

Leeds Jewish Welfare Board

Moorcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 4 and 10 July 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to be sure that someone would be in the office. We contacted people who used the service and staff by telephone on 5 and 6 July 2017 to ask for their views.

Moorcare is a domiciliary care service that provides personal care to people in their own homes within the Leeds area. Moorcare was registered with CQC in July 2016 and this was the first inspection of the service. The service provides care for older people and people living with dementia, mental health, physical disabilities and sensory impairment. At the time of our inspection there were 82 people using this service.

The service had a manager although they had not yet applied to become the registered manager. The manager told us they are in the process of applying to the CQC for registration purposes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Governance structures were in place but these were not being followed in accordance with the provider's procedures and policies. For example, supervisions had not been completed in line with the provider's policy and audits for medicines did not reflect the MAR charts and the errors that we found. Policies and procedures were not up to date, disorganised and in different locations making them difficult to find. This showed the manager could not identify where improvements could be made, potential risks to a person's safety and whether staff were monitored effectively to ensure good care was being provided.

Some people using the service did not have capacity. We found no documentation to support the assessment that people lacked capacity, and no evidence of best interest's decisions. Staff had not all completed their MCA training.

People we spoke with told us they felt safe. The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff we spoke with had a good understanding of the safeguarding and whistleblowing process.

Appropriate and detailed risk assessments were in place to make sure people were safe, and these were regularly reviewed. Accidents and incidents were managed suitably, there were incident reports for concerns raised and clear evidence of actions taken. People told us they felt able to report any concerns to the provider.

Staffing levels were adequate and flexible to meet people's needs. If visits were not covered by the regular staff, the manager told us they contacted other staff members to do the visits. The rota's we looked at

showed consistency where possible, people received the same carers.

Staff supported people with their health care needs and liaised with other services such as district nurses, which was clearly documented in people's daily notes and care records. Care records clearly identified nutritional and dietary needs as some people using the service required specific plans due to their religious beliefs.

Induction programmes were in place for new staff and annual updates for training were provided to all staff. Training included, safeguarding, fire safety, privacy, dignity, equality and diversity training, moving and handling, medication and health and safety.

Staff were caring, had positive relationships with people using the service and communicated well. Staff treated people with dignity and respect and people were supported to be independent.

People received personalised care and support. They and the people that mattered to them had been involved in identifying their needs, choices and preferences and how these should be met. Staff ensured people's care plans were up to date so information was consistent for staff to follow. People were supported to do activities to avoid social isolation and promote wellbeing.

The provider had good links to several community services which people using the service accessed to avoid social isolation. This included community activities, day centres and the living project.

Questionnaires based on CQC's key lines of enquiry, relative surveys and client forums were used to monitor the quality of service provided. People using the service and their relatives told us, overall they were very satisfied with the care; however several people felt the invoicing arrangements were poor. A complaints procedure was in place for the manager to follow in responding to any complaints and people using the service knew who to contact.

Staff were encouraged to contribute to the development of the service and regular team meetings took place.

People using the service and staff spoke positively about the manager and felt supported. Staff and people told us, the manager was approachable and had made significant changes to the service.

We identified three breaches of the Health and Social Care Act (Regulated Activities); you can see what action we told the provider to take at the end of the full version of the report.

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.

The management of people's medicines was not always robust.

People told us they felt safe. Staff received training in how to protect people from abuse and how to respond if they suspected abuse was taking place.

Risk assessments were in place for people who needed them and were specific to people's needs and their home environment.

Staffing numbers were sufficient to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Where people lacked capacity to make decisions, care plans did not evidence compliance with the Mental Capacity Act 2005.

Not all staff had received a recent supervision.

There was an induction and training programme in place for staff.

People were supported to access meals and drinks.

People were supported to maintain their health and supported to access professionals, when needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were caring. Positive relationships had been built with people using the service and staff.

Staff treated people with dignity and respect and they were supported to be independent.

Staff involved people in their care planning and provided

Good ●

explanations.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support. They and the people that mattered to them had been involved in identifying their needs, choices and preferences and how these should be met.

People were supported to do activities to avoid social isolation and promote wellbeing.

A complaints procedure was in place which had been followed. People using the service knew who to contact if they wished to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits were being completed on medicine administration records but they were not robust.

Policies and procedures were not up to date, disorganised and in different locations making them difficult to find.

People using the service and staff spoke positively about the manager and felt supported.

Staff meetings were held and surveys had been completed of people who used the service and their relatives.

Moorcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 4 and 10 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office.

This inspection was carried out by two adult social care inspectors and one expert by experience. The expert by experience had experience of caring for a person with dementia and completed telephone interviews on the 5 and 6 July 2017.

Before this inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make. Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. We used this information to help plan the inspection. We also contacted the local authority, local safeguarding team and Health watch.

During the inspection we spoke with eight people who used the service, six relatives, the manager, the chief executive and four care workers. We looked at a range of records including five staff files relating to recruitment, supervision, appraisal and training. We also looked at eight people's care records which included care planning documentation and daily records. We viewed records relating to the management of the service and a wide variety of policies and procedures.

Is the service safe?

Our findings

We looked at Medicine Administration Records (MARs) which were used to record when medications were provided to people. A MAR is used to document medicines a person has been prescribed and record when they have been administered. Medications were ordered by people's general practitioners and delivered by local pharmacies. These were usually delivered in blister packs but individual prescriptions were also provided in separate boxes. Blister packs contain designated sealed compartments, or spaces for medicines to be taken at particular times of the day. They can help people to keep track of their medicines.

We reviewed completed MARs and saw there were several gaps in recordings. We discussed this with the manager who told us, the MARs were audited monthly.

Four MARs were audited in March 2017, three in April 2017 and 10 audits completed in May 2017. We looked at MARs from May 2017 and saw they had been audited in June 2017. We found several errors for individual MAR charts which had not been recorded on the audits. One MAR showed five missing signatures which could indicate the medication had not been given therefore putting the person's health at risk. We discussed this with the manager who told us, this was an error with staff recording on the MAR rather than people not receiving their medication. We saw evidence staff had documented medicines were given within daily notes and all but one person we spoke with told us, they received their medication. Five medication errors had been reported since March 2017. However, MARs we looked at from May had several missing signatures which had not been reported

Another MAR included an entry stating "50/50 to heels when RQ". This was not a clear description of the medication and could have been misinterpreted by staff when administering. These errors had not been documented on the audits which asked if all entries had been signed by staff and medication information included full descriptions.

We looked at a further 20 MAR charts that had not been audited for May 2017 and found every chart had one or more gaps where medication had not been signed to say the medication was administered. One MAR chart showed 26 missed signatures over a four week period. This demonstrated poor record keeping.

A person using the service told us their morphine patch had not been changed in a timely way. They said, "It was a new girl and she hadn't done it and I hadn't remembered." This meant the person had been without any pain relief which could have resulted in discomfort for the person or other deterioration in wellbeing.

The providers policy stated, 'Any mistake or errors in administering drugs must be reported to a line manager, supervisor or responsible medical practitioner without delay.' We found that this had not happened in line with the policy.

We discussed medicines management with the manager and they told us this was an area in which improvements needed to be made. During the inspection the manager put an action plan into place to address the concerns. One of the actions included retraining staff on medicines management.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke to told us they felt safe when being supported by staff. One person said, "I rely on them and feel totally safe – they know what I am capable of and help when I need it." A relative told us, "They do their utmost to keep Mum safe and the consistency of the rota and having people who come who know her well is part of that."

Appropriate and detailed risk assessments were in place to make sure people were safe, and these were regularly reviewed. Assessed areas of risk included falls, bathing, showering, nutrition and medication (where applicable). Assessments identified the type of risk, reasons why this was a risk and control measures to avoid harm. One person requiring a hoist had specific guidance for staff to follow for example, 'In and out of bed to use slide sheet. If sitting in bed to use sling.' There were also instructions for staff to follow and details of what training staff required.

Accidents and incidents were managed suitably, there were incident reports for concerns raised and clear evidence of actions taken. People told us they felt able to report any concerns to the provider. One person commented, "My husband didn't 'hit it off' with one of the carers and I felt it was mutual. I rang the office and that person hasn't been since – they react very quickly to any concerns."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. A safeguarding and whistleblowing policy was available however; neither policy had been reviewed by the date stated on the policy. Staff we spoke with had a good understanding of the safeguarding and whistleblowing process. Staff told us, "We work with vulnerable people if you don't raise concerns you're putting people at risk if you do nothing. Yes I would feel comfortable reporting it."

We looked at staff recruitment records which showed which checks were undertaken before staff began work. Checks included application forms, interview notes, confirmation of identity, two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or are barred from working with children or adults at risk. We looked at five staff files and found information missing within two files, this included no evidence of interview notes and another file showed gaps within employment. We informed the manager of this who told us more robust systems were now in place to ensure all staff employed had appropriate checks. New forms meant that staff were asked about gaps in employment and interview notes placed in files. The recruitment policy confirmed a reviewed date for 2013 which had not been updated, the manager planned to do this.

We recommend that all policies are reviewed in line with the provider's timescales.

Staffing levels were adequate and flexible to meet people's needs. At the time of our inspection the manager told us staff had the choice of contracts or zero hour contracts which 75% of the staff preferred. The manager told us, "We have about two staff to every customer visit." Visits were covered and any that weren't were reported to the manager. If visits were not covered by the regular staff other staff members were contacted to do the visits and the service did not currently use any agency staff to ensure consistency.

The manager told us they were currently recruiting staff to cover weekend visits. The manager employed 'standby staff' for the weekend period to avoid missed visits if regular staff were unavailable. This meant that visits could always be completed. Staff told us, "They don't hold back to employ staff. Peoples visits are always covered."

Rotas were completed four weeks in advance and sent to people using the service a week before they were

due their visits. The rota's we looked at showed consistency where possible and people received the same carers. One relative told us 'It's particularly good that my husband has a male carer who treats him with the utmost respect. He is rostered at least 11 out of 14 sessions. They understand how important consistency is and I am continually impressed at the quality and experience of the carers.'

Is the service effective?

Our findings

Not all of the people who used the service had the mental capacity to make informed choices and decisions about all aspects of their lives. 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's mental capacity was captured in their social and personal assessment in their care plan. We saw that the service had recorded that some people did not have capacity; however the recording of this was not clear. For example where the assessment asked 'does the client give consent?' the response stated 'limited', in another example the response written was 'for daily decisions, but not for big decisions e.g. finances.' We concluded these answers were broad and that there was no further evidence to support the assessment in the care record. There was space available on the form to write whether or not a best interests decision had been made if people did not have capacity (as required by the document). However this was left blank in all three examples we checked where people had been assessed as lacking capacity. We found no other documentation to support the assessment that people lacked capacity, and no evidence of best interest's decisions.

We asked staff about their knowledge of the MCA and DoLS. One staff told us "I would discuss it with the office", but could not provide an explanation of what DoLS was. Another staff member told us "If a person doesn't have capacity to make sure you keep them safe and still involve the person. I've not had involvement in a best interest decision; I can find MCA information in the care plans."

We looked at the staff training matrix and found that 20 out of 48 staff had not received training in MCA or DoLS and six staff were out of date and required their annual refresher training.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received annual training, some of these included MCA/DoLS, safeguarding, fire safety, privacy, dignity, equality and diversity, moving and handling, medication and health and safety. The manager told us they had employed a trainer to complete all courses with staff and provide additional learning such as dementia, continence care, diabetes and mental health awareness every three years.

Induction programmes were in place for new staff, this included a five day care certificate classroom induction with the above mentioned training which was completed annually. This concluded with 16 hours of shadowing in the community, four hours shadowing residential learning disability services, 16 hours supervised care delivery, care certificate assessment and a field based competency assessment to determine if a person could complete the role effectively.

Policies were in place for staff supervisions and appraisals although these were not always followed. We looked at five staff files and found four staff had an appraisal completed within the last year as per the provider's policy. However, supervisions were not always completed within the three month time frame set out in the provider's policy. For example, one staff member had a supervisor meeting in May 2016, but there was no further evidence that supervisions had taken place until an appraisal had been completed in May 2017. One staff file did not contain any supervision or appraisal notes. The policy stated formal supervision meetings should take place for a period of 2 hours every 12 weeks.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt the care provided was effective. A person using the service said, "I'm fully involved in any decisions about me." Another person told us, "I have nothing but praise."

People and their relatives told us communication from the service was effective. One relative commented, "All the carers have been good at listening and they involve my Mum in anything that is happening. They are chatty and have taken trouble to get to know her." One person using the service said, "I like having a named person in the office and we communicate frequently. They co-ordinate any changes that are needed – it's a very positive relationship."

People told us they were supported with any dietary requirements or needs. One person told us, "They ask me what I fancy from the food that I have and then they prepare it for me and they'll leave other bits out if I want them to." Staff told us, "I offer people what they want and I give them a choice. I will even take things out of the fridge to show them. If I had concerns about weight I would contact the office. If a person was underweight I would consider things such as cream in soup and full fat milk to increase calories. I would discuss this with the family." Care plans clearly identified nutritional and dietary needs as some people using the service preferred specific plans due to their religious beliefs. An example of this included one person receiving a kosher diet.

People using the service told us staff had helped them to get the health care they needed and liaised with other services such as district nurses, which was clearly documented in daily notes and care plans. One relative told us, "[Name] regularly goes above and beyond by linking to other services that would benefit my parents and helping me to liaise with services when I meet a brick wall." Another relative said, "[Person] is going to be using a standing hoist and the occupational therapist is arranging for the carers and ourselves to be trained." This showed good collaborative working between services to ensure people were receiving appropriate care for their needs.

Is the service caring?

Our findings

People and relatives we spoke with told us they were well cared for and had positive relationships with staff. One person using the service told us, "The care is so good, they are so friendly and when you can't go out it's a pleasure to see people." Another person commented, "I don't see many people now and the carers are a good laugh, they know me and feel more like friends." One staff member told us, "I love my job and my clients; I enjoy it every day and get job satisfaction."

People using the service told us they were treated with dignity and respect. One person said, "I really don't want carers but, these are all very respectful and help me to keep my dignity when helping me with the shower." Another person who received care and lived with their partner told us, "It's me having the care but all the carers act as if they are here for both of us – always asking if we'd both like a drink and sorting our bed. They know the treats we like at the weekends and so when they do a shop they are thinking about both of us." The manager told us, "The staff are trained in dignity and respect. It's the little things such as closing the curtains when someone is getting dressed, making sure we use their preferred name and looking at their social history to engage with them to make it human."

We saw the service considered cultural and religious preferences. Monthly newsletters sent to people outlined Jewish holidays and provided celebratory lunches. For example, they wished people a, "Happy Shavuot" and explained the meaning of the festival, traditional foods eaten during the celebrations and its religious background. This showed the provider demonstrated a good understanding of the diverse needs of others.

People were supported to maintain independence in a safe way. For example, a person had requested to shower without the support of staff for privacy and independence. The staff discussed the risks with the people in the office, ensured the person wore their safety alarm and stood outside the room in case the person was unsteady on their feet. One relative told us, "On a good day, Mum can hold her cup and drink herself and the carer is always adaptable, letting Mum take the lead." This demonstrated that staff encouraged people to have their own independence and risks were managed effectively.

People and their relatives told us they were involved in their care and provided with explanations when care needs changed. One relative told us, "I have a meeting arranged later this month to discuss Mum's changing needs. I regularly telephone the office to go over needs as they arise or any minor issues. I have every confidence in Moorcare." One person using the service told us, "I think of [Name] in the office, when I need a change to the plan she comes to discuss it with me."

When asking staff about advocacy they could not identify anyone who had an advocate but clearly understood how to support a person should they need one. One staff told us, "We have a referral process; I would speak to the supervisor about this." The manager also confirmed there was an advocacy service they could refer to if needed.

Information about people was kept securely in the office and locked in a cupboard at all times. Staff told us

they were aware of keeping personal information confidential and knew how to access this information.

Is the service responsive?

Our findings

We observed that care records were created in partnership with people and their relatives. People had 'person centred support plans' which were very detailed. Care records we viewed contained people's life history, their hobbies and interests, how they preferred to be addressed, how they wished carers to leave their homes, what made them anxious and how anxiety could be addressed. Of the eight care plans we reviewed, seven were written in the first person, for example, 'At night please encourage me to change position in bed every two hours.'

Carer instructions were very detailed and person centred. For example, in someone's evening instructions we saw they had written, 'I need help to change into pyjamas. Please ask if I need help washing, I like to have [skin] cream on my back, please check if I need to change pad.'

We saw that people's relatives were involved in writing people's care records. For example: '[Name's] husband advises to give clear instructions when feeding. Breakfast - to give [Name] a choice, usually fruit and yoghurt with breakfast biscuits crumbled into it. If [Name] has tremors, tell her to close her eyes and that the spoon is near to her lips, don't try to rush [Name].'

Care plans were regularly updated. Where reviews were scheduled, we saw that the service was meeting the agreed dates for review. We saw that when people's daily notes were audited, this was done over a whole month. The manager told us this was to ensure staff documented person centred information that was relevant to their care needs.

The service provided a variety of social activities to reduce social isolation. People and their relatives told us they enjoyed attending the local day centre which was located in the same building as the provider office. The manager told us the services worked closely and often had input into the development of the day centre along with evaluations received from people using the service. Wellbeing lunches, art sessions and celebratory events were provided at the centre. People had access to a living project, this supported people to do activities in the community and for those unable, they had developed a virtual reality programme which allowed people to immerse themselves in a 360 degree world. This supported people who may have been isolated to experience other parts of the city, world or even previous work places.

People were supported independently to do activities they liked. One person told us "I am delighted that I can still go swimming. I get myself there and in the pool but then a carer comes to help me get dressed as I'm tired then."

Complaints and compliments were appropriately dealt with by the manager. We saw three complaints had been reported in the last 12 months. Complaints were logged on a report and actions taken. One example we saw was a person who used the service not wishing to have a specific carer. This was immediately noted, the carer did not return to the person's home and a letter of apology was provided. Compliments were recorded online, in a journal. The manager told us compliments were fed back to staff during meetings to show achievements. One compliment stated, "She finds her carer very compassionate, amazing, she feels

confident when [Name] is around the house, and reports that [Name] does everything that she requests and nothing is too much trouble." This showed staff were responsive to people's needs and that people were happy with the care they received.

Is the service well-led?

Our findings

The provider had a clear governance structure in place which included a care and wellbeing committee, registered care meetings, quality audit team and appraisals and supervisions for staff. Although these structures were in place they had not been effective in identifying the issues that we found during the inspection. Supervisions had not been completed in line with the provider's policy and audits for medicines had not identified the MAR chart errors we found.

Policies and procedures were not up to date and some were disorganised as they were stored in three large folders with no index, making them difficult to find. Some policies were in files and others were online, making it difficult for staff to know which was the most current. We spoke with the manager about this and they informed us they planned to review all policies so it was easier to find up to date information.

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

Staff spoke positively about the manager and told us, "[Manager] has done a lot in a short space of time. You can go to [Manager], I have no complaints." Other comments included, "[Manager] has made changes for the better" and "I feel [Manager] is supportive and I would go to the deputy manager."

We saw the manager had introduced new ways of working, including the use of technology and future development plans. The use of an 'app' had been introduced, which allowed staff to scan their phones onto a person's care plan when they arrived and left a visit. This informed office staff that the staff member had arrived and what time the staff had left. This showed systems were in place to monitor the large scale of visits being provided and identified if visits were missed. This also allowed office staff to communicate with people using the service if staff were going to be late.

The manager told us they were planning to include care records on the 'app' which would allow carers and people using the service to collaboratively work together in the person's home, make changes immediately and reduce the time that staff were having to be in the office. This demonstrated that the provider had ideas to improve the quality of care provided.

We saw that people were asked their opinion on the service in a variety of formats, and this was recorded in people's care plans. The service had recently introduced a questionnaire based on CQC's key lines of enquiry, asking people questions like, "Did the care workers smile?" "Do you know how to complain?" We saw a completed example and found this to be an effective quality assurance tool as it captured details, answers and resulted in actions & recommendations for staff to take. We also saw examples of telephone questionnaires and face to face interviews recorded where people's opinions and views were taken into account by the service. One person told us "Two young ladies have been along to ask how things are going and I do remember a questionnaire a while back."

Relatives were also asked for feedback, one relative stated, "I have been asked for formal feedback and I

took my parents to the users forum", "I have nothing but praise for the organisation and their high standards."

Client forums took place and were well received. One relative told us "Hugely impressed by the 'Users Forum' – it was a physical meeting with plenty of notice and in a convenient location. Some carers brought along service users so that they could participate. Great discussion and I'm looking forward to the next one. I didn't feel so isolated in this care situation." One person who was unable to attend the meeting told us, "I was impressed that although I couldn't go [Name] came to collect my feedback."

Staff were encouraged to contribute to the development of the service and regular team meetings took place, with the last meeting held in March 2017. A staff member told us, "It gives us an update on what's going on, we've had a new manager which has been better. [Manager] sends out letters and we feel more involved and part of something. The meetings are useful, for example when we got told that we were getting new lease cars to take people out." This meant staff were aware of any changes to the service and were given an opportunity to engage with management.

The provider had good links to several community services which people who used the service accessed. This included community activities, day centres and the living project which supported people living with dementia in the community to avoid social isolation. The manager told us they had positive relationships with a day centre for people to attend activities such as chairbics (aerobics while seated), art classes and discussion groups. This showed us people were supported to access a choice of activities to avoid social isolation.

People using the service and their relatives told us overall they were very satisfied with the care. However several people felt the invoicing arrangements were poor. One person using the service told us, "I consider the agency the best organisation that I have ever had dealings with and my only issue is with the way that the invoices are managed. The new system means that I'm often billed for care I haven't had. When I phone the office the person says that someone will call back, but they don't. When [Name] came with a questionnaire recently I told her. She took a picture of the invoice but I haven't heard back. That needs to be improved as it causes stress and gets me down." We discussed this with the manager who was aware of the problem and was planning to resolve this by speaking with people who used the service and monitoring invoices more effectively.

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 11 HSCA RA Regulations 2014 Need for consent Care and treatment had not been provided with the consent of the relevant people and had not been monitored in line with the 2005 Act.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have systems in place to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not established and effective systems or processes in place to assess, monitor and improve the quality and safety of the service being provided.