

Capital Healthcare Management Services Limited

Capital Healthcare Management

Inspection report

Unit 1, Crown House
Queen Street
Bexleyheath
DA7 4BT

Tel: 02080627660
Website: www.capitalcareservices.co.uk

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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

About the service:

Capital Healthcare Management is a domiciliary care agency. It currently provides personal care to people living in their own houses and flats in the community. At the time of the inspection there were 32 people using the service.

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

Risks to people were not assessed or safely managed. Risk management plans were not always in place to guide staff on how to manage these risks safely. People's medicines were not always safely managed.

Staff were not deployed to meet people's needs in a timely manner. Appropriate recruitment checks were not carried out before staff joined the service. Accidents, incidents and complaints were not always recorded and investigated, and learning was not always disseminated to staff. We had mixed feedback about staff use of Personal protective equipment. (PPE).

Assessments were not always carried out prior to people joining the service to ensure that people's needs could be met and were not used to develop care plans. People's end of life care wishes were not recorded in their care records.

People and/or their relatives were not involved in planning their care and support, Care plans were not always reviewed and/or updated. People's consent to care and support was not always documented. Feedback sought from people about the service was not documented to help drive improvements. Governance and audit systems were not effective at identifying and reducing risks to people's safety. There was a lack of effective leadership and oversight of the service.

Staff had received adequate training and were supported through regular supervisions. People's privacy, dignity and independence was promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People told us their consent was obtained prior to staff supporting them. Wherever possible staff supported people to maintain their independence. Staff treated people with respect and maintained their privacy and dignity. People received their support from staff who they knew and described staff as kind and caring.

Rating:

The last rating of the service was Good (published on 16 November 2018)

Why we inspected:

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a comprehensive inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to support and risk management, medicines administration, person-centred care, staffing, safe recruitment, and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Capital Healthcare Management Services on our website at www.cqc.org.uk.

Follow up We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Requires Improvement ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Requires Improvement ●

Capital Healthcare Management

Detailed findings

Background to this inspection

The 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector. Two Experts by Experience also supported this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Capital Healthcare Management Services is a domiciliary care agency. It provides reablement and personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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.

Inspection activity started on 28 October 2022 and completed on 22 November 2022. We visited the location's office on 28 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 15 relatives to seek their views about the service. We spoke with 3 members of care staff, the care coordinator, the assistant care manager and the registered manager.

We reviewed records, including the care records of 6 people using the service and recruitment files and training records 6 staff members. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures.



Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. 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 safely managed. Records to evidence how medicines were administered to people to ensure they were administered as prescribed were not provided or available when requested. This meant we could not be assured that people's medicines were administered as prescribed.
- Assessments of risks related to medicines administration were not always completed or sufficiently detailed to guide staff. For example, in relation to the extent of family support or involvement in medicines administration. One person's care record contained contradictory information about whether they self-administered their medicines or staff did. The registered manager confirmed that medicines were administered by staff. There were no records of this administration to evidence that the person received their medicine as prescribed.
- When people were prescribed PRN medicines (this means they took medicines as and when required) there was no guidance for staff on how or when to administer them. This meant people were at risk of not receiving their medicines as the prescriber intended.
- Arrangements for the administration of topical medicines such as creams were not robust. They did not guide staff on when or if they administered these medicines. There were no body maps in place to guide staff on where to apply the topical creams. There was a risk that topical creams were not being administered as prescribed.
- Medicine administration records (MAR) audit for August 2022 identified a gap where a staff member had not signed the MAR chart. However, there were no records to show that this had been followed up and there had been no check to ensure the medicines were administered. This meant that provider was not able to tell us if this had been a medicines error or a recording oversight.

We found no evidence that people had been harmed. However, we systems found systems were not in place to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us updated medicine risk assessments.

Assessing risk, safety monitoring and management

- People were not always safe and protected from known risks of harm. Risks to people such as falls, strokes, medicines, and diabetes had either not been assessed or assessments were inadequate as they did not provide sufficient detail to guide staff.
- Risk management plans were not in place to ensure that there was up to date guidance for staff on what to

do if people become ill.

- Some people used mobility aids, such as hoists and walking frames. However, their moving and handling risk assessments did not identify the potential risks of using these mobility aids and there was no guidance in place for staff on how to safely mobilise the person and how to minimise potential risks.
- Where people lived with health conditions such as diabetes, care records did not document sufficient information about the individual risks associated with the condition. There were also no risk management plans to guide staff on what they should do if people become ill.

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

Following the inspection, the registered manager sent us updated risk assessments which were more detailed.

Staffing and recruitment

- Staff were not effectively deployed to meet people's needs in a timely manner. The provider failed to ensure that they had an effective call monitoring system in place to monitor staff attendance and punctuality and ensure people received their care as planned. The registered manager told us that they relied on staff or people to inform them if calls were going to be late or missed.
- Relatives told us staff visits were often late and they were not always informed this was going to happen. One relative said, "[Staff] are on time but bus services can cause delays. The worst is that they're very, very late or can't make it." Another relative said, "Occasionally we've not had anyone turn up until it's too late, and I've had to do it myself, so I've cancelled and rung the company to tell them. I need to be told so I can explain it to [my relative] and keep them calm. I need to know what's going on." Two other relatives said that, "Medicines can be late because of travel issues" and "Medicine times-these could do with being more regular."
- A relative also told us that if staff were running late, they gave them a lift to their next appointment. They said, "I feel sorry for [staff] so, sometimes I give them a lift to their next appointment." Another relative said,

The provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were effectively deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us that their electronic monitoring system can now identify late or missed calls.

- The provider had failed to ensure that they had a safe and robust recruitment process in place. The recruitment policy in place was not adequate. as It did not detail the checks needed to be followed to be followed to demonstrate safe recruitment practices. The provider had not always ensured they had gathered enough information about staff prior to employing them. This meant there was a risk of staff working at the service without the appropriate skills and experience.
- Some application forms were not completed in full, because the provider had failed to obtain complete and accurate employment and education histories. Reasons for gaps in education and employment histories were not always sought in line with requirements.
- Some employment references were not obtained from referees on headed paper or did not have an official stamp of the organisation they worked for to verify them.

Recruitment practices were not safe. Although we found no evidence that people had been harmed this was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager told us that they would ensure that their recruitment policy was updated to include guidance on all the information that needs to be sought prior to staff being employed.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- Overall people were protected against the risk of abuse. However, there was not a robust system to record, investigate and monitor accidents and incidents. There was no detailed information about accidents and incidents, which included what happened, what the outcome was and what follow up actions had been taken. Accident and incident records did not record the details of actions taken to respond and protect people or investigation by the registered manager .

- There was no analysis of trends to identify areas of learning to be shared with staff, so there could be a positive impact in improving people's experience.

- Staff had completed safeguarding training and people and relatives we spoke with told us that they felt safe. One person said, "I do feel safe with [my carer]," Another person said, "Of course I feel safe." A relative said, "I don't have any doubts about [my family member's] safety with the carers."

- The registered manager told us that they would ensure that the incidents and accidents log was completed in full going forward and that outcomes and follow up actions were documented. We will check this at our next inspection.

Preventing and controlling infection

- Infection control was not always appropriately managed and required improvement to ensure people were always safe from the risks of infection. We received mixed feedback from people their relatives about staff wearing PPE.

- Some people and relatives told us that staff sometimes wore PPE and at other times did not. or not at all, while other people and their relatives said that staff always wore PPE. One person said, "[Staff] always Use PPE equipment and they put it in the correct bin as well." One relative said, "[Staff] don't wear masks. "I think [staff] wear mask and gloves. I haven't noticed about handwashing, but we leave hand gel for them and I can see they have used it." Staff we spoke with told us that they always wore PPE. One staff member said, "I always wear PPE, gloves, mask and aprons." Another staff member said, "Yes, I wear a mask, an apron, gloves and shoe covers."

- The registered manager told us that PPE was available in the office for staff to pick up and they would remind staff of the importance of wearing PPE.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key has deteriorated to 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

- People's needs were not always fully assessed. The provider did not complete comprehensive assessments with people prior to them joining the service.
- The registered manager told us that they used the referral information from the local authority that commissioned them as pre assessments to determine whether the service could meet people's needs or not. There was no detailed assessment of people's needs and preferences.

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

Supporting people to eat and drink enough with choice in a balanced diet

- We received mixed feedback about people being supported to eat and drink a balanced diet. Care records failed to guide staff about people's cultural requirements in relation to their diet; to ensure they were supported according to their needs.
- People and their relatives told us that they were not always supported with meals adequately. One relative told us, "We stopped the lunch call care was because [my relative] wasn't eating the microwave meals we left; she said it wasn't hot enough. We'd left instructions for staff with a flow chart of how to use the microwave. I fed back to the company, but they didn't really take it on. It felt like every time I gave feedback it was my fault; I didn't feel listened to. One person said, "The [carers] make porridge for breakfast, soup or sandwiches for lunch, and a microwaved meal for supper. They're all based on what we know [my relative] likes to eat."

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

- Staff understood how to support people to stay healthy and well. Staff we spoke with understood people's health conditions and how to recognise the signs that people were becoming unwell. Care workers understood who to inform and where to seek help from if people needed medical attention. However, there was a lack of detailed information about people's specific health and medical needs.
- People's care plans were ineffective and failed to clearly document the support people required to maintain their health and wellbeing.
- Relatives we spoke with told us that staff involved healthcare professionals when needed. Another relative said, "If there are any concerns, the carers will point it out to me; for example, a swollen leg so we needed to

get the GP."

Staff support: induction, training, skills and experience

- Staff were sufficiently skilled or competent for their roles. People and relatives', we spoke with told us that staff were well trained and knew their jobs well. One person said, "Yes [staff] are trained well - they're very caring and in the right profession." A relative told us, "I am well-satisfied with the carers – they're well-trained and look after [my family member]] very well."
- Staff were supported through regular training and supervisions. Staff we spoke with told us that they had regular supervisions. One staff member said, "We have regular staff meetings where we discuss clients and anything the manager needs to update us on."

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.

We checked and saw the service was working within the principles of the MCA

- The registered manager and staff had an understanding of the MCA and when it should be applied. Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices.
- People were encouraged to make all decisions for themselves. The registered manager knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

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.

At the last inspection this key question was rated as Good. At this inspection the rating has deteriorated to requires improvement. This meant people were not well-supported, cared for or treated with dignity and respect.

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

- People or their relatives were not supported to be involved in decisions about their care.
- Care records did not document any preferences about people's culture and religion.
- Care records did not always contain enough detail about people's daily care personal care preferences. For example, there was no guidance for staff about whether people preferred to have a bath or shower or if they liked to choose their clothes for the day.

The above issues amount to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Overall relatives told us that people were well treated and respected. One relative told us, "The afternoon and evening calls are where I think the carers are a bit short of time and rush things. I think it affects my [family member's] wellbeing." Another relative said, "The carers have to rush and then leave things not done."
- Some people and relatives told us that individual staff were kind and caring. Notwithstanding the positive feedback received, we were concerned that staff lateness impacted on people being cared for with dignity and respect and receiving support in line with their needs. People's care records failed to detail clear information for staff on how to deliver person centred care in the way people wanted. This posed a risk that people would not be supported in line with their needs and preferences. As new staff would not have clear guidance on how best to support people in the way they preferred. This is particularly important if people did not have the capacity to be able to make decisions about their care.
- People's cultural needs had not always been explored and documented in people's care plans, this included the food they liked and the language they were able to communicate in. This meant that person-centred care was not being delivered.

The above issues amount to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us updated care plans that were more person-centred.

Respecting and promoting people's privacy, dignity and independence

- Care records did not detail what people could and could not do for themselves or give staff specific guidance on how to support people to encourage or maintain their independence.

- Overall people and their relatives' told us their privacy and dignity was respected and their independence promoted. One relative we spoke with told us, "My [relative] is never treated in any undignified way." Another relative said, "The carers leave [my relative] to do what he can, then step in to help when they need."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating has deteriorated to 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: End of life care and support

- People did not have up to date care plans in place to reflect their current needs. The provider had moved to a new electronic system in January 2022 but did not have up to date care plans for people they supported. The provider relied on care plans from December 2021, prior to moving to the new system. This meant, that people's up to date care needs or changes in their care needs had not been documented. This meant staff did not have up to date information about people's care needs and there were a risk people were not always receiving personalised care that adequately met their current needs and preferences.
- One person who had a history of falls had a risk assessment in place, however their risk assessment failed to identify and guide staff on how the falls risks could be reduced and what they should do should the person fall. The person's falls risk assessment documented that due to a deterioration in their mobility they were mostly bed bound. However, the person's care plan had not been updated to reflect this.
- People and their relatives had little involvement in the planning or review of their care. There were no records in people's care records to show when people or their relatives', had been involved. One relative said, "The care plan was set up with the social worker."
- Care plans that were in place were not dated and care records did not contain background information about people so care staff could know more about the person they were supporting.
- Care plans did not address the different stages of peoples' dementia and how this affected their daily lives in terms of their wellbeing and independence.
- Care plans failed to document people's individual needs, personal histories, allergies, likes and dislikes. Therefore, there was no guidance for staff on how to support people with their individual needs effectively.
- Care records did not contain advance decisions about people's choices about the end of their life. The registered manager told us that they had not explored this with people where appropriate.

The above issues amount to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us updated care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- People's communication needs had not been assessed and clearly documented. There were no individual communication plans detailing people's preferred method of communication or the support they required. This included the approach to use for different situations and depending on their cognitive ability. For example, one person communicated with sign language and signing notes. However, there was no clear guidance on how to support this person using their preferred method of communication. Another person spoke very little English and staff relied on the person's relatives to translate. The provider had failed to look at different methods to facilitate effective communication between the person and staff.
- The provider failed to ensure there was an AIS policy in place, this meant people were at risk of not having their communication needs met.
- There was no information available in different formats should people need it to meet their personal needs. The registered manager was not aware of the AIS and told us that information was not available in different formats.

The above issues amount to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider failed to have a robust system in place to handle complaints effectively. Not all complaints made, were logged and investigated in line with the provider's complaints procedure. This meant people did not always receive a response to their complaint within the timescale specified by the provider's policy.
- We asked relatives how complaints were dealt with. One relative told us, "There was one carer who was really rough with [my family member], abrupt and quite rude. I heard them telling [my family member] you've got to have a wash, trying to force them to have one. I said to carer 'please listen to [my family member]; if they don't want a wash, they don't need one'. I contacted the office, who said they wouldn't send that carer again. I don't know if any other action was taken. Another relative said, "Carers weren't writing in the contact book or putting in the time they were getting there and leaving, or even if they'd been. Sometimes I wouldn't know if someone had been or not. I'd have to ring the company because [my relative] couldn't remember. We saw that neither of these two complaints had been recorded, investigated or followed up.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us a new complaints log where both verbal and written complaints can be logged and complies with the provider's complaints policy.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection the rating has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People did not receive a service that was well-led. The registered manager did not have a good understanding of their role, regulatory requirements and lacked oversight of the service.
- Monitoring systems had not been put in place to ensure effective oversight of the service. This meant the provider had failed to ensure they operated effective systems to assess and improve the care provided
- The registered manager told us they were aware of the issues we identified during this inspection, regarding the lack of risk assessments and care plans, lack of PRN protocols, inadequate deployment of staff, poor recruitment processes, poor accidents, incidents and complaints processes. However, they had failed to take any remedial action. This meant that people were exposed to unsafe care and treatment.
- Their oversight had not identified the shortfalls in medicines management, call monitoring, staffing recruitment and complaints we found.
- Detailed information about accidents and incidents was not recorded and the provider failed to carry out any analysis and disseminate any learning to staff on how to minimise these in the future.
- We identified that CQC and safeguarding team had not been notified of two possible allegations of abuse. Systems in place to ensure provider oversight had failed to identify this at the time. The service had not therefore been open with the CQC at the time of the allegation. Notifications are a legal requirement and CQC use the information in them to assess the action taken and analyse risks to people using regulated services.
- Since our last inspection in September 2018, the provider had failed to carry out regular audits to identify issues. For example, in areas across the service such as medicines, risk assessments, care plans, staff files, ECM system, daily notes, complaints, accidents and incidents. Therefore, issues we found at this inspection had not been identified.

The provider had failed to ensure systems for governance and management oversight were robust, safe and effective. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and understands and acts on duty of candour responsibility when things go wrong

- People did not always receive good outcomes. At the time of the inspection the service did not have an embedded culture that looked to achieve positive outcomes for people.

- The registered manager had failed to demonstrate clear and accurate records were maintained to provide staff with robust guidance to ensure positive outcomes. However, feedback about the service was positive. One relative told us, "There were some big problems to start off with, but we worked closely with the service to sort it out." Another relative said, "I have to be honest it's all pretty smooth running."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others.

- People and relatives, we spoke with told us that they have been asked for feedback about the service they received. However, there were no records documenting any feedback, this meant that the provider could not be assured that they were identifying any negative comments to help drive improvements.

- Relatives we spoke with told us that communication with the management team was poor and this needed improvement.

- The provider did not have systems in place that supported staff, people and relatives to be fully involved in people's care. The registered manager had held two staff meetings since our last inspection in September 2018. The minutes of the meetings also did not show that learning had been disseminated to all staff to drive improvements.

- The registered manager told they work closely with the local authority when required.

Following the inspection, the registered manager sent us an action plan to address all of the above issues.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans were not person-centred. |
| Regulated activity | Regulation |
| Personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints There was no robust system in place to manage complaints effectively. |
| Regulated activity | Regulation |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was not a safe and robust recruitment process in place. |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not effectively deployed to meet people's needs in a timely manner. |