

Rock of Ages Care Limited

Rock of Ages Care

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Rock of Ages is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by the local authority. At the time of the inspection the service provided support for approximately 30 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was not managed in a safe way. People's medicines were not administered or managed correctly. The provider had failed to ensure there were safe robust recruitment procedures in place to safely recruit staff.

We recommended the provider seek and implement national guidance in relation to safeguarding adults as the registered manager was not always able to evidence how safeguarding concern had been investigated.

Risk management plans were not detailed and did not always give staff clear guidance to mitigate risks. People were not always notified when care workers were running late.

The provider carried out pre-admission assessments, but they were not comprehensive and lacked important information on people's physical health needs.

Care planning was not person centred and lacked information that was important to people. People's end of life wishes were not always documented appropriately and the registered manager agreed to update people's care plans.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Quality assurance processes were ineffective. There were no auditing systems in place and the provider did not have good oversight of the day to day running of the service.

Most people were happy with the care they received, and they felt care workers were kind and helpful. People's privacy was respected, and their dignity encouraged and maintained. People and their relatives told us staff encouraged them to remain as independent as possible.

Staff understood how to prevent the spread of infection by using protective clothing such as aprons and

gloves.

People understood how to make a complaint and told us they felt comfortable raising concerns with the registered manager. The provider however did not keep a clear audit trail about how complaints were managed and handled.

The service worked in partnership with healthcare professionals and families to ensure people's health care needs were met.

Rating at last inspection

This service was registered on 27 December 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement

We have identified breaches in relation to safety, staff recruitment, staffing levels, consent, staff training, dignity and respect and leadership and governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the 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.

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

Details are in our safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

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Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Rock of Ages Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The service was inspected by one inspector.

Service and service type

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

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

What we did before the inspection

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

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included seven people's care records and two people's medicines records. We looked at seven staff files in relation to recruitment and

staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

After the inspection

We spoke with three social care professionals. We spoke with three people who used the service and four relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as inadequate. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not being managed safely. In people's risk assessments there was no information on the types of medicines people were using, how to store it or the possible side effects. This meant care workers did not have the correct information to help keep safe.
- There was no Medicines Administration Records (MAR) or any records about medicines for one person. There was therefore no information for staff about the type, dosage and administration details for the person's medicines to help ensure the person's received their medicines safely. The only reference to medicines management for this person as a note in their care plan, "Care worker administer and record in the communication sheet."
- In another person's care plan it stated to "administer medication" we asked the registered manager about what medicines were required and they told us they were not "administering medication till blisters packs were in place". This meant information was incorrect and unclear to support staff to administer the medicines safely.
- Three people where been supported to apply medicated creams but there was no information on how the creams should be applied. This meant care workers did not have the correct information about how to administer these. There were no records to show when or how the medicated creams had been administered.
- The provider had not assessed the competency of staff administering medicines, so they were unable to tell if care workers had the correct skills and training to administer medicines.
- The provider did not carry out sufficient audits on the management of medicines. They had undertaken audits of two Medicines Administration Records [MAR] but these were incomplete.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines were managed safety. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people had not always been considered, assessed or planned for. Where risk assessments were in place, they did not provide adequate information to keep people safe.
- The local authority assessment for one person stated they used oxygen and the tubing could get tangled and could restrict the person's mobility. None of this information was recorded within the provider's risk assessment. There was also no information for care workers about how to store oxygen correctly and how the cylinder should be transferred around the home.

- Another referral from the local authority detailed how a person using oxygen may need emergency help if their carbon dioxide levels increased. The form stated, "If carbon dioxide levels get too high there is a possible long-term impact of organ failure if [Person] was not supported to access help." Within the provider's risk assessment there was not enough information for care workers about what this meant in practice and how to monitor level of oxygen or carbon dioxide and to recognise possible signs of this deterioration.
- One person's care file included the comment, "I can become confused and I have left the gas on in the past." However, the risk assessment for this person recorded they were at low risk for using the cooker and did not contain information for staff to mitigate this risk.
- Another person's referral from the local authority stated, "[Person] has a [urinary] catheter which is problematic as it bypasses frequently." The provider's risk assessment stated, "Change my leg bag weekly." There was no other information for care workers on how to complete this task, what to do if the catheter bypasses or mitigate the risk of complications such as infections.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager met with the local authority and they developed an action plan to update people's risk assessments to ensure information was recorded safely.
- Since the inspection the provider has introduced new paperwork for completing risk assessments.
- The provider has also recruited a senior member of staff to help support staff in relation to risk management.

Staffing and recruitment

- The provider had a recruitment policy in place but they were not always following this. During the inspection we reviewed the recruitment records for seven care workers. Three of them had no references, five did not have a full employment history and two of the seven care workers did not have a completed application form on file. This meant the provider had not assessed whether staff were suitable before offering them employment.
- The provider did not ensure staff were suitably deployed to meet the needs of people using the service. We asked the registered manager for rotas for care workers and we were told care workers did not receive rotas as they knew what calls they needed to make. However, the registered manager was accepting new referrals every day. By not having an effective rota in place the register manager was unable to plan people's visits and timing correctly. This meant care workers did not always have enough time to plan their visit appropriately.
- We spoke to seven people who used the service and they all commented about the lateness of calls with one person receiving a morning call at 6.30pm in the evening. After the inspection we raised this concern with the local authority commissioning team.

We found no evidence that people had been harmed however the provider was not carrying out comprehensive assessments of staff suitability during their recruitment. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place, however we found the registered manager was not always

clear about their policy. At the time of our inspection there was an open safeguarding concern which the local authority were investigating. The provider had failed to notify the CQC. Providers are required by law to notify the CQC about certain changes, events and incidents that affect their service or people. On the day of the inspection the provider sent through the notification.

- We found the registered manager lacked appropriate oversight of this investigation process. The registered manager was unable to evidence how the safeguarding concern had been investigated. We discussed this with the registered manager and we found there was an investigation, however records relating to safeguarding were not recorded correctly.
- The care workers we spoke with confirmed they had received safeguarding training. One care worker told us "Safeguarding is about protecting the client and making sure they are safe, and I would call the office to notify any concerns."

We recommend the provider seek and implement national guidance in relation to safeguarding adults from the risk of abuse to ensure they had robust systems in place to report and manage safeguarding concerns appropriately.

Preventing and controlling infection

- The provider had an infection control policy in place and the registered manager and care workers assured us they had completed training regarding this. However, there were no records of this training. Care workers were provided with personal protective equipment (PPE) including gloves and aprons. People and their relatives confirmed people wore PPE.

Learning lessons when things go wrong

- We saw care workers had completed accident and incident paperwork for five incidents. The registered manager told us it was the policy to "Record all of the information and we escalate it by contacting the family of the service user." We saw evidence the provider had addressed these five incidents as they arose. However, the provider did not have systems in place to analyse incidents and accidents to ensure lessons could be learnt to reduce the likelihood of an incident reoccurring.

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.

This is the first inspection for this newly registered service. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The service was not always delivering care in line with current guidance and law. The local authority completed assessments of people's needs prior to the provider starting to provide care and support. The provider then completed their own risk assessments and support plans, but these plans did not capture people's care needs which were important to ensure people were cared for in a safe way.
- The registered manager told us once they completed their own assessments they started providing care and support to people. However, this assessment was basic and required more detail.
- We asked the registered manager if care workers read the care plans before they started delivering care and support and we were told they didn't always read the plans. This meant care workers were going into people's home without having prior knowledge of people's care needs.
- Information from the local authority assessment forms detailed people's dietary needs however this information was not recorded within the provider's own care plans. For example, the local authority support plan for one person read 'I do struggle with eating swallowing and I don't like talking when eating or I will choke' however within the provider's support plan it was recorded the person was independent when eating and required no support and had no difficulty swallowing. We spoke to the registered manager about this and they assured us they would update their paperwork as a matter of urgency.
- In another person's file we read the person liked a cup of tea, toast and an egg in the morning and it was important to ensure no meals were prepared in the microwave. This information was not recorded anywhere within the provider's support plans.
- Care plans did not always contain information about people's likes and dislikes. If people were being supported with meals there was no information on what types of food people would like for their meal times and what their nutritional needs were.
- Within people's support plan there was a space to record allergies, but this was sometimes blank which meant staff were not aware if people had allergies. We spoke with the registered manager about this and they agreed to update people's support plans.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider did not always ensure staff were suitable following their recruitment. The registered manager told us care workers completed an induction and shadowed an experienced care worker before providing

care on their own. However, there were no records to show this had happened. Therefore, there was a risk thorough induction had not always taken place. In addition, there were no records to show the staff competencies had been assessed during or at the end of this induction to make sure they had the knowledge and skills to care for people.

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- The provider did not have an overview of the training staff had completed and there were no systems to record or monitor this. Therefore, they were unable to evidence staff had completed training. They also did not have a system to identify when any training which had been completed needed to be updated or renewed. The registered manager recognised this was a lack of oversight and possibly some care workers had not completed mandatory training to help keep people safe from harm.
- We could find no evidence of employment start dates for care workers, so we were unable to determine if staff were receiving supervision in line with the provider's policy.

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

- Notwithstanding the above some people told us they felt staff were well trained. One person told us "They are well trained, and they support me in a caring way".

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider's processes for identifying and supporting people who lacked mental capacity were not robust as it was not always clear how decisions around people's care had been made or agreed. The provider had not completed capacity assessments for people whose capacity to consent was in doubt.
- Some people had signed their own consent forms whilst other family members had signed forms on their behalf. The provider was not able to tell us why people's relatives were signing on behalf of their family members and did not show us evidence the relatives had the legal authority to do so. We spoke to the registered manager about this and they told us they had recognised this was wrong and they had developed a new assessment process.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with care workers who had received training on the MCA and we found they understood the principles of MCA. One care worker told us they always sought people's consent before supporting them with personal care.

- Since the inspection the provider has updated their paperwork for supporting planning and incorporated the MCA principles for assessing people's capacity.

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

- Within the provider's support plan there was space to record the level of support people required with their oral hygiene. In some people's care plans this was not filled in, so the staff did not have the information they needed to provide this care to people. We spoke with the provider about this and they told us they would revisit people's care plans and update them accordingly.
- People's care plans contained the contact information of their GP. The registered manager told us they regularly liaised with health care professionals if they were concerned about people's health. One relative told us how staff had "Contacted a GP when their relative became unwell." In two people's files we saw records of the service contacting GP's and the district nurses as there were concerns for their physical health.
- In another person's file we saw the registered manager had made a referral for a hospital type bed when a person's needs changed so they could be cared safely in their own home.
- One relative told us the care workers had recognised when a person's infection had worsened, and they sought medical help immediately.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We found that the service was not always caring and did not ensure people were always well treated as we identified a number of concerns with the way the service was providing care and support to people. There was a disregard to certain aspects of the service which put people at risk of receiving unsafe or inappropriate care and support.
- Information which was important to people was not always recorded within the provider's care plans which meant people were at risk of not receiving good care and support.
- People were not always protected from risks that could arise as part of receiving a service. For example, the provider failed to have adequate risk assessments in place to help keep people safe.
- Despite the service not being caring overall, staff were individually caring. People and relatives told us they were very happy with the care they received. One person said, " We are loving it they have made it viable for [person] to stay in their own home, what more can you ask for."
- During the inspection we saw some compliments which the provider had received. One read, " Person is very happy with the care your service has provided".

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

- People told us they were able to express their views and opinions and were involved in making decisions about their care. People told us they felt listened to. One person told us, "I'm involved, and they listen to what is important to me."
- The registered manager knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.
- Relatives told us that care workers fitted in with people's schedule and they would try and change call times to suit people's needs which was important for relatives.

Respecting and promoting people's privacy, dignity and independence

- People told us staff members promoted their privacy and encouraged them to retain their independence where possible. One person told us, " They keep [Person] independent by encouraging her to pick her clothes and perfume."

Another relative told us, " They close the door when delivering personal care and they understand how to respect her privacy."

- Staff understood key principles in relation to maintaining confidentiality and protecting people's personal information.
- Records were stored securely in the providers office , and the provider understood the importance of protecting people's personal information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not person centred and lacked important information on people's support needs. In one person's local authority referral form there was detailed information about the person's restricted movements in their shoulder and how this significantly impacted on their day to day movement. Within the provider's care plan it read 'I have a pain in my right shoulder'. However, there was no other information regarding this or the support they may need. This meant that people were not receiving personalised support when they were being cared for.
- Care plans written by the provider did not contain information on people's social, family, pastimes or interests. This meant what was important to people was not recorded by the service and therefore could not always be known by staff.
- Daily communication logs were completed by staff, but the notes were task focused rather than person centred. For example, one person's care plan read 'Encourage [person] through prompting to use bed lever, encourage [person] to feel safe.' We saw no evidence from reading the communication log if the person was encouraged or helped in any way to feel safe. A bed lever is a device which is used to support people to sit up in bed.

This placed people at an increased risk of not having their needs are met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was not meeting the AIS and they were not aware of their requirements. There was no accessible information policy in place. The local authority assessment asked people if they had any specific communication support needs. In one-person support plan we read the person had 'dual sensory loss'. We looked at the support plan written by the provider and they had written 'no issues' under communication. We raised this with the provider and they assured us they would update this person's risk assessment.

We found no evidence that people had been harmed however, the provider had failed to ensure people support plans reflected their needs, this placed people at an increased risk of not having their needs are met. This was a further breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The local authority assessments provided information on what was important to people. This information detailed about people's families and work histories. However, the provider had not incorporated this into their own assessments. This meant care workers did not always know about people's interests or what was important to them. The provider recognised this information was lacking. Care workers gave us examples of how they supported people to keep in touch with their family and friends. One person told us, they were supported by a care worker to call their relatives.

Improving care quality in response to complaints or concerns

- Complaints and concerns were not dealt with in line with the providers policy. The provider had a policy for dealing with complaints and people received information on the procedure about the complaints process when their care started.
- Initially the provider told us they had one complaint however we could see no paperwork about the complaint. We saw an outcome letter which was sent to the person. We asked to see the investigation process, but the provider was not able to provide us with this information. This told us the provider was not robustly following their complaints policy.

We recommend the provider seek and implement national guidance around the management and handling of complaints in adults social care.

- People and relatives confirmed they knew how to raise a complaint or concern about the care provided. People also told us they felt comfortable making complaints and they felt the registered manager would listen to them. One person told us, "Yes, we know how to complain, and they respond. "

End of life care and support

Care records did not contain people's end of life wishes and preferences. We spoke with the registered manager about this and they recognised the need to record people's wishes in relation to end of life care so that the information was available if needed. The registered manager agreed to update their records accordingly.

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.

This is the first inspection for this newly registered service. This key question has been rated as inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager was not always aware of their regulatory responsibilities. There was a significant lack of oversight and monitoring of the service and as a result they did not identify risks relating to managing medicines, caring for people, recruitment of staff and a lack of understanding of delivering person centred care.
- The service did not have rotas to clearly show which staff were scheduled to attend to each person receiving a service. This lack of records meant that it might not be possible at a later date to clearly identify who cared for each person should that information be required. There were also no records to show staff supervision or competency checks had been completed.
- Care plans were not audited to check that they contained all relevant and important information and as a result there were risks people might receive unsafe care. The provider was not recording people's nutritional needs, pain management and people's personal preferences were not addressed in a person-centred way.
- The provider did not consistently monitor and keep a record of care workers' training to ensure they continued to have the skills to provide people with effective care and support. Furthermore, there was a lack of records in relation to the management of the service, for example the provider was not consistently recording how staff were paid.

The lack of appropriate governance arrangements and effective quality assurance processes meant that the provider could not demonstrate they were providing a safe, quality and consistent service to people. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers told us the manager was approachable and always available. One care worker said, "If I am concerned I call the office and they respond. "
- Since the inspection the provider assured us they have been working closely with the local authority to address the issues we found during our inspection.

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

- As part of the inspection we spoke with the provider about their understanding of their responsibilities under the duty of candour and the provider demonstrated they understood their responsibilities. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be

open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the service was not always person-centred. Care workers did not always arrive on time and they did not have the information they needed to care for people in a way which was safe, reflected their preferences or met their needs. The registered manager recognised the importance of revisiting people's care plans and updating them accordingly.
- Notwithstanding the above, people spoke well of the service, comments included " Care workers were particularly kind and considerate and went the extra yard to help and [Person] is happy with the carers and they are all so lovely and how good it is to have support."
- People told us they were encouraged to share their opinions and the registered manager was open to try and help solve problems. As the service was not opened long the registered manager had not completed surveys, however some people had a questionnaire filled out after 14 days of service. The majority of the feedback from these surveys was positive however the information was not stored in a consistent format.

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

- The provider contacted people receiving care after two weeks to ensure people were happy with the care they received. Some of this feedback was stored in people's file but the provider had not recorded this information in a consistent format. We spoke with the registered manager about this and they recognised this information needed to be centralised.
- Since the inspection the registered manager has begun to complete telephone monitoring with people.

Working in partnership with others

- We saw evidence in people's file of the provider engaging with other health care professionals when people's needs changed. The registered manager told us they were keen to work in partnership with healthcare professionals and local authority colleagues to drive ongoing improvements.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure people received care which met their needs and preferences.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always ensure that consent to care was always received and recorded from service users and that where they did not have the mental capacity to make certain decisions, any decisions made were in their best interests</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person was not always operating effective systems to ensure the safe recruitment of staff.</p> <p>Regulation 19 (1)</p>
Regulated activity	Regulation

The registered person did not always ensure service users were cared for by staff who were suitably trained or supervised to carry out their role.

Regulation 18 (2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12(1)</p>

The enforcement action we took:

We have served a Warning Notice on the provider for failure to meet this Regulation.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the services provided to service users.</p> <p>Regulation 17(1)</p>

The enforcement action we took:

We have served a Warning Notice on the provider for failure to meet this Regulation.