Carradice Care Ltd

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was announced and took place on 21 May 2018.

This service is a domiciliary care agency. It provides personal care to people living in their houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection 33 people were using the service.

The agency had a registered manager who was present on the day of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in August 2016, the provider was in breach of regulation 16, receiving and acting on complaints and regulation 17, Good governance. We found that the provider did not investigate or respond to complaints. The governance was ineffective to assess, monitor and to drive improvements.

At this inspection we found that the provider had not taken sufficient action to comply with these regulations and people continued to be at risk of not receiving a safe and effective service. We found a further breach of regulation 18, Staffing. The registered provider did not ensure that all staff had the necessary skills and competence to assist people safely with their care.

The management of people's medicines was not safe to ensure they received their medicines as directed by the prescriber. People were placed at risk of harm because staff did not always have access to risk assessments that provided accurate information. People were not always protected from the risk of potential abuse. Staff's failure to wear their uniform and carry identification at all times, placed people at risk of allowing unauthorised persons into their home. People were at risk of avoidable infections because staff did not always wash their hands or use personal, protective equipment. Accidents were not managed effectively to reduce the risk of it happening again. Insufficient staffing levels meant calls were frequently late.

Staff did not have access to relevant training to ensure they had the skills to care and support people safely. Staff were not always supported in their role to ensure they provided an effective service. Staff's lack of understanding of the Mental Capacity Act 2005 placed people at risk of their human rights not being respected.

People could not be confident their right to privacy and dignity would be respected by all staff. Staff were not always attentive to people's needs and they did not always have access to relevant information about people's care and support requirements. People's complaints were not always listened to, taken seriously or acted on. During the assessment of people's needs equality, diversity and human rights were not

explored. People were involved in the assessment of their care needs.

Where needed people were provided with support to eat and drink sufficient amounts. People who used the service did not require support to access relevant healthcare services.

At the time of the inspection there was no one who used the service receiving end of life care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The management of people's medicines was not safe. There were insufficient staffing levels which meant calls were frequently late and people were not supported with their care needs at a time suitable to them. People's safety was compromised because staff did not always wear a uniform or carry their identification badge. Conflicting information contained in risk assessments placed people at risk of not receiving the appropriate support. Action was not taken to protect people from potential abuse. Staff's practices placed people at risk of avoidable infections.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were cared for by staff who did not have the appropriate skills. People's human rights was at risk of being compromised because staff were unaware of the Mental Capacity Act. People were involved in the assessment of their care needs but these assessments did not include equality, diversity and human rights.

People who required support with their meals were assisted appropriately. People who used the service did not require assistance to obtain medical services from the provider.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were at risk of not receiving the appropriate care and support because staff did not have access to accurate information about how to support them. Staff were not always attentive to people's needs and this placed them at risk of not receiving safe and effective care. People's right to privacy and dignity was not always respected by staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People could not be confident their complaint would be listened to, taken seriously or acted on. People's cultural and religious needs were not met by staff. Systems and practices were not in place to assist people who could not speak English or those with a sensory impairment.

At the time of the inspection the provider was not providing end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's governance was ineffective to comply with the breach of regulations identified at the previous inspection visit. The governance did not identify the shortfalls we found at this inspection. Quality checks carried out did not drive improvements. People were not provided with the opportunity to be involved in the running of the agency.

The provider worked with other agencies to find out people's specific needs.

Carradice Care 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 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.

We gave the service 48 hours' notice of the inspection visit. This was to ensure that the office would be open when we visited.

As part of our inspection we spoke with the local authority about information they held about Carradice Care Limited. We also looked at information we held about the provider to see if we had received any concerns or compliments about them. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the agency.

The Inspection activity started on 16 May 2018 and ended on 21 May 2018. It included telephone interviews with people who used the service, their relatives and staff members. We visited the office location on 21 May 2018, to see the registered manager and the provider to review care records and policies and procedures.

The inspection team comprised of two inspectors and one 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.

At this inspection we spoke with nine relatives who spoke on behalf of people who used the service. We spoke with two people who used the service, four care staff, the registered manager and the registered provider. We looked at five care records, risk assessments and records relating to quality audits.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection this key question continued to be rated 'Requires Improvement.'

At our previous inspection people raised concerns about staff not arriving on time and this had resulted with one person missing their meal. At this inspection people told us staff were frequently late and this was also confirmed by two staff members we spoke with. One person told us that staff did not always stay their allocated time. The registered manager told us that staff did not always notify people or the office staff to say they were running late. They told us that staff texted the office to confirm when they arrived at a visit. However, there were no systems in place to ensure they stayed their allocate time. Therefore, people were at risk of not receiving the level of support at the times agreed with them.

The people we spoke with informed us that calls were frequently late. Staff members told us that there were insufficient staffing levels provided and this compromised the care and support provided to people. For example, calls being late or missed. Staff told us there was a large turnover of staff and the registered manager confirmed this. However, the registered manager had not explored the reason why staff were leaving their employment. This meant people may not receive visits at the time agreed that suited their needs.

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

Staff told us that before they started to work for the agency a Disclosure Barring Service (DBS) check was carried out. DBS assists the provider in making safe recruitment decisions. The staff files we looked at evidenced the undertaking of this check. Staff also confirmed that a request had been made for references and we also saw evidence of these. This demonstrated that the provider's recruitment procedure was safe.

The identified risks to people were not managed effectively and this placed them at risk of harm. For example, one person told us that the chair on their hoist did not fit properly and this caused them discomfort. However, their risk assessment showed they used a wheeled trolley to mobilise but this person was unable to stand. Further information in their care records showed they required the use of a hoist. This meant staff were provided with conflicting information about the appropriate equipment to use. This placed both the person and staff at risk of potential harm. Information contained in the care record did not provide details about the hoist in use or when it was last serviced. The registered manager told us there were no systems in place to ensure equipment in people's homes had been serviced to ensure they were safe for use. This placed people and staff at risk of injury by using potentially unsafe equipment.

A staff member told us that risk assessments were not reviewed or up dated in a timely manner to ensure they had access to relevant information. For example, they told us that one person previously used a hoist to mobilise. However, they now required the use of a stand aid. We looked at the person's risk assessment which showed they used a hoist. The registered manager confirmed the risk assessment was incorrect and

it had not been up dated to show the appropriate equipment required to assist the person with their mobility. This placed the person at risk of not receiving the appropriate support to mobilise safely.

A staff member told us about the change in behaviour of a person living with dementia. They told us this person sometimes required support to manage their behaviour. However, this had not been identified in their risk assessment. We shared this information with the registered manager who confirmed they were aware of the changes in the person's behaviour. The registered manager told us that the risk assessment and care record had not been up dated to inform staff of the changes in the person's behaviour and how to manage this safely. Therefore, the provider could not demonstrate that this person was supported appropriately.

We looked at how the provider assisted people with their prescribed medicines. A relative of a person who used the service told us that medicine administration records were not always in place for staff to record when they had administered medicines. They said, "Staff write on a scrap piece of paper to confirm they have administered the medicines." We looked at a medicine audit dated February 2018, that showed medicine administration records were not in place. However, there was no evidence of what action the provider had taken to address this. This meant the provider was unable to demonstrate that people received their prescribed medicines as directed by the prescriber. Discussions with staff who were responsible for supporting people with their medicines told us that competency assessments were not always carried out. The undertaking of a competency assessment would ensure that staff have the appropriate skills to assist people to take their prescribed medicines safely.

We observed that medication risk assessments were in place. These provided staff with information about side effects of the prescribed medicines, how medicines should be stored and where they were located in the person's home.

People were not always protected from the risk of potential abuse. One person told us that money had gone missing from the home. Although the registered manager confirmed this was being investigated by the police, they had not taken any action to safeguard this person or others from further risk during the police investigation. We asked the registered manager if they had notified the local authority of this allegation and they confirmed they had not. This meant the local authority was unaware of this allegation to carry out further investigations if needed. However, one family member said they felt their relative was safe because the staff were kind to them. A person who used the service told us, "I feel safe because before the staff leave they make sure I am clean and comfortable." All the staff members we spoke with demonstrated a good understanding of abuse and how to recognise this. They told us they would share any concerns of abuse with the registered manager. Further discussions with staff showed they were aware of other agencies they could share their concerns with to protect people from the risk of further abuse. For example, the local authority. A staff member told us, "I always check people's home are secure before I leave them."

One person told us that staff did not always wear their uniform or carry an identification badge and this was confirmed by a staff member. The registered manager told us they were aware of this. However, effective measures had not been taken to address this. This placed people at risk of allowing unauthorised persons to enter their home.

People told us that staff did not always wash their hands or wear personal protective equipment [PPE] such as disposable gloves and aprons. Frequent hand washing and the appropriate use of PPE would help reduce the risk of cross infection. However, people confirmed they had not contracted any infections.

We looked at how the provider managed accidents and incidents. One person's care record showed they

had been bleeding. The registered manager was unable to tell us what action had been taken. We spoke with a person who told us their relative had sustained a fall. However, there was no record of this fall. The registered manager was unable to tell us what action had been taken to safeguard these people from the risk of further harm. The registered manager said staff did not always inform them of accidents and incidents. We saw that the last recorded accident was in May 2015. Therefore, people could not be assured that action would be taken to avoid the risk of further accidents.

Requires Improvement

Is the service effective?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection this key question continued to be rated 'Requires Improvement.'

At our previous inspection staff told us that the majority of training they received was online training. They told us they would benefit from more practical training. The provider told us they were looking into resourcing practical training courses. At this inspection staff raised the same concerns about online training not being beneficial to their learning and understanding. The registered manager told us that no action had been taken since our last inspection visit to ensure staff received training in a format suitable to the individual's learning needs.

Staff told us they did not have access to regular training. For example, one person who used the service said some staff did not know how to use the hoist. One staff member told us they had been in post for nine months. They said they had received moving and handling training five years ago with their previous employer. They told us since working for this provider they had not received moving and handling training although they assisted people with their mobility. They said they had requested this training but this had not been made available to them. They told us that the registered manager had not carried out an assessment to ensure they had the necessary skills to support people with their mobility safely. The absence of moving and handling training placed people and staff at risk of harm.

One person who used the service and a staff member raised concerns about some staff not using personal protective equipment to reduce the risk of cross infection. A staff member told us they had not received infection, prevention and control training. This meant people could not be confident that all staff would have the skills to reduce the risk of them contracting avoidable infections. We spoke with another staff who told us in three years they had received moving and handling and first aid training. They said, "We need more training especially the new staff."

During the inspection process we spoke with four staff members, none of whom had any understanding of the Mental Capacity Act (MCA) 2005. The registered manager said that staff had received MCA training. However, they were unable to tell us how they ensured staff understood the principles of the MCA or whether these principles were put into practice. This meant people were at risk of their human rights being compromised due to staff's lack of understanding of MCA.

We looked at how staff were supported in their role. A staff member told us that one to one supervision sessions were infrequent. They said, "This makes me feel bad if I have a problem." Another staff member told us, "Sometimes you just need a bit of advice and they don't always get back to you." A different staff member said, "I have worked here for 12 months and I've had one supervision session, I think they have forgotten about me." We looked at three staff files that showed supervision sessions were infrequent. This meant people could not be confident that staff would be supported in their role to provide a safe and effective service.

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

We looked at how the provider supported new staff in their role. One staff member told us their induction entailed working with an experienced staff member until they felt confident to work alone. Induction is a process of supporting staff into their new role. Another staff member told us they had received an induction. They told us that during their induction they had received training in relation to moving and handling and PEG feed. A PEG feed is a tube passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when they are unable to eat and drink. They told us their induction was beneficial because they did not have any previous experience in caring.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the staff we spoke with were unaware of MCA. The provider's policies and procedures did not support people to have maximum control over their lives. However, the people we spoke with confirmed staff always obtained their consent before they provided them with assistance. One person told us their relative was unable to speak. However, they were able to indicate their preference by head and eye movements which staff understood. They told us that staff always explained what they intended to do before they assisted them. A staff member said, "I always ask people what they would like me to do for them."

Staff told us that the majority of people who used the service did not require support with their meals. One person told us that staff assisted them to prepare their meals. They said, "I have ready meals and staff warm it up for me and serve it." A staff member told us about one person who was living with dementia. They said, "(Person) often forgets to eat and drink, so we sit with them and encourage them to eat." This showed the person was provided with the relevant support to eat and drink sufficient amounts.

The registered manager told us that an assessment of people's needs was undertaken and we saw evidence of this. However, we found that equality, diversity and human rights (EDHR) had not been included during the assessment process. For example, although it had been identified that people had specific cultural and religious needs, the care records did not provide staff with information about how to meet these needs. Further discussions with the registered manager identified that EDHR had not been explored. This meant the provider could not demonstrate that these individuals were treated fairly.

The provider worked with other agencies to find out about people's specific needs such as social workers and other healthcare professionals. However, staff informed us they did not have access to information about new people using the service. For example, staff told us they often did not have access to care plans or risk assessments before they visited new people. One staff member said, "When you go on a new call you don't know anything about the person." They continued to say, "It would be nice to know a little about the person before attending to them." This placed people at risk of not receiving the appropriate care and support.

People told us they did not require any support or assistance to obtain medical services. However, the provider confirmed assistance would be provided if and when required.

Requires Improvement

Is the service caring?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection this key question continued to be rated 'Requires Improvement.'

At our previous inspection people told us the care they received was inconsistent. At this inspection we found that care records did not always provide staff with up to date information regarding the support people required. For example, two care records we looked at did not provide accurate information about the equipment required to support the individual's safely. Discussions with staff member confirmed they did not always have the necessary skills to support people. For example, one staff member informed us they had received PEG training. However, they went on to say that the registered manager had not carried out an assessment to ensure they were supporting people safely with their PEG feed. This placed the person's health at risk. Another staff member informed us they assisted people with their stoma but had not received stoma care training. Stoma is a small opening on the surface of the stomach created by surgery in order to divert the flow of faeces. This meant people requiring stoma care could not be confident that all staff would know how to care for them in a safe and dignified manner.

The registered manager told us people were involved in making decisions about their care but they were unable to evidence their involvement. However, people we spoke with confirmed their involvement in decisions about their care and support. One person who used the service confirmed their involvement. They said, "My care plan has recently been reviewed." However, the lack of recording people's wishes and decisions placed them at risk of receiving care and support not in accordance with their wishes.

We received mixed comments about staff's approach. One relative told us they had observed staff in their relative's kitchen talking amongst themselves instead of attending to their relative's needs. A staff member told us that a person who used the service informed them about how unkind a staff member had been to them. The person did not want to report this to the registered manager. However, we shared these concerns about staff's conduct with the registered manager to enable them to address it. One person said, "I am fairly happy with the service and the staff are nice and friendly." A relative told us, "The staff are respectful and kind." A staff member told us they tried to ensure that people felt they mattered by "being friendly and chatting with them." Another staff member said, "I talk to people nicely, give them choices and support them to do the things they like."

People's right to privacy, dignity and confidentiality was not always respected by staff. Two staff members raised concerns about staff breaching confidentiality with regards to talking about other people who used the service and staff members. The registered manager told us they were aware of these practices and that they had been addressed with the staff concerned. However, we also received some positive comments. For example, one person told us staff always asked them to leave the room before the assisted their relative with their personal care. One person who used the service said staff always respected their privacy. A staff member told us about a person who wished to stay in their night clothes all day. They told us that they respected the person's wishes but ensured they always had clean night ware on to ensure their dignity. One person told us about the support they required to maintain their personal care needs. They said staff always

encouraged them to wash areas they could reach to promote their dignity and independence.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. The provider was in breach of regulation 16, Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question continued to be rated 'Requires Improvement.'

At our previous inspection people told us their complaints were not taken seriously or acted on. At this inspection we observed that the provider was still not addressing all complaints. For example, we saw ten complaints about late calls. However, the registered manager was unable to tell us what action they had taken to resolve these concerns. A relative of a person who used the service said, "I left a message for the manager but it's not actioned. It's been three to four months now." Another relative told us, "I have made a complaint about the times staff arrive and how long they stay but the manager says we'll see what we can do." They continued to say, "Some staff leave 30 minutes before the call should end but record they have stayed their allocated time." The registered provider had not taken sufficient action to ensure complaints were listened to, taken seriously and acted on to ensure people received a service that met their needs.

This was a continuing breach of Regulation 16, Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a person whose relative used the service. They told us their relative was unable to speak English. They said their relative was reluctant to use the service because they could not communicate with the staff and this had caused them to be anxious. This resulted with the family having to reduce care visits from four to two a day which placed pressure on the family to provide additional care and support. We shared these concerns with the registered manager who confirmed they were no communication systems in place to support this person.

We looked at a care record that showed one person was blind and had a hearing impairment. We asked the registered manager what equipment or adaptations were in place to assist the person to communicate. They told us there were no procedures in place to assist them. The registered manager and provider were unaware of the Accessible Information Standards. This is a law which aims to make sure people with a disability or sensory loss are given information in a way they can understand, and the communication support they need. Therefore, people were not provided with the necessary support to assist them to express their needs.

Discussions with staff and the care records we looked at showed that some people had specific religious needs. One staff member told us they were not always made aware of people's religious needs. We spoke with another staff member who said they supported a person who had religious needs but was unaware of how to meet them. We looked at two care records for people of different religions. These records did not provide staff with any information about how to meet people's religious needs. This meant people could not be confident that staff would respect their belief.

We spoke with staff about equality, diversity and human rights (EDHR). Information shared with us identified that not all staff were treated fairly with regards to their protected characteristics. One staff member told us that not all staff had received training with regards to EDHR. We looked at five staff files and did not see evidence of the undertaking of this training. This meant staff may not be aware of the importance of acknowledging and respecting the individual's protected characteristics.

The registered manager informed us that an assessment of people's needs was carried out before they started to use the service. One person told us before their relative started to use the service an assessment of their needs was carried out with their involvement. This ensured the provider was aware of the individual's specific needs. Information obtained from this assessment was used to develop the care plan and risk assessment. However, those we saw contained inconsistent and incomplete information.

At the time of the inspection the registered manager told us they were not providing end of life care for anyone using the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection this key question continued to be rated 'Requires Improvement.'

At the previous inspection the provider was in breach of regulation 17, Good governance. We found that the provider did not have effective systems in place to monitor, assess or drive improvements. This meant people were at risk of receiving care and support that was ineffective and unsafe. At this inspection we found the provider had not taken action to comply with this regulation. For example, the provider's governance did not review or monitor practices that would ensure the prevention of cross infection. People told us that staff did not always wash their hands or wear personal, protective equipment to reduce the spread of infection. People continued to raise concerns about late calls which had an impact on their daily lifestyle.

Staff were provided with a uniform and an identification badge. However, the provider's governance did not ensure that staff always wore their uniform or carried their identification badge and this placed people at risk of allowing unauthorised people in their home. Audits identified that medication administration records were not always in place to enable staff to record when they had administered medicines. However, sufficient action had not been taken to address this. This meant the provider was unable to ensure the safe management of medicines. Accidents were not always recorded or action taken to reduce the risk of it happening again. Hence, people remained at risk of sustaining further accidents. The registered manager told us there were no audits in place to monitor accidents and incidents to identify any trends. The governance was not robust to capture information relating to injuries sustained by people or to show what action had been taken to avoid it happening again.

The provider's governance did not ensure that all staff had the necessary skills to care and support people safely. For example, four out of five training records we looked at were out of date. We saw that one staff member had not received moving and handling training since September 2016. Their record also showed infection, prevention and control, dementia awareness and food safety training had expired in September 2017. We looked at another staff member's record that did not demonstrate that they had received any training. The registered manager was unable provide evidence of this staff members training or confirm whether they had received any training. We looked at a different staff member's file that showed medicine training had expired June 2016, and moving and handling training had expired in August 2017. The provider was unable to demonstrate that staff had the appropriate skills to care and support people safely.

The provider's governance did not ensure that systems and practices supported people whose first language was not English or those who had a sensory impairment. This meant people were not always able to express their needs. The governance did not ensure people with protected characteristics were safe from discrimination. The governance did not ensure that all staff were supported in their role. Staff told us that one to one supervision sessions were infrequent. Staff files we looked at and discussions with the registered manager confirmed this.

People were not always given the opportunity to have a say in how the agency was run. People told us they did not always receive a quality assurance questionnaire to complete. This questionnaire would give people the opportunity to tell the provider about their experience of using the service.

The registered manager told us that spot checks were carried out to review staff's work performance. However, they confirmed these checks were infrequent because they did not have the time to do them. This meant the provider could not demonstrate that people received a safe and effective service.

We asked staff about the culture of the service. Two staff members told us they would not use the service or recommend their family members to this provider. They told us that some staff were unprofessional, rude, they do not always wear their uniform, calls were late or missed and there was very little understanding or respect with regards to confidentiality. We spoke with a relative who raised concerns about some staff's conduct. We spoke with the registered provider about the conduct of one particular staff member. The registered provider confirmed they would not like to receive care and support from this staff member. They had identified a number of concerns about this staff member's conduct. However, effective measures had not been taken to protect people from practices that placed them at risk of potential abuse.

Staff were not actively involved in developing the service. The registered manager told us that meetings were carried out with the staff team and staff confirmed this. One staff member said, "We always seem to talk about same thing." They told us this was about a person who used the service where staff had experienced difficulties in assisting them due to their behaviours. Another staff member told us about discussions regarding the long hours they were expected to work. Another staff member said, "We are not listened to at these meetings. We have asked for more training especially for new staff but this has not been provided." The registered manager acknowledged that staff had not received sufficient training to ensure they have the appropriate skills to care for people.

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

Discussions with the registered manager identified they had not notified us of incidents that had occurred which they are required to do so by law. The registered manager was unable to explain why an allegation of theft had not been reported to us. They had also identified concerns about the management of one person's medicines but they did not inform us of these concerns. This meant the registered manager did not undertake their role in accordance with their registration with the commission.

One person who used the service described the registered manager as "Pleasant and very approachable." However, they told us spot checks were never carried out. A relative said they were unaware of who the registered manager was and that no one had ever asked them about the service they received. However, they confirmed they were happy with the service provided to their relative. Another relative said they had never met the registered manager but they were supportive when they spoke with them on the telephone. A staff member said, "The registered manager is always so busy and they never have the time to answer your calls." Another staff member told us that the door to the office was always locked, so they did not always have access to the management team. The registered manager told us the door to the office was locked for security reasons.

The provider worked in partnership with other agencies such as social workers and healthcare professionals. This was to find out the level of support the individual required. A relative of a person who used the service said, "The district nurses who visit (Person) are pleased with the care given."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not always listened to, taken seriously or acted on. Improvements had not been made to the service with regards to complaints made to the provider.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance was ineffective to address the breach of regulations found at the previous inspection visits and new concerns identified at this inspection. People remained at risk of receiving ineffective and unsafe care and support.

The enforcement action we took:

A warning notice was issued to the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have access to relevant training or support to ensure they had the appropriate skills to care and support people safely.

The enforcement action we took:

A warning notice was issued to the provider.