Elderly Care Service Limited

Elderly Care Services

Inspection report

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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Inadequate**

Overall summary

The inspection was announced and took place on 01 October and 02 October 2015.

Elderly Care Service is an independent domiciliary care service providing personal care to 29 people at the time of our inspection. At our previous inspection on 06 November 2013 we found the service was compliant, although we noted in our report that the registered manager may wish to consider improving records of staff supervisions to ensure they could evidence when they had taken place.

A registered manager was in post and present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the registered provider. 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.

We looked at records relating to personal care the service was providing and found that information kept at the registered location was disorganised and not well managed. Care records kept at people's homes were incomplete and not regularly reviewed.

Summary of findings

Staff we spoke with were able to tell us about ways in which they protected people's privacy and dignity whilst undertaking personal care tasks. We spoke with people who used the service and their relatives about their experience and they confirmed that care workers were respectful of this.

We found evidence that some staff had been working unsupervised before the service had completed their background checks.

Staff were not supported by robust systems of training and monitoring. We found that the provider was still not able to demonstrate regular supervisions were taking place.

People told us they felt safe when care workers were in their homes and that they were treated with kindness and compassion.

Staff demonstrated a good understanding of how to support people's hydration and nutritional needs effectively and people we spoke with told us they were normally offered choice at mealtimes.

The service lacked governance systems to measure and improve the quality of the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement or there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The risk to people's safety and wellbeing was inadequately assessed and the registered manager did not always follow safe recruitment practices.

People were at risk of receiving unsafe care and support. Medicines were not managed safely as the registered manager had not ensured that staff were all adequately trained in medication administration.

Incidents were recorded by staff but not investigated by the registered manager.

Is the service effective?

Inadequate

The service was not effective.

The registered manager had not acted to put in place robust programmes of training, supervision and appraisal to ensure that staff had the support necessary to meet people's needs.

The principles of the Mental Capacity Act 2005 were not adequately understood by the registered manager to ensure that decisions were always made appropriately and in people's best interests.

Staff understood how to support people's nutrition and hydration needs and most people told us they were offered choice at meal times.

Is the service caring?

Requires improvement

The service was not always caring.

People told us they found the care workers to be kind and respectful.

People told us staff ensured their dignity and privacy were respected at all times and staff understood the importance of this.

The provider did not adequately demonstrate that people's views were sought in making decisions about their care.

Is the service responsive?

Requires improvement

The service was not always responsive.

People told us their needs were being met and that staff acted on what they were told.

The service did not undertake regular reviews of people's care plans or demonstrate they involved people in this process.

There was no robust system in place to manage and resolve complaints.

Summary of findings

Is the service well-led?

Inadequate

The service was not well-led.

The registered manager did not have a high profile in the service or demonstrate full understanding of the responsibilities of their registration with the CQC.

There was no system of audit or quality assurance in place and the registered manager did not review information about people when it was returned to the registered location.

Only basic information relating to people's care needs was kept at the registered location and we found this was not kept in good order.

Elderly Care Services

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 was planned to check 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.

The inspection took place on 01 and 02 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of their expertise was in supporting someone who used domiciliary care services.

Before the inspection we reviewed the information we held about the service and the service provider. We contacted the local authority and spoke with them about information they had.

During the inspection we spoke with the registered manager and a company director at the office. After the inspection we spoke by phone with four members of staff, two people who used the service and 17 relatives. We looked at the employment records of four staff and the care files of five people who used the service, together with policies, procedures and other information relating to the service.

Inadequate

Is the service safe?

Our findings

We asked people if they or their relatives felt safe when care workers were in their homes. One person's relative said "I trust the care workers implicitly." People told us they were introduced to their care workers before they started coming to their homes and said they regularly saw the same staff. A relative told us "[Name of person] needs familiar faces with their care workers and they get that with this service."

Care records for people were kept in two locations. At the registered location we saw files with basic details of daily care provided, together with copies of individual service agreements sent to the service by local authorities. These files contained loose sheets of undated information relating to the daily care needs of the person. We found that information was frequently not filed in any meaningful order, meaning it was not possible to quickly identify the person's current needs and how the service had planned to meet these. Care plans were kept at people's homes.

We looked at the care records of five people using the service and found that risks to people's safety had not been properly assessed or documented. For example, in one person's file we saw a risk assessment tool provided by Leeds City Council dated April 2013. The document stated 'The risk of [name of person] falling either up or down stairs remains likely to happen and the severity could be extreme.' There was no assessment carried out by the registered manager and no guidance for staff as to how to support the person to ensure they remained safe. The document had been amended by hand at the top of the first page. The amendment, which was unsigned and undated, stated '[Name of person] no longer goes upstairs.'

Other people's care files also contained minimal risk assessments consisting of environmental risk assessments of their homes and a moving a moving and positioning assessment. In one environmental risk assessment dated 06 February 2013 we saw the question 'Are grab rails secure?' had been answered 'Needs more.' We saw no evidence this observation had resulted in any action, and the document was unsigned. One person's moving and positioning assessment was unsigned and undated, meaning we were not able to establish whether the information was up to date. The person carrying out the assessment had noted 'legs swollen with bruising' and had completed the section 'further information which may affect moving and handling' with the statement 'prone to bruising'. This person's care plan contained no risk assessment relating to their moving and handling or guidance for staff to enable them to support the person safely.

We looked at the 'Care of Service Users – Service User Plans of Care' policy dated 12 June 2014. This stated 'Risks are assessed according to each individual's assessed needs and expressed wishes.' We did not see any evidence that service users' input had been sought in carrying out any assessment or risk. We asked the registered manager how they understood and recorded people's care needs. They told us, "I just know."

The provider had a medication policy dated 12 June 2014 which set out how medicines were to be safely managed and administered. None of the care files we looked at, either those kept at people's homes or those stored at the registered location, contained any information about a person's current medication other than the medication administration records. There were no risk assessments relating to medication in any file.

At the front of one person's care file we saw a handwritten note which stated 'All staff; please give [name of person] one [name of medication] tablet in the morning. Cannot be potted up in pack so please remember.' This note was undated and unsigned. We checked the person's medication administration record and saw this medication was being given, but could not establish who had written the note, when or why the medication had been prescribed or by whom. The person's care plan dated 06 February 2013 stated 'All medication given by [name of relative]'. We looked at the undated summary of daily care for the person in their care file. The instruction to staff was 'prompt medication', but there was no information as to what this medication was. We looked at the medication administration records and saw that staff had recorded assisting the person with their medication rather than prompting but there was no record as to how, why or when these change had been made.

Another person's care plan also contained confusing information regarding their medication. Their undated daily care summary referred to prompting with medication; however, their medication administration record showed that staff had recorded assisting the person on a number of occasions. The care plan in their care file was unsigned and undated. The section headed 'Health conditions and medication details' had been left blank.

Inadequate

Is the service safe?

We looked at the training matrix and saw only one member of staff had completed the 'safe handling of medications training', although this record was not dated and we saw no evidence of any checks of competency. We saw repeated instances of staff signing for the administration of medication without any evidence they had received training to enable them to safely support people with their medication. The medication policy stated 'training records will be kept of all training accessed' and 'medication should be administered by a designated, appropriately trained member of staff only'. The service had no records evidencing how they had adhered to their own policy. When we spoke with staff about training in the safe handling of medication, all referred to training in previous jobs but were vague about how they had been trained by the provider. One staff member told us, "I was trained in medication at my previous job. I think I had some training here a few months ago. I think any information about medication is in the care plan." Another staff member said, "I help people with medication by prompting and assisting. I had some training in my previous employment."

We asked staff how they knew about the medications that people took and how to support them to do so safely. One staff member said, "I look at the instructions on the packet or bottle. I did medication training in other agencies so had already had that training when I came to work for Elderly Care Services." Another staff member told us, "If I don't know what to do I ring the office and ask. If a person has had an antibiotic for example we pass the information amongst ourselves either by text or in the daily log. I always give the medication in the dossett box first, I might not know what dosage other medication should be. In that case I ring the office or the GP to ask." One member of staff told us they thought medication administration had been covered during their induction but was uncertain when this was.

These examples meant the risks to health and safety of people using the service were not adequately assessed or mitigated, people were not protected from risks associated with their medication and were not supported by staff whose skills were being kept up to date by the provider. This constituted a breach of Regulation 12 (2) (a) (b) (c) and (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records of four members of staff. The registered manager told us that full checks were undertaken into people's backgrounds and this began from the moment a decision was made to employ a member of staff. They told us, "DBS checks are in place before people start work with us." We saw in two staff files that Disclosure and Barring Service (DBS) checks were not in place when they began working independently in people's homes. For example, one person had commenced work on 23 March 2015 and we saw evidence from their rota they were working independently from 30 March 2015. We saw their DBS was dated 30 July 2015, meaning the service was unaware of whether the person had any previous convictions or bar on working with vulnerable people for four months. We asked the registered manager about this but they were unable to offer any explanation. A director of the company told us, "We would not have started someone working on their own unless they had a DBS in place. It is possible they had one from a previous employer." However, they were unable to provide any evidence to show any checks had been made. One reference for this person had been received on 25 March 2015; however, the second reference was not received until 12 August 2015, meaning that employment checks had not been completed before the person had started to work unsupervised.

In another staff file we saw a person also recruited on 23 March 2015 had no DBS check in place until 21 July 2015. We saw from rotas they had commenced working unsupervised on 01 April 2015. On several occasions these members of staff had worked together to provide support to people before their background checks were completed. Neither staff file contained any documentation relating to how their competency during induction had been assessed. In the first file we saw a member of staff had one recorded supervision on 25 August 2015, in the other we saw a spot check had been carried out on 29 March 2015 when the person was shadowing calls. Other staff files contained records that showed timely DBS checks had been carried out; however, in one staff file we saw references had been taken verbally. We asked the company director about this and they told us the referees had not been able to supply written references due to illness. The company director told us, "We were told verbal references would be enough, as long as we had considered risk." We asked for evidence this consideration had been documented at the time but they were not able to show us any.

We looked at the provider's policies and procedures relating to recruitment checks. These were dated 12 June

Inadequate

Is the service safe?

2014 and referred to the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA), which were incorporated into the Disclosure and Barring Service in December 2012. The policy stated 'in cases where it is not possible to obtain a full CRB check before a person is due to start work and in order to maintain adequate staffing levels it obtains an Adult First ISA clearance and makes sure the person is properly monitored and supervised in line with CQC guidance until full clearance is obtained'. The policy referred to obtaining references and stated 'two written references are obtained before employment Is confirmed.'

We concluded that safe recruitment practices and the provider's own policies were not being followed and this constituted a breach of Regulation 19 (1) (a), and (2) Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding policy in place and staff were able to speak knowledgeably about the types of abuse that can affect people and their responsibilities in responding to and reporting this.

We looked at records of incidents and accidents which staff had recorded and reported correctly. We saw no evidence the registered manager had taken any action to investigate incidents to see if any changes in care were needed to continue to protect people's safety. For example, we saw one person had fallen twice within three days and had sustained an injury to their head on both occasions. On the second occasion the person had been taken to hospital for treatment. Both incident forms had been signed by the registered manager but no actions or recommendations were noted.

Inadequate

Is the service effective?

Our findings

We did not see any records of assessment or conversations regarding mental capacity in any of the care plans that we looked at. We saw some consent forms were included, however, these were not consistent in people's care files and often showed other people had signed for people with no assessment of the capacity of the person receiving personal care. Where this had happened there was no record of any best interest's decisions having been made in order to ensure decisions were made in a manner which reflected the person's wishes and preferences. For example, in one file we saw a person's consent for administration of medication had been signed by a relative, although the person had signed their own customer agreement consenting to care. In another we saw a friend had signed consent for the administration of medication. We concluded people who used the service had not received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This was a breach of Regulation 11, need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively when we asked them if the staff had the necessary skills and experience to support them. One person told us, "They are all competent and professional. The best I have ever had." A relative said, "The staff are well trained and skilled to support [name of person]."

The registered manager told us staff completed a three day induction programme adding this was 'depending on their experience'. All staff records we looked at contained a date of completion of the 'induction awareness' programme including health and safety, food hygiene, moving and handling and adult safeguarding training. The company director told us staff then completed a shadowing programme before working unsupervised with people, and had supervision within three months to assess their performance. In the report of our inspection on 06 November 2013 we noted 'the manager may want to consider formally recording all the checks done to make sure there is a consistently clear audit trail.'

During this inspection we did not see evidence that competence was formally measured and documented before staff began working unsupervised, and there was an inconsistent approach to supervision. For example, we saw one member of staff had a supervision meeting whilst still shadowing and no further meetings had taken place. Two staff files contained no records of supervision at any point in the member of staff's employment. One staff member had been employed for two years and six months but their file contained no evidence of performance review such as supervision or spot checks. We asked the registered manager why they had not done this. They told us "We have chats." We asked staff about their experience of induction and shadowing. One staff member told us, "I did a few calls just watching then got to jump in and do some of the work for myself and get a grip on what was needed. I think we had a discussion about my induction before it ended." Another staff member said, "I covered all the training in a previous job. I came well trained."

The registered manager was not ensuring staff received appropriate support to enable them to carry out their duties. This was a breach of Regulation 18 (2) (a) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us how care workers offered them choices. For example, several people told us they were offered choices of food at mealtimes. Staff we spoke with were able to tell us how they supported people with nutrition and hydration, and understood how to suggest healthy choices to people whilst respecting their choices and preferences. People who told us about their meals said they understood staff had limited time to prepare meals but said they enjoyed the food they were given. Other people told us they had been offered choices such as gender of care workers and times of calls before they started using the service. A relative said, "The care workers always ask [name of person] before they do anything. If [name of person] says 'no' they don't force them. They might try and ask again a bit later." Another relative told us, "They never rush [name of person]. They are so patient and allow them to do things at their own pace."

We saw some records contained contact information about other health professionals who contributed to people's care, such as GPs and social workers, meaning staff were able to easily contact appropriate health care professional if there was a need.

Staff we spoke with understood their responsibilities in respecting people's choices; however, we found this was mainly intuitive and not supported by a robust training

Inadequate

Is the service effective?

programme that made clear how the Mental Capacity Act 2005 (MCA) affected how they should work. One staff member we spoke to told us, "I haven't had training to a very high standard; you get to know in your own mind how people are." Another staff member said, "I had training in this in another job." Of the staff files we looked at only one staff member had a record of any Mental Capacity Act training although this was from pervious employment, and the training matrix had no record of any training delivered or planned for the future. Staff were placed at risk of not working within the legal requirements of the MCA because of a lack of adequate training and support.

We asked the registered manager how they assessed people's mental capacity. They told us, "We look at this when we assess people. We speak to people's families to assess their needs and talk to GPs and social workers regarding people's capacity." There was no clear process for making assessments and we found they were not recorded in people's care plans.

We looked at the mental capacity policy dated 12 June 2014. This stated, 'The evidence and methods used to make the assessment and the outcomes are recorded on Elderly Care Services Limited user's needs assessment and plan of care respectively. The information indicates a) which decisions the person is able to take at all/most times, b) those that the person has difficulty in taking and c) those that the person is unable to take.'

Requires improvement

Is the service caring?

Our findings

People told us they and their relatives were treated with kindness, respect and compassion by care workers and were complimentary about their practice. Comments included, "[Name of person] really looks forward to them coming", "All the care workers are really good and know [name of person] really well" and "They are lovely."

One person told us their relative did not speak English but care workers were patient and respectful and found ways to communicate with the person to reassure them before carrying out personal care.

People told us about ways in which staff worked to ensure they supported and promoted people's independence. They referred to patient communication which allowed people time and space to respond, knowledge of people as individuals and being encouraged to undertake some personal care tasks for themselves when they felt able. One person's relative told us "They encourage [name of person] to walk with their frame rather than push them in their chair when they go to the bathroom."

Staff spoke warmly about the people they supported. They gave examples of how they worked to protect people's privacy and dignity such as making sure curtains and doors were closed when providing personal care and discreetly asking anyone else who may be in the person's home to leave the room. One person told us they felt it was important to their dignity to have choice over the gender of their care workers, and said this was always respected.

Some people told us they felt involved in the writing of their care plans but it was not clear whether this was in with the provider or the local authority. People we spoke with did not offer examples of how they had contributed. People told us they felt listened to when discussing their care, and several said they could phone a senior member of staff if they wanted to talk about their care. One relative told us "I feel very involved in the care. I think I know everything I need to."

Care plans contained no evidence to show how people had been involved in developing or reviewing them. The care plans we looked at contained blank 'my personal details' forms, meaning care plans were not completed. When we asked the registered manager why these were blank they told us, "These are new forms that the families are meant to fill in" although the forms were marked 'next review June 2014' and there was no evidence the registered manager had communicated with families to ask them to provide information. Some care plans contained an undated document summarising the ways in which staff should care for people and contained some information about the person's likes and dislikes, but we were unable to establish when or how this information had been recorded. We did not see processes in place to ensure this information was kept up to date. We saw some people's care needs had been discussed in staff meetings but could not find evidence changes which had been requested by people or their relatives had been formally documented in their care plans. For example, we saw one person had expressed a preference for some foods to be made easier for them to eat, but we did not find this information had been recorded in their care plan. We did not see consistent evidence of people signing their care plan to indicate that they were in agreement with it.

Requires improvement

Is the service responsive?

Our findings

People we spoke with told us they felt the provider was meeting their needs. One person said "We asked for calls at a certain time, and they come at exactly those times." Another person told us about wanting to get the times of calls changed. They said "I just asked [member of staff] and they said they would get them changed and they did."

We asked whether people and their relatives were listened to and how well staff acted on their wishes. One person said "The care workers are always patient and never questioning. They lead [name of person] along gently, so this reduces their anxieties." A relative told us, "The staff always wait to make sure [name of person] has understood what they have said and always wait patiently for an answer." This meant staff understood how to provide personalised support to people.

People we spoke with told us they were involved in discussing their care needs before using the service, but we did not see evidence of this recorded in care files. People said their care needs were reviewed as part of an ongoing process and told us they could talk to senior staff if they felt there was a need to review their care plan. We found that the service did not routinely document such conversations and did not have a robust process in place to ensure any changes to people's care were clearly recorded in their care plans.

We spoke with staff and asked how they got up to date information about people's care needs. One told us, "You get to know the person as you deal with them. If you're working with someone more experienced they tell you about the person. You can read the paperwork but it's more about learning as you go and picking it up from other people." Another member of staff said, "I look in the care plan, whatever is needed is listed. It depends on the client whether there is a lot of detail. Some are able to tell you what they need. We record any changes in their needs in the daily logs."

We did not find evidence people had been involved in any reviews undertaken by the provider. This put people at risk of receiving inconsistent care or care that did not meet their needs. Most people said they felt reviews were 'informal' and could not tell how often this happened. One person said, "I don't remember having a review in the last year. I think you only get a review when there's a problem and social services are involved." Another person told us, "We have been with the service a year now and have not had a care review, but we sort things out with [name of staff member]." One relative told us, "[Name of person] is due a care plan review but I am not sure if this is with their social worker or the service."

None of the care plans we looked at had any evidence of formal review to ensure they were kept up to date.

We asked people whether they would know how to make a complaint. People could not tell us about any formal system in place, although we saw the provider had placed a copy of the complaints procedure in care files kept in people's homes. People told us they did not routinely look at the contents of their care files and said if they had a concern they would contact the office to discuss it.

Two people told us about times when they had contacted the provider to express concerns. Both told us changes they asked for were made and said they were happy with the way the provider had responded. One person told us about a complaint which they had made to the provider which they felt was not resolved adequately. They told us the provider had spoken to them by phone and agreed to make changes which were not sustained. We saw a record of the complaint had been placed on file but no actions were recorded to show how the provider had engaged with the complaint or ensured that it had been resolved to the person's satisfaction. The registered manager had no system in place to log and analyse complaints and concerns to enable lessons to be learnt. This constituted a breach of Regulation 16 (1) (2) Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. They were supported by a director of the company, an administrative assistant and a team leader. People told us they felt the service was well managed, although they referred to members of staff rather than the registered manager when giving examples. One person told us they thought people in the office were 'approachable' and said they had confidence that any concerns they had would be listened to and dealt with.

Staff told us they enjoyed their work and were happy working for the service. Comments included, "Everyone gets on well", "It's a good place to work" and "I get help when I need it, if I have no transport or need to be off sick." They were able to tell us about how senior staff supported them when they asked, but were less clear about ways in which the registered manager provided leadership that supported their delivery of personal care. One member of staff said, "There is good leadership, particularly when staff work together. We communicate well." Another member of staff told us, "The manager is very helpful", but was not able to tell us in detail about help they had received. We noted staff members we spoke with referred to senior staff rather than the registered manager when asked questions about leadership.

We saw daily records and medication administration records (MAR) returned from people's homes were not reviewed by the registered manager. For example, we looked at records care workers kept about people each day and saw repeated instances where there was only one signature when two people were needed for the visit. The registered manager was not aware of this and had therefore not investigated or acted to ensure that records were accurately made. We saw staff had signed the MAR sheet to confirm they had assisted people with medication but found no record of appropriate training being provided to support them in that task. We found the information relating to people's care kept at the registered location was not stored securely and not maintained in a manner which clearly identified people's current care needs.

The registered manager told us staff spot checks were carried out regularly. They said, "The frequency depends on client need and staff performance, but we aim for every three months." We looked at the records of these checks and found there were no controls in place to ensure all staff were spot checked at least quarterly. In one staff file we saw a record of two spot checks which were dated before they had started with the company, and only one further check which was six months after their employment commenced Another member of staff had had no spot checks of their performance in 32 months of employment. We saw a senior member of staff carried out the spot checks but found no evidence of any training carried out by the provider to support them in this task. There was no evidence the registered manager reviewed the records of spot checks.

We looked at the minutes of the most recent staff meetings which had taken place in April 2014. These were handwritten notes which the registered manager told us they had not yet had time to type up.

Some people who use the service told us they could recall being sent a survey asking for feedback about the service but were not clear when this might have been. No one we spoke with could tell us about any feedback they had received about the results of surveys or questionnaires. We saw evidence of some feedback from people captured on 'inspection questionnaire and service user feedback' forms which appeared to have been completed at the same time as staff spot checks, although the frequency of this was not consistent. We could not find evidence of how the registered manager had analysed or made use of this information.

The registered manager told us they did not carry out audits to enable them to measure and improve service delivery. This constituted a breach of Regulation 17 (2) (a) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risks to the health and safety of people using the service were not adequately assessed or mitigated, people were not protected from risks associated with their medication and were not supported by staff whose skills were being kept up to date by the provider.

The enforcement action we took:
Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service had no mechanisms in place to monitor and improve the quality and safety of its delivery.

The enforcement action we took:
Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Safe recruitment practices and the provider's own policies were not being followed.

The enforcement action we took:
Warning Notice