

E&K Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

E&K Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats within the localities of Benfleet, Basildon, Billericay and Brentwood.

At the time of the inspection the domiciliary care service was providing personal care for eight people. Not everyone who used the service received personal care and the domiciliary care service was supporting three people by providing a 'sit-in' service, meal preparation and prompting of medication. 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.

Peoples experience of using this service and what we found

Though there were some areas of safe practice, people were not safe. The provider's arrangements for safeguarding people from abuse and upholding their human rights was poor. Information relating to people's individual risks was not always recorded or up-to-date and suitable arrangements were not in place to ensure the proper and safe use of medicines. People were not always informed if staff were running late and who may be visiting or caring for them. Required recruitment checks on staff were not robust to ensure staff were suitable. Lessons were not learned and improvements were not made when things went wrong. People were protected by the prevention and control of infection.

People were not assessed prior to the service being agreed and commenced. The provider did not make sure staff employed at the service received mandatory training at the earliest opportunity to ensure staff could deliver effective care and support to people using the service. Robust induction arrangements for staff were not in place. Staff supported people with the provision of meals, snacks, and drinks and people received ongoing healthcare support to ensure positive outcomes. 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; the policies and systems in the service supported this practice.

Though people using the service and their relatives said staff were kind, our findings did not suggest a consistent caring service or a service that was always respectful and treated people with dignity. People and their relatives stated they had little input and involvement in the development of the care plan. Not all people using the service had a care plan in place and information recorded was not always accurate. People's end of life care needs were not recorded detailing how they were to be cared for and supported. People and those acting on their behalf knew how to raise a concern or complaint.

The leadership, management and governance arrangements did not provide assurance that the service was well-led, that people were safe and their care and support needs could be met. Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls in the service. There was a lack of understanding of the risks and issues and the potential impact on people using the service. The provider was not familiar with regulatory requirements.

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

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

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 October 2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to safeguarding concerns. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make significant improvements to achieve compliance.

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

Follow up

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

E&K Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector. An Expert by Experience completed telephone calls to people using the service and their relatives. 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 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 6 August 2019 and ended on 15 August 2019. We visited the office location on 6, 7 and 12 August 2019. The Expert by Experience completed telephone calls to people using the service and their relatives on 9 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We contacted four members of staff by text but spoke with two members of staff. We also spoke with the provider and registered manager. The provider is also the nominated individual. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision and 'spot checks'. A variety of records relating to the management of the service, including policies and procedures were viewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- Suitable arrangements were not in place to ensure the proper and safe use of medicines. One relative told us their family member was prescribed a medicine which must be given at a certain time to control and relieve the symptoms of a chronic neurological condition. They told us their family member did not always receive their medication on time as staff were often late. They told us of occasions whereby they had had to administer the medication because staff were late arriving. They stated, "It has happened a few times." Moreover, we were told of a recent incident whereby their family member did not receive one of their medicines in a timely manner and another member of staff had to be deployed to the person's home to give the medication.
- Medication Administration Records [MAR] showed the code "O=other [clear explanation to be written on reverse]" was recorded for several entries, but no rationale recorded to confirm why the code was used or if medication had been omitted by staff.
- It was not always clear from topical cream charts if this had been applied as some entries were left blank.
- The daily journal for one person recorded staff had failed to observe them taking their evening medication. This was because their medication was found on the table by another member of staff the following morning. This resulted in the person not receiving their prescribed medication.
- Not all staff had completed medication training. The registered manager confirmed only two members of staff had had their competency to administer medication assessed.
- Not all risks for people were identified and recorded. For example, risk assessments for the two most recent 'care packages' assigned were not completed. This was despite one person having complex manual handling needs and the other person having been assessed as requiring end of life care and support.

Risks to people were not assessed and medication practices required improvement. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Effective arrangements were not in place to demonstrate people using the service had their human rights upheld and were protected from abuse. The arrangements did not evidence local safeguarding practices and guidance were being followed by the registered provider or manager.
- An entry by one staff member on a well known social media messaging site, suggested an incident of abuse had occurred involving a person using the service. This was not considered as a safeguarding concern by the registered provider or manager, or escalated to the Local Authority, CCG or the Care Quality Commission. Suitable actions were not instigated by the registered provider to immediately investigate the incident. An investigation was only completed following a visit by the Local Authority, however the investigation was

compromised as there was a 'conflict of interest' involving one member of the management team. The investigation was not thorough. Although the provider was requested by the Local Authority to repeat the investigation, this had not been completed to evidence lessons learned.

- Another entry recorded within the same media messaging site recorded staff were given new names which related to people using the service. This was not considered as a safeguarding concern by the registered provider or manager, or escalated to the Local Authority, CCG or the Care Quality Commission. Suitable actions were not instigated by the registered provider to immediately investigate the incident.
- Following the visit to the domiciliary care service office, we spoke with people using the service and their relative's. We were advised of an incident whereby an allegation was made that a member of staff had been rough whilst supporting one person with personal care. This too was not considered as a safeguarding concern by the registered provider or manager, or escalated to the Local Authority, CCG or the Care Quality Commission.
- Not all staff employed by the service had received safeguarding training. The above demonstrated that neither the registered provider and manager fully understood their roles and associated responsibilities in relation to protecting people from abuse.

People were not protected from abuse. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and those acting on their behalf told us they were safe. Comments included, "I feel safe with each and every one of them [staff]", "I feel [family member] is safe" and, "I do feel [family member] is safe with them [staff], I don't take my eye off the ball though."

Staffing and recruitment

- Staff recruitment practices were not safe and operated in line with the registered provider's own policies and procedures or with regulatory requirements.
- A full employment history was not sought for two members of staff. Written references were not received after three staff members commenced in post. Where a person had been previously employed, the rationale of why that employment ended was not routinely recorded for two members of staff. A recent photograph had not been obtained for five out of five staff files viewed.
- A criminal record check with the Disclosure and Barring Service [DBS] was not available for one member of staff prior to the commencement of their employment. Evidence of an Adult First Check having been completed was not available. A risk assessment was not completed to demonstrate how their conduct was to be monitored during their probation period and until the registered provider and manager were satisfied with their performance. Though one member of staff was initially employed as the domiciliary care service's administrator in October 2018, staff rosters showed they had provided support to people using the service since May 2019. The staff member did not have an 'enhanced' DBS certificate until July 2019.
- A written record was not completed or retained to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to enable the registered provider and manager to make an initial assessment as to the applicant's relevant skills, competence and experience for the role and; to narrow down if they were suitable.

The registered provider and manager were not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were not always notified if staff were running late and did not always know who was

going to provide their care and support.

- One relative told us, "Mostly the carers run late, three quarters of the time. Early on when we started using them [E&K Care Limited], they [staff] let me know if they were running late, but now they run late all of the time and don't always tell me. The late calls are frustrating, the lunch time calls when they [staff] are late, impacts on me." The relative confirmed they did not know who was going to provide their family member's care and support as they could have up to six different members of staff visit. They told us, "If I knew which one was coming it would give me a better idea of when they would arrive."
- Another relative told us staff did not visit at regular times in the morning to provide support to their loved one. They stated this could be any time between 7.30am and 10.00am and on occasions they themselves supported their relative to get up, provided support with their personal care needs and gave them their breakfast before staff arrived. This also meant the person received their medication later than they liked or wanted. Additionally they told us, "Sometimes I know who [staff member] is coming and sometimes not, they just arrive." Another relative stated staff could come anytime from 8.20am and on one occasion arrived at 12.00 midday.
- Relatives stated not all staff stayed for the allocated time and suggested entries in the daily journals by staff detailing times of their visit, were not always accurate. One relative told us their neighbours had raised concerns with them that sometimes staff were in and out really quickly and did not stay for the allocated time.
- Current governance arrangements were not set up to accurately monitor 'late' and 'missed' calls and the registered provider and manager confirmed they were reliant on people using the service, relatives or staff telling them if this happened.

We recommend the provider seeks advice and guidance relating to how best to monitor staff lateness and missed calls.

Preventing and controlling infection

- People told us staff wore aprons and gloves when providing care and staff confirmed they had enough supplies of Personal Protective Equipment [PPE].

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'Requires Improvement'.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered provider and manager did not make sure staff employed at the service received training at the earliest opportunity. For example, one person's induction checklist stated their mandatory training was completed in October 2018. This was inaccurate as their training was not completed until July 2019 and only following a visit by the Local Authority's Organisational Safeguarding Team. The staff rosters for this member of staff for the period May to July 2019 showed they worked a total of 19 days without having completed any mandatory training. This was not an isolated case.
- Not all staff had received or had evidence of up-to-date 'practical' manual handling training. The registered provider confirmed they had provided 'practical' manual handling training to one member of staff but had not attained a 'train-the-trainer' qualification and therefore did not have subject matter or expertise to deliver this training safely.
- One person's care package commenced one day prior to our inspection. Their care plan confirmed they had complex manual handling support needs which required staff to be skilled and competent to ensure the person's safety and comfort. The registered provider and manager confirmed two members of staff who supported this person did not have up-to-date 'practical' manual handling training. Because of our concerns we asked them to support the person for the rest of the week until all staff had received manual handling training. The registered provider sourced manual handling training for staff prior to us completing the inspection.
- Robust induction arrangements for staff were not in place. Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had not commenced or completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- There was evidence to demonstrate staff had received supervision and 'spot check visits'. The latter is where the registered provider and manager call at a person's home just before, during or after, a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. However, the majority of these were only completed in June and July 2019.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered provider stated that referrals were often 'fast tracked' by the local Clinical Commissioning Group [CCG], with the care package commencing immediately. The registered provider stated they felt pressurised to accept the care package and therefore did not want to refuse.
- People were not assessed by the registered provider or manager prior to the service being agreed and commenced. They relied heavily on the assessments provided by the CCG to provide information relating to people's individual care and support needs, even if they had been written, 12 months earlier. This meant there was no system in place to assure themselves they could safely meet the person's needs or that the information provided remained current.
- Relatives spoken with confirmed an assessment was not completed by E&K Care Limited prior to the service starting. One relative told us, "There was no meeting with the organisation or new carers, they just came the next day." Another relative told us, "Next day [E&K Care Limited] started, we had no input."

Supporting people to eat and drink enough to maintain a balanced diet

- Information from people's daily journals demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing they relayed these concerns to the registered provider or manager for escalation and action.

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.

- Most staff had received Mental Capacity Act 2005 (MCA) training. Staff spoken with were able to demonstrate a good understanding of the MCA principles and how this related to people using the service.
- People's capacity to make decisions was assessed and recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 'Requires Improvement.'

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Though people using the service and their relatives said staff were kind, our findings did not suggest a consistent caring service or a service that was always respectful.
- As already stated within the 'safe' section of this report, where comments were less favourable, people told us they were not always notified if staff were running late and did not always know who was going to provide their care and support. Staff did not always stay for the time allocated and there were some concerns about the overall impact this had on the quality of the service provided.
- Following the visit to the domiciliary care service office, we spoke with people using the service and their relative's. We were advised of an incident whereby a member of staff supported one person with washing and dressing, however two other members of staff were seated on the sofa, watching what was happening. The person told us this made them feel very uncomfortable. Neither member of staff had asked if it was alright for them to come in, the person told us, "They just came in." This was not respectful and did not take into account that this was the person's home.
- Where people's comments about the quality of the service provided by the domiciliary care service were positive, comments included, "Most of them [staff] are caring. Overall the service is adequate, I would give it 7.5 out of 10", "It is quite a reasonable service, it is good", "I love every one of them, both [the registered provider and manager], they are all wonderful" and, "I am definitely happy with the service." One relative told us about an incident whereby a member of staff went the extra mile. The person's medication was going to run out and though the member of staff was due to complete their shift, they collected the person's medication and took it back in the evening.

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

- People and their relatives stated they had little input and involvement in the development of the care plan.
- People and their relatives were given the opportunity to provide feedback about the service through the completion of 'Client Feedback' forms and telephone monitoring. All comments provided were positive.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated '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

- At the commencement of the care package, not all people using the service had a care plan in place. As stated in the 'effective' section of this report, the registered provider and manager relied heavily on the assessments provided by the CCG to provide information relating to people's individual care and support needs. This meant there was no system in place to assure themselves they could safely meet the person's needs. For example, one person with complex manual handling needs did not have their care plan completed until after the service had already commenced. This meant staff did not have all information needed to provide safe care and support to an appropriate standard.
- One person who was assessed as requiring end of life care, did not have a care plan or risk assessment completed detailing their end of life care needs and the support to be provided by staff. This meant staff did not have all information needed to provide safe care and support to an appropriate standard.
- Not all support plans were accurate and contained up-to-date information. The care plan for one person detailed they could be anxious, distressed and exhibit inappropriate behaviours towards staff. The care plan provided no guidance for staff about what to do when the person exhibited this behaviour and the daily journals did not provide sufficient evidence of staff's interventions at these times.

Meeting people's communication needs

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

- There was no evidence to demonstrate information by the domiciliary care agency was provided in line with the Accessible Information Standard (AIS), because of a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- People using the service and their relatives told us they knew how to raise a concern or complaint. They felt confident if they complained or raised a concern, they would be listened and responded to. One person told us, "No complaints made, had no problems. I can call the manager's and the office."
- The complaints log provided by the registered manager showed since September 2018 there had been two complaints made to the domiciliary care service.
- Though information relating to both complaints was recorded and efforts made to investigate them, where actions were recorded, evidence was not available to support these had happened. For example, the actions

from one complaint detailed a meeting was to be held with all staff and specific discussions to be held with one member of staff. No information was recorded to evidence this had taken place.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'Inadequate'.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership and overall management of the domiciliary care office did not ensure the service was consistently well-managed and led. People's comments about the management of the service were variable. Where comments were positive, this included, "The service is well managed – I have got no problems" and, "All [E&K Care Limited] runs very well." Where comments were less positive, one person told us, "It is debatable as to whether it [E&K Care Limited] is well managed." Not all people felt they could recommend the service. One person told us, "Recommend them, I would not like to comment." Another person told us, "I would recommend certain carers but not others, not the young ones."
- Neither the registered provider or manager were able to question the local CCG's arrangements for commissioning. This meant they felt pressurised and compelled to take 'care packages,' regardless if they could meet the person's needs or staff had the skills and competence to provide safe care and support.
- Quality assurance and governance arrangements at the service were not reliable or effective in identifying all the shortfalls in the service.
- Areas which were not robust included, protecting people from abuse and upholding their human rights, recruitment practices and procedures, ensuring people received their calls in a timely manner and knowing who was to provide people's care and support. Staff training and induction arrangements were not robust. Support plans were not completed for all people prior to the commencement of the service being provided by E&K Care Limited. Improvements were required to medicines management. These areas were not picked up by the registered provider's quality assurance arrangements, despite audits being in place for staff personnel files, care plans and Medication Administration Records.
- Specific information relating to the above is cited within this report and demonstrated the registered provider's and manager's arrangements for identifying and managing the above were not robust and required significant improvement. There was a lack of understanding of the risks and issues as detailed above and the potential impact on people using the service. Following the inspection, the provider confirmed additional support and advice was being provided from another manager of a domiciliary care service.

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

- The nominated individual and registered manager were unaware of the Key Lines of Enquiry [KLOES] for

Adult Social Care Services and not familiar with regulatory requirements. This meant they were unaware of the potential risks and issues facing the service and the impact on people which could place them at risk of harm and which may not ensure good outcomes.

- Lessons were not learned as failings identified had not been successfully addressed by the registered provider and manager to make the required improvements.
- There was little evidence to show staff had been given honest feedback relating to their performance or where improvements were required.
- Staff meetings were periodically held to give staff the opportunity to express their views and opinions on the day-to-day running of the service and minutes of these meetings were available. Where issues were highlighted, such as, staff texting the care coordinator or HR manager when not available for work and too many staff cancelling calls at short notice; an action plan was not devised detailing how this was to be addressed and monitored.

Effective arrangements were not in place to assess and monitor the quality of the service provided to ensure compliance with regulatory requirements. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Arrangements were in place for gathering people's views of the service they received and for their relatives and staff employed at the service. Comments received from 'Client Feedback' forms and telephone monitoring were positive. Comments included, "[Relative] care is brilliant, couldn't fault any carers or management", "Carers and management are caring, kind, 100%" and, "Always there to support our relative and us as a family."
- Staff employed at the service were also given the opportunity to provide feedback. Where staff had provided comments, these were positive.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the CCG and healthcare professionals, for example, district nurses.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all risks were assessed and recorded for people using the service. Improvements were required to ensure the proper and safe use of medicines.</p>

The enforcement action we took:

Urgent Notice of Decision was issued to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The arrangements for safeguarding people from abuse and upholding their human rights was poor. Safeguarding practices and guidance were not being followed and neither the registered provider and manager fully understood their roles and associated responsibilities in relation to protecting people from abuse.</p>

The enforcement action we took:

Urgent Notice of Decision was issued to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance arrangements were not reliable or effective to ensure the service was managed well and regulatory requirements met.</p>

The enforcement action we took:

Urgent Notice of Decision was issued to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p>

Safe required recruitment checks on staff were not always made.

The enforcement action we took:

Urgent Notice of Decision was issued to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Effective arrangements were not in place to ensure staff were appropriately trained or received training in a timely manner. Robust induction arrangements were not in place.

The enforcement action we took:

Urgent Notice of Decision was issued to impose conditions on the provider's registration.