

Huggies Cares Limited

# Huggies Cares Ltd

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on January 3, 4 and 5, 2018 and was announced. At the last inspection in October 2016, we asked the provider to make improvements in recruitment processes, induction, training and professional support for staff, providing person centred care, following the requirements of the Mental Capacity Act and quality assurance systems. We found not all areas had been improved to meet the relevant requirements. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) Safe, Effective, Response and Well Led to at least good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults with a variety of needs. Support provided includes assistance with personal care, domestic tasks and outings into the community. At the time of this inspection the service supported 34 people.

The service did not have a registered manager since December 2016. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. We checked our records at the time of this inspection and found the manager's application was hindered by an address error on their registration certificate. This meant they were unable to proceed with their registration until this error had been resolved. We will make further checks to ensure their registration is completed.

We found five breaches of the Health and Social Care Act regulations in relation to recruitment processes, staffing training, care records, the management of complaints, acting on feedback and quality assurance processes. You can see what action we told the provider to take at the back of the full version of the report.

We made two recommendations that the provider implements effective systems for monitoring accidents and incidents and for safeguarding people's rights in line with the Mental Capacity Act.

We found the service was not safe in some respects though people told us they felt safe. People were supported by a regular staff team and the provider had suitable systems in place to take action to protect people from abuse.

Where needed, people were supported to take their medicines in a safe way. We identified concerns regarding medication administration training and competency checks. This meant people were potentially at risk because staff did not have the right skills and experience.

Missed visits were rare but staff were often late for their visits. This meant people did not consistently receive care and support as agreed and in line with their needs.

Recruitment processes were not sufficiently robust. This was a continued breach of the relevant regulation and meant people were not protected from risk of unsuitable staff being employed.

People were protected from risk, including risk of infection, because appropriate assessments and prevention measures were in place to help ensure people were supported safely.

The service was not always effective because staff did not receive a robust induction, training relevant to their role or appropriate professional support. This meant people were at risk because staff had not received the necessary skills to do their job effectively.

Improvements had been made in ensuring the service met the requirements of the Mental Capacity Act 2005. However, we found inconsistencies in how the provider followed the MCA and recommended a more effective system be put in place to protect people's rights.

People and relatives said staff's approach was caring and empathetic, and that they were treated with dignity and respect. Staff carried out their duties in a responsible and professional manner and demonstrated they knew the people they supported well.

People gave us examples of how staff encouraged them to be independent according to their abilities. Staff we spoke with confirmed this. This helped to promote people's general good health and wellbeing.

The service operated within a diverse and multicultural community and had systems in place to ensure people's equality and diversity needs were recognised.

The service was not consistently responsive. While improvements had been made in reviewing support plans so they were fit for purpose, we noted some care records were not in place or did not contain complete information about people's needs or conditions.

While the service had procedures in place to manage complaints and concerns raised, the manager was unable to provide us with documentary evidence on how they had managed two recent complaints relating to the timing of visits and gender preference of staff attending visits.

Support plans in place contained detailed person-centred information providing staff with adequate information to help staff support people responsively.

We found the service was not consistently well led. The service was without a registered manager since December 2016. Quality monitoring processes were insufficiently robust and had not identified concerns we found during our inspection. This was a continued breach of the regulation and meant people were potentially at risk because the quality of care provided was not effectively monitored.

Some improvements had been made in relation to seeking feedback from people and their relatives. We also saw the manager had asked staff to appraise the performance of the management team. The manager had not yet developed a plan of action to make the improvements suggested by people, relatives and staff.

Staff told us the management team was approachable and supportive, and that regular staff meetings were held. This helped to ensure staff had the opportunity to raise any concerns they may have about their work and appropriate guidance to follow.

## 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 consistently safe.

Recruitment processes did not provide adequate assurances that staff employed were suitable for the role.

People were supported by a regular team of care staff. Most people and relatives told us staff were often late and they were not always informed of this.

Risk assessments contained adequate and up to date information to help staff manage risks to people.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The provider did not provide suitable assurances that staff received an adequate induction and attend mandatory training.

Improvements had been made to ensure the service was working in line with the Mental Capacity Act. There were systems in place to monitor changes in people's mental capacity.

People were encouraged to maintain healthy nutrition and hydration, and supported to access health care professionals as required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People and relatives said staff were kind and treated them with dignity and respect.

People and relatives were involved in the care planning process. People were encouraged to be independent and supported to make their own decisions.

Support plans reflected equality and diversity considerations

**Good** ●

and the service had policies and procedures in place to ensure people's human rights were protected.

### **Is the service responsive?**

The service was not consistently responsive.

Support plans were person centred and contained a holistic assessment of people's needs. This included personal histories and communication needs.

People and relatives told us they knew how to make a complaint but had not done so formally. The manager did not provide evidence that there was an effective complaints procedure in place.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

There was no registered manager in post since December 2016. There was a manager in post who was in the process of applying.

Quality assurance systems did not effectively monitor the quality of the service and identify potential improvements. Care records did not contain accurate and complete information about people's care and support.

The provider did not effectively demonstrate how people's feedback was used to improve the service.

**Requires Improvement** ●

# Huggies Cares Ltd

## 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.

The inspection took place on 3, 4 and 5 January 2018 and included telephone calls and visits to people's homes. The provider was given 24 hours' notice because the location is a small domiciliary care service and we needed to be sure that a manager would be in to facilitate our visit.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert-by-experience had experience in caring for an older person who has used care services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We asked and received information from Trafford local authority contracts, commissioning and safeguarding teams. They did not raise any concerns with us.

We contacted Healthwatch but they did not have any information about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

With their prior consent, we visited two people and one relative in their homes and we spoke with two people and three relatives by telephone. We also spoke with the manager, human resources and finance officers and two care staff. We looked at records relating to the service, including six care records, daily record sheets and medication administration records (MARS) and four staff recruitment files.

# Is the service safe?

## Our findings

At the last inspection in October 2016 we found a breach of the Health and Social Care Act 2008 as the provider had not ensured that recruitment processes were sufficiently robust. At this inspection we found little improvement had been made in this area.

We looked at four staff recruitment files and found pre-employment checks were not consistently carried out. For example, in two files there were unexplained gaps in employment history and records indicating staff had started prior to disclosure and barring service (DBS) checks made. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. Failure to ensure staff recruited were suitable to work with vulnerable groups was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people and relatives we spoke with said they had not experienced missed visits but that staff were often late. Our records and those we received from the local authority confirmed that there had been five missed calls since our last inspection in October 2016. Comments people and relatives made about the timing of visits included: "The times vary. It depends who is on and whether they have been busy at another job", "When [regular staff] is off it all seems to fall apart with (staff) coming late or like just before Christmas no one came at all" and "They come at all times and I'm not sure when they are coming but I don't like to complain" and "They don't ring if they are late but they have never missed an appointment." One relative told us, "I have organised for my [relative] to go to a day centre and because (staff) are sometimes late [person] has not been ready to go and has missed out." This meant people were not receiving care and support at times which suited their needs.

People and relatives told us they felt safe using the service because staff were regular and knew people's needs. Two people said, "I do feel safe with the carers. I know most of them" and "They do watch out for me because I have had falls in the past." A relative said, "[Person] has regular (staff) who are very good with (them)." The manager told us and staff confirmed that staff were grouped into geographical teams. This meant people were supported by a consistent group of staff who understood their specific needs.

We reviewed the care records for five people and found assessments were in place to help staff manage risks to people such as moving and handling, medication and pressure areas. In the main, we found risk assessments were detailed and provided adequate information to help staff support people safely. However in one person's care records, it identified risk of falls but this risk assessment was incomplete. This meant staff did not have sufficient documented information to safely manage this person's risk of falls. We raised this with the manager who assured us they would update the person's records.

Where required people told us staff supported them with their medicines safely and they received them at the time they needed them. Each person had an assessment of the support they needed to manage their medicines. Some people were able to manage the process independently and some required full assistance. We saw from the training matrix provided that the majority of staff had not been trained to administer

medicines to people. We asked the manager to show us what competence checks were in place. They told us these checks were carried out during staff spot checks. This meant people were potentially at risk because staff were not appropriately training nor were sufficient checks in place to ensure they were competent.

People told us staff used personal protective equipment (PPE) such as gloves and aprons appropriately. Staff we spoke explained to us when they used PPE and understood the importance of good hygiene to help protect people from risk of infection. This meant staff were demonstrating responsibility for promoting good and effective infection control and practice. We noted however not all staff had received training in this area. During our inspection we found no evidence to support this as an area of high risk. However, training should help to reinforce good practice and to ensure all staff know how to keep people safe from infection.

Staff we spoke with knew what action to take if they suspected abuse was taking place. We found the manager was proactive in taking action to safeguard people the service supported. This was evidenced in safeguarding and care concern referrals made to the local authority and us (the Care Quality Commission). We were satisfied people were kept safe because there were appropriate policies and procedures in place and these were being followed.

We saw accidents and incidents that took place were recorded in people's daily record books and also on the care planning system used to manage visits to people. We saw, where applicable, the appropriate safeguarding referral had been made to the local authority and to us. However, we found the provider had no effective system of monitoring these incidents to protect people's wellbeing and safety and to help minimise or prevent reoccurrence. This was discussed with the manager during our inspection feedback. We recommend the provider implements a system to effectively monitor accidents and incidents that occurred within the service.

# Is the service effective?

## Our findings

At the last inspection in October 2016 we found breaches of the Health and Social Care Act 2008 as the provider had not ensured there were appropriate induction, mandatory training and professional support in place to effectively support staff in their roles and consent to care was not sought in line with the Mental Capacity Act. At this inspection we found insufficient improvements had been made in some areas.

We looked at whether the staff were provided with the skills and knowledge to carry out their roles effectively. For this type of service and the population it provides care and support to, we would expect to see a range of training such as safeguarding, moving and handling, health and safety and dementia awareness. The manager told us and we saw there was a system in place to deliver care certificate induction to staff new to care. The care certificate is a set of minimum standards that should be covered as part of the induction of any staff new to care. They said most of their training was delivered via e-learning but that some training such as moving and handling was delivered in a classroom environment.

Staff we spoke with told us they shadowed experienced colleagues prior to working unsupervised. This was documented in their personnel records. They told us they had not completed all relevant training. During our inspection we found examples that staff were not equipped with the relevant skills. For example, one person we visited required support to take their medicines. The training matrix showed that staff supporting this person had not received medication administration training. For another person with a diagnosis of dementia, we noted only one of four staff scheduled for these visits had completed training in dementia awareness. We raised the issue of training with the manager and asked them to consider alternatives to the way in which training was being delivered currently. The manager told us they would be registering for training offered by the local authority but did not provide further details of the training to be accessed.

We asked to see records of staff supervision and appraisals. These were not provided. Staff told us they felt supported by the management team and they could speak with the manager or the office administrator at any time if needed. The office administrator told and showed us they used a social media app as a support network and that this proved effective. However we found the provider did not sufficiently demonstrate that staff were effectively equipped and supported to carry out their roles. This constituted a continued breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us most people the service supported were funded by the local authority. As such their needs including capacity to make decisions about their care had been assessed by the local authority. The manager demonstrated reasonable understanding MCA and we saw there was now a procedure in place to monitor and act on changes in people's capacity to make their own decisions.

People and relatives told us staff always sought consent prior to carrying out any task. We noted though consent to care was not always sought as required by the law. In three support plans we looked at we saw relatives had signed consent to care without the appropriate legal authorisation such as lasting power of attorney. The manager explained that relatives had signed to indicate their involvement in the care planning process or when the person had asked them to do so on their behalf. We pointed out these explanations were not recorded and recommended the provider ensured effective systems were in place to safeguard people's rights in this regard.

Records we looked at showed the manager carried out an initial assessment upon which a person's support plan was based. Support plans we looked at contained detailed information about the person's assessed needs and an equality and diversity profile. Staff we spoke with said this information helped them to understand the needs of the person.

People and relatives told us and care records confirmed staff liaised with healthcare professionals such as district nurses and GPs, as required. One relative told us the agency had been proactive and instrumental in getting moving and handling assessments done and the necessary equipment ordered for their relation.

We saw from people's care records that staff helped them with their meals if required. People and relatives told us they were able to choose the meal and staff would prepare; this included culturally appropriate meals. Comments included: "They make my breakfast in a morning and then at dinner time I have a sandwich and biscuits with a coffee, and they do a ready meal at tea." Another said, "They do give me my breakfast and make me a sandwich and (sometimes) do the frozen meals as well. They always leave me a bottle of water." The manager told us they kept food diaries as this helped the service to act proactively in the event of issues such as weight loss.

We concluded the provider had processes in place to help ensure people were supported to access relevant health care as needed and to meet their nutritional and hydration needs were met.

## Is the service caring?

### Our findings

People and their relatives provided examples of the kind and caring nature staff exhibited and said staff were empathetic and went 'above and beyond' their duties. One person told us a staff member cooked them Christmas dinner. They said, "(Staff) came at 4pm with a full turkey dinner which was wonderful and I really enjoyed it. I really appreciated what (staff) did." Another person told us, "The girls that come to me are amazing. Especially [Name of staff]...doesn't have to be told and does little extras such as arranging my cushions just how I like it done."

We asked people and their relatives, where appropriate, if staff treated people with dignity and respect and they told us that staff did so. Staff told us they maintained people's dignity, for example, by ensuring curtains and doors were closed and making sure the person was covered accordingly when providing personal care. People told us staff were careful and respectful in ensuring their property was secured when they finished their visits.

People and relatives told us the staff supporting them knew people's personalities and had developed good relationships with them. Care staff told us they were able to support people more effectively if they knew something about them so they had asked about their lives, their preferences and any interests they may have. We saw people's support plan profiles provided ample information about people's past lives and personal histories. This meant people were supported by staff who were interested in them and cared about their wellbeing.

People and relatives said they were involved in making decisions about the support provided. One relative told us they "felt a part of the whole process as the manager had visited (their) home to discuss the support (they) needed." This meant that people and relatives felt included and were consulted in making decisions about the care provided.

People told us, where possible, staff encouraged them to be independent depending on their abilities. Staff we spoke with described how they helped people to maintain their independence and supported them in making choices about what they wanted to wear, eat or drink. This should help people to maintain their independence in a safe way and also promote their wellbeing.

The manager told us and their records confirmed they provided information about advocacy services should anyone they supported require this service. No one we spoke with at this inspection required this support.

We checked to see what processes were in place to ensure people's human rights were protected, including people with a protected characteristic such as disability, race and sex. For example, we noted the provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. People's support plans recorded relevant information regarding people's ethnicity, religious and cultural beliefs and practices. We noted people had the opportunity to indicate the gender preference of the staff visiting them. The manager told us as they worked within a diverse and multicultural community it was important that their workforce understood and reflected this diversity.

## Is the service responsive?

### Our findings

At the last inspection in October 2016, the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was no evidence to demonstrate people's care and support had been reviewed to ensure these were still appropriate. At this inspection we saw that improvements had been made. We reviewed the support plans for six people and found these had been reviewed annually or when people's needs had changed.

On the first day of our inspection, we asked to view the care records of seven people supported. For one person, the manager only provided the daily records, referred to as 'bespoke sheets'. These were personalised and listed the tasks to be carried out by staff such as personal care and, where relevant, reflected people's meal preferences including culturally-appropriate food. There was no documented support plan or risk assessment in place for this person. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not demonstrate that care and treatment was being provided in a safe way according to people's care plans and that risks to the person's health and safety had been assessed and steps taken to mitigate these in place.

We found most support plans held information relating to people's communication needs and disabilities or impairments such as hearing or sight loss. However we spoke with one person who told us about their sight loss condition but their support plan did not reflect this. We raised this with the manager told us they would look into this matter. Failure to maintain accurate and contemporaneous records was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The other six support plans we looked at contained detailed information about people's needs and capabilities such as physical, mental and social needs. The manager told us and we saw they had introduced a "My Journey" summary which recorded information about personal information about a person such as where they were born, family history and music they liked. We noted not all of the care records we looked at contained this document but we found the support profile incorporated pertinent information about people's preferences which helped the service respond appropriately to people's needs and care wishes.

Staff we spoke with were knowledgeable about people's communication needs and we saw appropriate consents in place to ensure this information was shared with relevant health professionals.

People and their relatives, where appropriate, told us they were involved in the initial assessment and review/reassessment of the care provided. We saw detailed initial assessment documents in most care records we looked at. These identified the specifics about the support to be provided and ensured the agency was able to meet the person's needs responsively.

People and relatives we spoke with said with the exception of timing of visits they had no concerns or complaints about the care they received. People told us and we saw the service's complaints procedure was included in the service user guide. In the provider information return, the manager told us they had received

two complaints from relatives which related to timekeeping and gender preference of staff attending the visit. During our site visit, we discussed these complaints and the manager told us they had been both resolved. We asked for documentary evidence to show how these complaints had been managed. This information was not provided. We made a further request following our site visit. However, we received no evidence to verify the provider had an effective complaints procedure in place. Failure to demonstrate complaints were investigated and necessary action taken in response was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

At the previous inspection in October 2016, the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to ineffective systems of collecting people's views about the service, monitoring the quality of care delivered and maintaining complete records. We also found a breach of the Regulation 18 of the CQC Registration Regulations 2009 because the provider did not inform of incidents occurring within the service such as safeguarding.

At our inspection in January 2018, we found the service had begun to seek the people's views about the service. In one person's care records we saw a user survey had been completed in March 2017. Some people and relatives we spoke with told us they had given their views about the service provided. The main themes of their feedback included that the service could be better organised and that they found staff were caring and good at their jobs. At the office and following our site visit, we asked the manager to see the results of the returned surveys but we did not receive these. This meant we were unable to evidence what action and improvements, if any, the service had taken as a result of people's feedback. This was a breach of the Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

With regard to notifiable incidents, we reviewed our records before visiting the provider's offices and these showed the service had been notifying us of incidents as required by law.

In December 2017, the provider was fined for not displaying their most recent inspection rating of 'Requires improvement'. Prior to this inspection visit, we checked the provider's website and found they were still not displaying their rating. We saw the rating was on display in the office and told the manager we had noted they were not displaying on their website. The manager said they signposted readers to CQC's website for their most recent inspection report. We reminded the manager that failure to display the rating conspicuously on their website was a breach of Regulation 20(A) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found little improvement had been made in the provider's quality monitoring systems. Records we reviewed showed staff spot checks had not been regularly done following our inspection in October 2016 and had been resumed in October 2017. We looked at spot checks carried out on two staff members which identified recommended actions to be taken. In both cases, there was no reference to who was responsible for and within what timeframe these actions were to be completed. We asked the team leader about the progress of these actions. Without clear lines of responsibility and accountability, these spot checks did not effectively monitor the quality of staff performance. We asked about other audits carried out and the manager told us they had just begun to audit daily record books and medication administration records. However they were unable to demonstrate what action, if any, had resulted from these because they kept no records of these checks.

We found current audit systems did not demonstrate what action had been taken when issues were identified nor had they identified the concerns we found at this inspection such as gaps in recruitment processes, inadequate staff induction and lack of staff training, poor record keeping including missing

support plans and risk assessments and limited audit of care records. This meant people were at risk of poor quality care because the provider did not provide suitable assurances they effectively monitored the service provided. This was a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager in post since December 2016 when the last manager left the service. Prior to our site visit we asked the provider in January 2017 and September 2017 to update us on recruiting into the post. They informed us of their intention to register as the manager. We saw evidence of their application in October 2017. However this application was delayed due to other registration issues relating to the location of the service. Following our site visit, our internal records showed this registration concern had been resolved and a new application for registered manager had been submitted. We will continue to check the progress of this registration or proceed with enforcement action against the provider if this condition of registration is not resolved.

Overall, people and relatives told us they were happy with the service and the standard of care provided. The main areas for improvement they identified were regarding the timing of visits and the better administration of the service.

Staff told us the manager was approachable and easy to speak with. One staff member told us, "[Manager's name] is fantastic. (They) treat everyone fairly and are a cracking boss." Another said, "Management listens to staff and they are caring and understanding people." The manager told us they promoted an open and inclusive culture that encouraged continual feedback. We saw the manager had asked staff to complete a year end company appraisal in December 2017. They told us the purpose of this exercise was to get staff to appraise the management team's performance. We saw staff commented on what worked well such as team communication and good management support. Staff also commented on where improvements could be made such as in training and travel time. The manager told us they would develop an action plan to work through the improvements identified. We will check at our next inspection to see what progress has been made.

At the last inspection in October 2016, we found regular staff meetings were not taking place and checked this time to see if improvements had been made. Minutes of meetings we looked at showed meetings were held on a monthly basis and that staff who could not attend were emailed the minutes. The office administrator showed us how the service used a social media app to communicate with and support staff in the field. Staff we spoke with confirmed this method was effective in helping to ensure they 'stayed connected' with each other and the management team.

The manager told us and we saw they had updated their suite of policies and procedures which staff were able to easily access. We concluded there were adequate systems in place to ensure staff had the opportunity to raise any concerns they may have about their work and appropriate guidance to follow.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always demonstrate that care and treatment was being provided in a safe way according to people's support needs and that risks had been assessed and steps taken to mitigate these in place. Reg 12(1)(2)(a)(b)</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to show that there was an effective complaints procedure in place which investigated concerns and ensured necessary action was taken in response.</p> <p>Regulation 16</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service did not demonstrate that appropriate induction training and professional support systems were not in place to effectively support staff in their caring role. Regulation 18(2)(a)</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Audit systems were not sufficiently robust to help identify concerns regarding the quality of the care provision and had not identified the issues we found at our inspection. Reg 17(1)(a)</p> <p>The service did not always maintain accurate and contemporaneous records regarding people's care and treatment Reg 17(1)(2)(c)</p> <p>The provider did not evidence that it effectively sought and acted upon feedback provided in relation to carrying out the regulated activity. Regulation 17(1)(e)</p>

### The enforcement action we took:

Decision to serve a warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure the recruitment and selection process was sufficiently robust and appropriate pre-employment checks done. Regulation 19(1)(a), (3)(a)</p>

### The enforcement action we took:

Decision to serve a warning notice