

Insource Select Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Insource Select Limited is registered to provide personal care to people living in their own homes. At the time of the inspection five people and a child were being supported with personal care. The agency also ran a day centre and supported other people with tasks other than personal care, such as shopping and cleaning. The main office is located in High Wycombe and forms part of the Source group which is based at the same address.

People's experience of using this service

People were happy with the service provided. They felt the agency provided a safe and caring service. A person commented "Staff are caring and they are in the right job. They have a sensible outlook on life, level headed, competent and plan ahead."

People felt involved in their care. They contributed to their assessment, care plans and reviews. They had a choice of staff who worked with them. Prior to the commencement of the package of care a "meet and greet" session was arranged with the selected staff member to give the person the opportunity to decide if they were happy with the staff member. The agency contacted them after the visit to get their feedback and act on it.

We found records were not suitably maintained. This was because records were not routinely signed, dated or some records were not available. Auditing of the agency was not established and scheduled which meant issues we found in relation to recruitment records, supervisions, people's risk assessment and daily records were not picked up and addressed.

The agency had sufficient staff available to support people. Recruitment was on going to meet the demands and expansion of the agency. However, recruitment practices were not in line with Regulations. This was addressed immediately following the inspection. We have made a recommendation for recruitment to be monitored and kept under review to safeguard people.

People were assessed and their needs and risks identified. Improvements were required to the agency's risk management to ensure all risks were identified and mitigated. We have made a recommendation to address this.

Staff were suitably inducted and trained. They felt supported but regular one to one supervisions were not taking place. We have made a recommendation for one to one recorded supervisions to commence.

Systems were in place to safeguard people. Their health and nutritional needs were identified and support provided where this was required.

People had care plans in place which outlined the support they required at each call. They were provided

with information on how to access complaints and their communication needs were identified and met.

People, staff and professionals told us the service was well managed. The registered manager was committed and passionate about providing a person-centred service to people. However, as the agency had grown their workload had increased which impacted on their time and the management of the agency. The provider and registered manager had already recognised the increase in the workload and the staffing structure was being reviewed to have a deputy manager and other administration staff to support the registered manager in the role.

Rating at last inspection

The agency was registered with the Commission on the 4 April 2018. Therefore, this was the first inspection of the agency.

Why we inspected

The inspection was a scheduled inspection to check the safety and quality of care people received.

Enforcement

At this inspection we identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around good governance. As a result, the overall rating for this service is rated 'requires improvement'.

Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

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

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 safe

Details are in our Safe findings below.

Good ●

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 ●

Insource Select Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

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 in their own houses and flats. It provides a service to children, younger and older adults who have physical disabilities and or learning disabilities.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was because it is a small agency and we needed to be sure that the registered manager would be available to assist the inspection.

Inspection site visit activity started on 29 April 2019 and ended on 30 April 2019. We visited the office location on both dates to see the manager and office staff; and to review care records and policies and procedures. We visited two people in their own homes on the 30 April 2019.

What we did:

Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We reviewed notifications and any other information we had received since the service was registered. A

notification is information about important events which the service is required to send us by law.

We sent emails to four health and social care professionals to seek feedback on the inspection.

We visited two people in their own home to seek feedback on the service. We spoke with one person by telephone after the inspection. We spoke with one staff member during the inspection. We spoke with two staff members by telephone after the inspection. When at the office we spoke with the registered manager and owner of the company.

We reviewed six people's care records and six staff recruitment records. We requested additional evidence to be sent to us after our inspection such as policies and evidence of training. This was received and the information was reviewed as part of our inspection

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people were assessed during the initial assessment and prior to the package of care commencing. Each person had a health and safety general risk assessment which outlined any environmental risks and a lone working risk assessment was completed which addressed risks to staff.
- Risks associated with people's medical conditions, personal care, behaviours and nutritional risks were identified. The measures in place to mitigate risks were not always detailed or specific. Information sheets on people's medical conditions were included in people's files. However, for people with diabetes the risk assessment did not identify how hypoglycaemic and hyperglycaemic symptoms presented and should be managed. Another person had an allergy and had a EpiPen that was to be used in the event of an allergic reaction. There was no risk assessment in place in relation to the allergy and there was no indication if staff were to take the EpiPen out with them when supporting the person in the community. This was addressed during the inspection.
- In one person's file it was recorded they were at risk of falls and required moving and handling equipment to be safely transferred. An occupational therapy assessment had taken place. The outcome of that assessment was not yet provided and there was no record to indicate staff had been assessed and deemed competent to use the equipment provided. A moving and handling and falls risk assessment had not been completed either. The registered manager contacted the occupational therapist to request a copy of the report and to ask if they had shown, assessed and recorded their observation of staff using the equipment. After the inspection the registered manager provided evidence to show a moving and handling and falls risk assessment had been implemented.
- It is recommended the service works to best practice in the assessment and management of risks.

Staffing and recruitment

- The agency was committed to providing a bespoke service. Therefore, people were involved in choosing the care staff member they wanted to support them which shared their hobbies, interests and qualities. A second staff member was chosen to be on reserve to cover holidays, sickness and any other absences. People were provided with a schedule of who would be supporting them and when. The schedule included a photo of the staff members. Prior to the commencement of the package of care a "meet and greet" session was arranged with the selected staff member to give the person the opportunity to decide if they were happy with the staff member. The agency contacted them after the visit to get their feedback and act on it.
- The agency was continuously recruiting staff to meet the expansion of the agency. This enabled them to ensure they had sufficient numbers of staff available to support people.
- People told us staff generally arrived on time and stayed for the agreed time, unless the person asked them to leave earlier. The agency had a backup on call service which meant people and staff could contact senior staff for advice and support out of hours.
- A person told us of an occasion where the staff did not arrive and the on-call telephone line was not

answered. The registered manager confirmed as part of their investigation into the concerns raised the person had rang the office number as opposed to the mobile phone number. They agreed to take steps to prevent reoccurrence.

- The provider had systems in place to recruit staff. Potential candidates had an initial telephone interview and then attended the office to complete the application form and have a face to face interview. Records were not maintained of the face to face interviews.
- In the staff files viewed references were not routinely taken from the candidate's previous employer and for some staff the references provided did not relate to their work history. Gaps in employment were not explored and the reasons recorded.
- Staff are required to have a Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. For some staff the agency used the staff member's DBS from their previous employer even though their DBS was not transferrable.
- A risk assessment was in place for staff with convictions on their DBS's. However, the management plan was not specific and did not address and manage the risks.
- The concerns around recruitment were fed back to the registered manager and provider at the inspection. They took immediate action to address the deficits in their recruitment practices. After the inspection they confirmed they had a dedicated staff member allocated to oversee the recruitment process and files. They revised their application form to highlight gaps in employment and to ensure references from previous employers were requested. They commenced an audit of the staff files and reviewed their risk management of DBS's.
- It is recommended the registered manager keeps their recruitment under review to ensure it is in line with regulations.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person commented "I feel safe because this agency never says no they cannot do."
- People were protected from abuse. The provider had safeguarding policies in place in relation to safeguarding vulnerable adults and children. Staff had received training on how to recognise abuse and what to do in the event of a concern being raised.
- The registered manager was aware of the need to report all safeguarding concerns to the local authority. They were scheduled to attend the Local Authority safeguarding training to enable them to further support their staff to safeguard people and children.
- Staff were aware of their responsibilities to report poor practice or concerns that put a person at risk. A staff member told us they would record and report any concerns to the registered manager or other office staff. They felt confident concerns raised would be acted on.

Using medicines safely

- The provider had a policy in place dated April 2019 which was developed in line with best practice and national guidance for domiciliary care agencies.
- It was agreed at the initial assessment of a person the level of support they needed with their medicines. However, there was no risk assessment in place to support the decision as to the level of support required with medicine administration. The registered manager confirmed after the inspection a medicine risk assessment had been implemented. This outlined if a person was self- medicating or required support from staff.
- Staff were trained in medicine administration. They were given written exercises to do as part of the training to ensure they were competent in writing up medicine administration records.
- A handwritten medicine administration record viewed did not include the full details of the medicine which was prescribed or the signature of the staff member who had transcribed the medicine

administration record. This was addressed during the inspection and a revised medicine administration record was put in place. This made it clear to staff to include the detail on the persons prescription and they were prompted to sign it.

Preventing and controlling infection

- The provider had policies in place which provided guidance on infection control and prevention.
 - The registered manager was the identified infection control lead.
 - Staff had access to personal protective equipment (PPE), such as aprons and gloves.
- and they had received training to enable them to understand the risks of cross infection and ways of minimising the risks.

Learning lessons when things go wrong

- The registered manager had oversight of all accidents and incidents to enable them to reflect on the incident and put measures in place to mitigate risks.
- The agency had no complaints logged, however they responded and learnt from feedback from people who used the service to improve the service provided.
- Staff team meetings had commenced which we were told would be used as an opportunity to reflect on issues that may have arisen to promote learning from incidents. The team meeting minutes viewed supported that.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All staff employed with the agency completed a three-day face to face induction training prior to supporting people. The induction included training on topics such as communication, privacy and dignity, personal care, epilepsy awareness, learning disabilities, basic life support and fire safety. Alongside this new staff worked through a care certificate booklet which was signed off by the registered manager when completed. New staff were signed off as competent by the registered manager once their training was completed.
- New staff worked alongside other staff in getting to know people. Staff who were new to care were initially shadowed by a more experienced staff member.
- People were able to choose which staff supported them based on the staff members experience, qualities, hobbies and interests.
- Staff told us the induction and training provided was sufficient to enable them to do their job. A staff member commented "Yes I had an induction and relevant training which covered 15 standards and everything I needed to know to do the job."
- A person who used the service commented "I would say 95% of staff have the skills and training required."
- The provider had a supervision policy in place. It indicated supervision would take place on a regular basis but was not specific to the frequency.
- Staff told us they felt supported and could access the registered manager or senior staff member at any time.
- The registered manager told us formal supervision was 6 monthly and they have regular telephone calls with staff. No records were maintained of those.
- People were asked for feedback on a staff member after their first care call with them. This was not routinely recorded and filed to ensure all feedback was acted on.
- Staff completed a self-appraisal. The frequency of that was not determined. The self-appraisals viewed indicated those staff felt they needed more training. It did not say what training they needed and this was not followed up by management or addressed.
- People told us they were able to feedback to the agency about staff and that issues raised by them about individual staff were always addressed.
- It is recommended the service works to best practice in supervising staff, which includes observation of staff practice in people's homes.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA.

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

- A mental capacity assessment was completed during the initial assessment of a person. This indicated if the person had capacity or not in relation to specific decisions on their care. This was reviewed and the person reassessed if concerns were raised about their ability to consent to decisions on their care.
- People were supported by staff who had received training on the MCA. A staff member told us the MCA training was basic but it was sufficient for their role.

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

- The agency assessed people prior to a package of care commencing. Where people were referred by the Local Authority their assessment and outline of care package required was sent to the agency. The registered manager carried out the initial assessment and liaised with other professionals such as occupational therapists when equipment was required.
- The assessment document included a tick list which outlined the support the person required. This lacked detail as to the level of support. This was addressed by the registered manager during the inspection and a revised assessment document was put in place.
- Assessments identified people's cultural, religious and disability needs in line with the protected characteristic identified in the Equality Act 2010.

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

- Peoples' care plans outlined the support they required with meal preparation, eating and drinking. One person had a percutaneous endoscopic gastrostomy (PEG) in place but they also took food orally. Their care plan outlined staff's role in the management of the PEG, food and fluid intake. Records were maintained of their fluid intake and during a visit to the person's home we saw the staff member made them a meal as requested.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans outlined the support they required to support them to manage their health needs. Staff supported people with hospital appointments if this was required.
- People who required it had access to other health professionals such as district nurses, stoma nurses and occupational therapists. One person was supported to communicate and liaise with health professionals themselves but where support was required the agency staff intervened and facilitated that.
- Staff were informed of changes in people via a WhatsApp group message to ensure they had up to date information on the people they supported. Staff told us communication between them and the office staff was good and they were kept informed of key changes.

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.

Good: 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 they had a good relationship with the staff. A person commented "Staff are caring and they are in the right job. They have a sensible outlook on life, level headed, competent and plan ahead." Another person commented "[Staff members name] is kind, caring, level headed and responsible."
- During our visit to a person's home we observed positive engagements between the person, registered manager and staff member. Staff listened, responded to the person's requests as well as laughed and joked together.
- A professional commented "[Registered manager's name] always creates time and opportunity to discuss the person's care needs with myself and the person. They are an incredibly caring professional and will go above and beyond to support people. People have nothing but praise for their quick response to their needs, conversation skills and helpful support".
- Staff were trained in equality and diversity.
- People were given the option of the gender of staff member they wanted to support them and this was provided.

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

- People were encouraged to be actively involved in their care. They had a choice of staff who worked with them and were encouraged to contact the registered manager and office staff when issues arose. A person commented "I have a choice of staff and I am able to feedback if I find a staff member is not appropriate for me." Another person commented "I like that I have a say and choice on the time the carers come."
- People were provided with a copy of their care plan and were able to contribute to its review and updates.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy, dignity and independence. A person commented "Staff knock on my bedroom door and actually wait to be invited in, yes they respect my home and belongings." Another person commented "Staff encourage and allow me to do things for myself but they are on hand if I require help."
- During our visit to a person's home we saw the carer asked the person for permission to go into their bedroom and closed their door whilst the person got up and dressed.
- People were enabled to be as independent as they could be in. People's ability to do things for themselves was established during the initial assessment and recorded in their care plan. A person commented "I am enabled to do as much for myself as I can but staff support me if I need their help."
- Staff were trained in how to promote people's privacy and dignity. They confirmed they addressed people in the way they wished to be addressed. A staff member commented "I always knock on people's bedroom

doors and ask them what support they need today

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which outlined the frequency of the call and the level of support and intervention required at each call.
- All care plans viewed included a one page 'about me' information sheet, key contacts and photo of the person. Care plans were in place which outlined the support required with personal care, household tasks, meals and community access. Some care plans lacked specific details around the care required and referred to assisting a person without providing the detail as to the level of assistance. This was discussed with the registered manager to address and act on.
- The service worked to the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was in the process of updating relevant guidance in a user-friendly way. They had a pictorial complaints policy in place.
- People's communication needs were identified. The assessment and care plans outlined their communication needs and if support was required. Some people could communicate verbally whilst others had limited verbal communication. They had pictorial communication guidance to support staff to be able to understand the persons needs and behaviours. The aim of the agency was to develop all documentation in an easy read format for people who required it.
- Staff were trained in communication which included understanding body language, how to lip read and basic Makaton. A staff member told us they had requested more in-depth training in Makaton which the agency had agreed to look into accessing it.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. This outlined the process and timelines for dealing with complaints.
- People were provided with a copy of the complaints procedure and this was included in their care plan folder kept at people's home.
- A person we visited told us they were aware of the complaints procedure. They commented "I email and talk to [registered manager's name] regularly. [Registered manager's name] is very busy but I always get a response and they act on whatever issue I have raised."
- A system was in place to record complaints. No formal complaints had been recorded since the agency was registered.

End of life care and support

- The provider had an end of life policy, dated April 2019.

- The registered manager told us the agency did not intend to support anyone with any end of life care needs. However, staff were trained in end of life care in case people they currently supported became unwell and required that level of support and intervention.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had a governance document in place which outlined their responsibilities and processes to ensure they delivered a high-quality service. It indicated audits were important to improve the quality of services that they delivered. However, a programme of audits of records and practices was not established and taking place. As a result, records were not suitably maintained or in some cases available.
- People's assessment documents, care plans, risk assessments, daily records, medicine administration records were not audited. They were not routinely dated and signed. Care plans and risk assessments lacked detail to ensure care was consistently delivered and risks were mitigated.
- People's daily records did not include the time of a call and time of leaving, some daily records were unsigned and there were gaps in the daily records between dates without any explanations.
- People's medicine administration records were hand written by staff. However, they had not recorded the detail around the medicine to be administered as per the prescription and were not signed by them. The practice of hand writing medicine administration records was not in line with best practice or the provider's policy which stated "Hand written medication administration records should be produced only in exceptional circumstances and created by a member of staff with the appropriate medicines administration training for the setting. The hand-written record must be checked and verified by a second member of staff with the same training before first use".
- Staff recruitment files were not audited to ensure staff were safely recruited. As a result, the staff files viewed showed that the recruitment of staff was not in line with their own policy or regulations of the Health and Social Care Act 2008. Staff were not having regular recorded supervisions or spot checks and issues highlighted in staff self-appraisals or feedback from people were not recorded as been addressed.
- These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because effective auditing and monitoring was not established and taking place. Therefore, the provider had no systems in place to satisfy themselves that the required records were fit for purpose and that the service was suitably managed to mitigate risks.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. We checked our record against records held at the service, we found we had been notified when required.
- There was a registered manager in post. However, the registered manager had numerous roles. They carried out assessments of people, interviewed staff, facilitated the training for all staff of the agency and the recruitment agency. The provider was in the process of opening a day centre. The registered manager was actively involved in getting that operational as well as the day to day oversight of the agency for which it

was registered.

- The agency was expanding and getting established in the local area. Therefore, the registered manager and provider had recently reviewed the staffing structure to provide more support to the registered manager. A deputy manager post was being created and after the inspection the registered manager confirmed other administration support was provided to manage and oversee the recruitment of staff.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed to providing a person-centred service. They were clear of the visions and values for the agency which was to provide a bespoke service for people with learning disabilities, which included day centre access. They felt supported by the provider and had positive relationships with people and staff.
- A person commented "The agency is well managed. [Registered manager's name] is always very busy, works too hard and has too much on their plate. However [registered manager's name] remains approachable and accessible."
- Staff told us the agency was well managed. They described the registered manager as "Always available, listens, fair and supportive".
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was clear of their responsibilities under the DOC. They confirmed they would inform people and their relative of a DOC incident in writing but they had no template in place to do that. They agreed to develop a letter template in line with the DOC regulation.
- A professional described the registered manager as "Open, transparent, honest and receptive to feedback."

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

- People were provided with blank feedback forms on the agency which they could choose to complete or not. They had an initial monthly review of their care, followed by three and six-monthly reviews. This gave them the opportunity to feedback on the service.
- The governance document indicated they had systems in place to get feedback from people who used the service and staff. However, there was no formal systems established such as surveys to obtain regular feedback and show they had acted on it.
- Spot checks of staff took place but these were not established and routinely taking place for all staff.
- Staff meetings had commenced and we were told these would take place every other month.
- The agency operated a 'Carer of the month scheme'. The staff member was nominated by people who used the service for doing something that they felt meant the staff member went the extra mile. Staff were given a pay award and certificate in recognition of the nomination and feedback.
- Staff told us they felt valued by the agency. They felt listened to and felt issues raised were addressed.

Continuous learning and improving care

- The registered manager was committed to continuous learning and improving care through accessing opportunities to train the staff team.
- The registered manager planned to complete Level 5 Health and Social Care for Registered Managers and take the opportunity to attend relevant seminars.
- They were receptive to feedback and proactive in bringing about the suggested improvements discussed

with them during the inspection.

Working in partnership with others

- The agency was getting established in the local area. They had contacted MIND (a mental health charity) with a view to providing mental health training and accessing work placements for people.
- They had built positive relationships with other professionals. A professional told us they worked well with the agency. They commented "[Registered manager's name] is responsive to my calls or emails and communication between them and us is very good."
- Another professional described the registered manager as "Easily accessible and incredibly quick to respond to requests for a carer. Incredibly understanding and quick to work together with myself and the person to find solutions." They commented "It is a breath of fresh air working with professionals who genuinely care about our patients and who don't just do the bare minimum".

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 Effective auditing and monitoring was not established and taking place. Therefore, the provider had no systems in place to satisfy themselves that the required records were fit for purpose and that the service was suitably managed.