."
- People's confidential information was stored on password protected electronic devices or in lockable cabinets in a secure office. Staff also told us, "We have our records that we write on the app. That is confidential only for the carers."
- People's independence was promoted. Staff told us they encouraged people to be as independent as possible. One staff member told us how they promoted independence. They said, "By giving them [people] a choice. Asking questions and the way we speak to them; in such a way they feel empowered and feel they can make choices on their own and encourage them to do things." Care plans provided instructions for staff which sought to empower people as much as possible and get them to do what they could for themselves.

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 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

- People received personalised care. People's needs and preferences were recorded in care plans. Care plans contained personalised information about people's needs and choices.
- Staff knew people's preferences. One staff member said, "When I started, I did my homework on each client so I know what they like and need and every carer is doing that." Another staff told us about person centred care. They said, "It means care that is holistic, specific and centred around the person, emotional, spiritual and everything."
- Care plans were reviewed regularly and when people's needs changed. Areas covered in care plans included people's health conditions, their social circumstances, how they and how they wanted to receive care.

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.

- The service was able to meet people's communication needs. One relative said, "[Family member] is profoundly deaf and the carers will write down things for them so they can understand." Care plans contained information about people's communication needs and preferences. The registered manager told us they could support people with different communication needs by obtaining large print format or different language text.
- One staff member told us about working with people with different communication needs. They said, "Everything is in the care plan but look at body language, if someone is hard of hearing you wouldn't shout; you have to give time to process info, lip reading... some use some sign language."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be involved in activities they liked. Care plans recorded about the activities people liked to do. Care notes indicated people were supported with activities they liked to do where this was required. A staff member said, "We have a client who has 3 hours inclusion [time dedicated to activities]. We try to go for walks and go to shop, or the park to sit on the bench. They are an older person so a part of it is communicating, having a laugh."

Improving care quality in response to complaints or concerns

- People and relatives were able to raise complaints and concerns. A relative said, "We have not needed to complain, we have the number for the office."
- The registered manager followed the provider's complaints policy when they received a complaint and used it to improve care where possible. The complaints process was provided to people in a service user guide.

End of life care and support

- At the time of our inspection no one at the service was at end of life. However, care plans provided the opportunity for people to record their end of life wishes if they wanted to. The provider also offered training for staff on end-of-life care.
- We also saw Do Not Attempt Resuscitation (DNAR) documents in care plans, which had been appropriately completed with people, relatives and health care professionals. This showed the provider wished to support people with their end of life 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the service had failed to establish effective governance systems or processes to oversee the running of the service and monitor, assess and improve the quality of care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement has been made at this inspection and the provider was no longer in breach of regulation 17.

- The service promoted a positive person-centred culture. At our last inspection, we found concerns with various aspects of the service including call planning and monitoring, needing to raise a safeguarding alert about missed calls, missing or incomplete records including risk assessments and a lack of quality assurance.
- At this inspection we saw the provider had responded to our concerns and worked with the local authority to improve the care people received. They recognised there had been shortfalls and had followed an action plan to redress what had gone wrong. However, Whilst the provider had made improvements, their systems for monitoring and improving the quality of the service needed further improvement. This was because care visits did not always take place on time and were not always completed by 2 staff when this was needed.
- People and staff were complimentary about the service. One person said, "The job gets done. I would give them 9.5 out of 10." A staff member told us about the registered manager. They said, "As a boss they want things to be done properly without any excuse...[they] try to give an opportunity to every person; doesn't matter where they come from or where they've been, [registered manager] tries to give them the opportunity to become good carers."
- People and staff were able to be involved with the service. People and relatives' feedback was sought at care plan review, spot checks and via questionnaires. One staff member said, "We have monthly meetings with all carers." Minutes of staff meetings indicated staff involvement and showed a variety of discussion topics such as people's care, training and making improvements at the service. Another staff member said, "There are regular meetings, I attended the last one. We talked about clocking in, as well as training and we talked about safeguarding." Another staff member added, "I can say my point and be involved."
- Quality assurance measures at the service had improved since last inspection. The service completed

regular spot checks on staff providing care to people sought to ensure care was to a good standard. One staff member said, "Spot checks are completed by [staff member]. They get there unexpected and observe the work [carers complete]...we get feedback from clients when we do this."

- The provider completed numerous audits to check systems and processes at the service were working to ensure good care. These audits included, but were not limited, to medicines management, staff files, infection prevention and control and people's dignity.
- People's equality and diversity characteristics and needs were recorded, the service supported people with their cultural needs. One staff member said, "I make sure I familiarise myself with people's culture. I might need to take my shoes off and I am aware some people don't like you to use gloves and you can explain to them why you are doing it etc. it's about respecting their religion and culture."

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

- Staff roles were identified through job description. Job descriptions were kept in all staff files. There was a management structure in place.
- The registered manager, who was also the nominated individual. This meant they were responsible for supervising the management of the service on behalf of the provider. They were aware of the service's regulatory requirements and knew they had to provide information to both the local authority and CQC with respect to certain matters.
- Complaints were investigated by the registered manager and families informed about incidents when things had gone wrong. When this happened, appropriate apologies were made, and actions completed to ensure people's ongoing safety.

Working in partnership with others

- The service worked in partnership with other agencies. The service worked alongside health and social care professionals to promote and better support people's health and care. The registered manager was actively involved in various communities and forums with a view to improving the service provided to people.

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 18 HSCA RA Regulations 2014 Staffing People were not always receiving care visits on time or from the right amount of staff. |