

# Kwikfix Recruitment Services Limited

## Oxford Branch

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Kwikfix Recruitment Services Limited Oxford Branch is a domiciliary care service providing care to people in their own homes. The service provides support for adults over and under the age of 65, people with dementia, learning disabilities and physical disabilities. At the time of our inspection there were 22 people who were receiving the regulated activity of personal care from 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 and what we found

Care assessments and care plans were not always in place for staff to access, and documentation did not always promote person-centred care. Care reviews had not been carried out, and care plans contained varying levels of detail about people's needs and preferences. Some people received care from male and female staff, we were not always satisfied people's preferences for staff gender had been fully explored, documented and met.

We found risks to people using the service were not clearly identified and managed. We also identified concerns in relation to safeguarding people from abuse and the safe management of medicines. Most people using the service told us they felt safe, with comments including, "Absolutely safe, they chat with me, all very helpful", and that they felt "very safe with the carers".

People, and their relatives provided positive feedback about the management of the service. Staff told us the branch manager was supportive and approachable, however we received feedback that the registered manager was not always visible and not all staff were able to identify who the registered manager was.

People and relatives of people using the service told us that staff provided kind and caring support with comments including, "Oh yes, they are all very kind, I've no complaints there," and, "Yes, staff are definitely caring and compassionate". We received mixed responses from people and their relatives about staff protecting people's privacy and dignity inducing responses such as, "Think they shadow new staff with someone who knows what they are doing. Seem to all follow guidelines about dignity and privacy, but don't all know what to do," and, "Carers are very aware of protecting (relative's) dignity".

Staff told us that people were supported to have maximum choice and control of their lives and that they supported people in the least restrictive way possible and in their best interests. However, systems in place did not always evidence this practice, as we did not see any documentation in place that took into consideration supporting decisions around individual's capacity and best interest.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an

autistic person. However, we assessed the care provision under the Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 26 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person centred care, and good 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 or if the reps period is over.

Follow up

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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Oxford Branch

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 10 August 2022 and ended on 23 August 2022. We visited the location's office on 10 and the 23 August 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We visited the location's office and met with the branch manager. We reviewed a range of records relating to peoples' care and the way the service was managed. These included care records for six people, staff training records, quality assurance audits, three staff recruitment files, complaints, and records relating to the management of the service.

After the inspection

We telephoned four people who used the service and eight relatives of people using the service to seek their feedback about their experience of the service. We spoke with the registered manager, and we sought feedback from five members of care staff. Following the inspection, we continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns, however not all staff we spoke to were able to tell us what a safeguarding was or what keeping people safe meant "go to the client home and check what they want".
- During the inspection, we found that some incidents and safeguarding concerns were not recorded or passed onto the relevant authorities to ensure they were investigated properly. For example, during our conversation with a family member, we were informed about an incident which involved bruising. We were made aware that a member of staff had been concerned about bruising and sent photos to the branch manager. We saw no records of this concern. Failing to report or investigate such incidents placed people at risk of ongoing harm or abuse. We were not assured that the branch manager understood what concerns should be shared with the appropriate bodies.
- Although there was a system and process to protect people who use the service from abuse and improper treatment, the provider and the staff did not ensure these systems were operated effectively.

The registered person did not ensure the provider's systems and processes to protect people from abuse and improper treatment were operated effectively and consistently. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk management plans were not completed or developed for specific healthcare conditions such as diabetes and stoma care. Care plans were ineffective at providing guidance to staff, exposing people to the risk of harm.
- Where a person had type 2 diabetes, we saw information within their referral that they were at risk of a having a "hypo". Staff were supporting this person with their nutrition; however, their care plan did not contain information about their diabetes. There was no diabetic risk assessment in place and staff had not received diabetic training.
- One person had increased risks around their environment in which we were told that concerns had been raised by external professionals. We did not see an updated environmental risk assessment in place, or any mention of this risk, including actions to mitigate the risk within their support plan.
- The provider had failed to ensure there were accurate and complete records in respect of each person, to evidence the care and treatment provided to them was in line with their assessed needs.
- We found that four peoples records we reviewed had not been included on the system until the day before the inspection. This included care plans, risk assessments and support tasks. We were assured by management that peoples care plans and risk assessments were kept in their own homes. However, three

people we spoke to did not have folders in place at home, or documentation on the system. This lack of information and guidance posed a risk that care staff may not be clear of their roles and responsibilities when delivering care which could lead to harm occurring.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke about the process of reporting and recording incidents and accidents with the provider. We reviewed incident and accident records, we found that some incidents reported to us from relatives were missing from the records, including missed medicines.
- Risks were reduced as staff we spoke with were knowledgeable about individual's peoples' needs.

#### Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. However, we received mixed feedback from staff about staffing levels. One member of staff told us the service should "get more staff as often it is hard to get cover when someone is off sick," and, "I don't always get enough hours at work".
- We asked relatives about their experience with staffing. We heard from one person, "We never know who is coming and (relative) likes to know who is visiting. Even the staff don't know if they are coming the next day. This provided little reassurance in relation to continuity of care.

#### Using medicines safely

- Care plans we reviewed did not match the services medication policy in regard to ensuring safe use of medicines. The Medication policy used terminology such as "Level one, two and three" for service user support levels, however care plans used words such as "administer" and "support".
- Information was not always clear regarding what support staff were expected to provide in respect of medicines administration. For example, we saw a care plan which did not mention that they required any support despite the service user referral stating that they required support from staff to "administer medicines".
- We reviewed a referral document for a service user who required assistance with medication as they were unable to safely see their medicines, this was noted within the referral as 'Level 2 support" required. This service users care plan did not reflect this information, and there was no MAR chart in place.
- One person's medicines required time gaps between doses throughout the day. This task was not specified as one of the tasks to be completed at this visit by staff. There was no information or guidance available within the MAR chart or care plan about the risk associated with their medicines. We had been made aware that a missed dose had occurred because of this. This lack of information posed a potential ongoing risk of harm to the service user.
- The service did not have protocols to ensure the safe administration of 'as required' medicine (PRN).

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us, and records confirmed staff had been trained in administering medicines safely and we saw that spot checks were conducted to ensure staff followed safe practice.

#### Preventing and controlling infection

- We received feedback from relative that staff did not always use the correct personal protective equipment (PPE).
- On arrival at the premises we were not required to show our lateral flow test results.
- We were not always assured that the provider was meeting the IPC requirements. Staff were provided with PPE including testing; however, we saw that the policy and information shared wasn't always up to date. We have signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents, however some incidents and accidents were missing from the record.
- We reviewed the single incident record logged by the service. Records identified actions taken by the service to respond to people's immediate needs such as contacting the GP, ordering equipment. The records did not include further investigation or analysis to consider how incidents occurred or identify any actions which could be taken to try to prevent a reoccurrence. There was no outcome or lessons learned within the documentation.

# 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.

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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs. However, we saw that in some cases these initial assessments lacked information about the support needs of individuals and care plans did not always include important referral information.
- We heard from people and their relatives who gave mixed feedback, "Yes, carers know what (relative) likes, all very good, empathetic towards (relative)", we also heard "Preferences? Never discussed that".
- We observed care assessments that had been carried out with varying levels of detail, meaning some assessments did not present a holistic view of people's physical, mental health and social needs. For example, we saw that a care plan did not contain a service users' diagnosis of vascular dementia and there was no guidance available for staff about how best to support this person or their preferences.
- An electronic system was used to inform staff on how to support people and their needs. Information around supporting people with their care needs and tasks was often unclear and vague. We saw that in seven cases, information had only been uploaded onto the electronic care planning system the day prior to the announced inspection.
- Some care plans did not contain enough information to instruct staff and did not always follow best practice guidance. For example, we spoke to one service user who was hard of hearing who said "I tell them to take the masks off, I lip read, couldn't understand what they say if they wore masks. I'm not afraid of getting COVID-19". This was not detailed within their care plan and there was no risk assessment in place to support this.

Staff support: induction, training, skills and experience

- We received mixed feedback about staff experience from people using the service which included, "Yes, all know what they're doing, absolutely brilliant" and "I think they are trained, never felt uncomfortable with them. Now we have got to know them, they are okay" and "Maybe younger ones could do with a bit more training".
- New staff completed an induction that that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.
- As part of the induction, staff shadowed more experienced members of staff and completed both online and in person training before being allowed to work independently. All staff we spoke to felt that they had received enough training to carry out their roles safely.
- We saw examples of supervision being carried out for staff; however documentation was not always

specific to individual staff.

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

- Feedback from those using the service and their relatives was that people were supported to have enough to eat and drink, however we saw one person's care plan that did not document the need for an increased visit around meal preparation, and did not include important information around their diabetes.
- Although some people's care plans contained limited information about their food preferences, we were satisfied staff were aware when people needed greater encouragement or assistance to ensure sufficient nutrition and hydration.
- People and their relatives praised staff for their assistance with food. One person told us "One carer in particular makes sure (relative) eats and drinks plenty of water".

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

- The manager told us they had worked on a regular basis with any external agencies and had made referrals as and when necessary.
- Although records had not fully documented the contact between staff and other agencies, feedback from people and staff showed that people were supported to access a range of healthcare services when needed.
- We heard from one person using the service, "Yes, they would help me. Couple of times they've rung up the pharmacy and ordered my tablets. One of them arranged for me to have an eye test at home – first time in six years. My new glasses are coming next week".

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 MCA 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 whether the service was working within the principles of the MCA.

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We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training in relation to MCA. People were supported wherever possible to make their own decisions. One staff member said, "We listen to people to know what they want". We also heard from people using the service who told us, "I make all my own decisions".
- Some records did not evidence people had consented to receive support. We reviewed the records for a person with full mental capacity. There was no signature recorded or explanation as to why a signature was missing.
- The service had failed to record mental capacity assessments (MCAs) for some people experiencing an impairment of their mind or brain. This meant the service had not documented MCAs to explore whether

some people could give informed consent to receive care from the service. For example, one person using the service was living with vascular dementia and had their medicines locked away. There was no mental capacity assessment or best interest documentation in place to evidence the decision making. The registered manager said that they would address this immediately.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they felt well supported and cared for by staff. One person told us "Oh yes, they are all very kind, I've no complaints there". We also heard, "What I like about them, they talk to me like I'm a normal human being, they'll write stuff down for me and do anything I ask".
- Relatives told us that staff "are definitely kind" and praised the support provided.
- Despite care plans not always containing information about people's relevant history, staff showed a good awareness of people's needs and how to support them with kindness.

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

- We saw a customer satisfaction data analysis carried out in July 2022 that asked those using the service to score questions out of five. Feedback received was mainly positive, however, we did not see an action plan in place to change care based on this feedback.
- Relatives of those using the service gave mixed feedback about being asked for their views and experiences. We heard from one person, "Yes, I have done two surveys". However, we heard from several others that they had not been asked to complete any.
- We saw staff completed care notes following visits. However, some notes were not detailed and related to tasks. This did not always provide a pen picture into people's mood or wellbeing. This was something that the branch manager had told us they had already identified that required improvement.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke to were aware of how to protect people's dignity when they offered personal care. We heard from one person using, "they do me a complete body wash and help wash my back, do it all. They are very aware of maintaining my privacy".
- We received feedback from relatives of those using the service who told us "Carers are very aware of protecting (relative's) dignity," and, "Staff are very good, make sure sliding doors are closed before providing any personal care".
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# 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

- People did not always have support plans in place available to staff. For those that had documentation in place, their care plans did not always reflect personal preferences or meet individual needs.
- For example, we saw within a service users personal care section it states, "Support to wash" and 'post toilet hygiene by a single carer". This person had a diagnosis of dementia, their support plan did not detail how to best support them with personal care. This lack of clarity placed the person at risk of not receiving the required level of support.
- We received variable feedback regarding whether people were given choice about timings of visits and who supported them, including preference of staff gender. One relative told us "Family requested female carers but non available. Regular team is mostly male carers, far as I know all the same people" and "At the minute, relative will only bathe with a female family member present" and "Asked for female carers but there's not many available. Most staff are men, female staff are very few and far between".

Processes for assessing and reviewing people's needs were not fully effective in ensuring care met 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

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. 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.

- Care plans identified service user's communication needs, however these were not always accurate. We saw on two occasions that support required around hearing had not been considered in peoples care plans.

Improving care quality in response to complaints or concerns

- People we spoke to knew who to contact if they had any concerns or complaints.
- The provider had a complaints policy and procedure which said the service will ensure that they "Record, store and manage all complaints accurately and in accordance with the Data protection Act". We saw the providers complaints log which recorded complaints and the actions taken, however they did not always follow their own policy.
- We heard from one relative that they had raised a concern raised to the provider regarding a missed dose

of medicine. There was no record of this on the complaints log.

- We also heard from relatives of those using the service; "Not made a complaint as such but did raise concern about lack of female support workers at the time of original assessment". We could not see where this had been recorded on the complaints log that we were provided with.
- One relative also told us "Company worked really hard to maintain continuity with staff and now we have a routine, they are very good at responding to anything I ask. Had a few missed calls back in the early days but none since. Biggest issue was timing, we've worked on it together" and "Lines of communication are great", however we saw no record of this complaint and the positive action taken recorded.

#### End of life care and support

- The service was not supporting people who were on palliative or end of life care. The management team told us they would work alongside other health professionals if care was needed in this area.

# 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 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

- There were a range of checks and audits in place. These included internal audit reports, medication audits, spot checks and regular quality phone calls to people using the service.
- Quality systems were not effective or robust in identifying and driving improvement across the service. The shortfalls we found during our inspection had not been identified by the provider so that improvement plans could be put into place.
- Care plan reviews were not carried out, thus information on the system was not always up to date. For example, we saw that three peoples care plans contained inconsistent information regarding the support they required with their medicine, and three peoples' care plans contained incorrect information about the mobility and the support they required.
- MAR charts were regularly checked but the service provider had not identified the issues we found in respect of medicines management and the support and terminology used.
- Electronic records did not contain a complete and contemporaneous record in respect of each service user. The electronic notes system had been used inconsistently to log contact with people, relatives and professionals. Some concerns and complaints, accidents and incidents, and safeguarding correspondence had not been correctly documented using the electronic system. This meant when reviewing people's records some information was not easily accessible.
- We reviewed the continuous improvement audit from June 2022 which recognised that record keeping needed to be more robust and that training on how care staff capture support tasks and record these was needed. This was recorded as an immediate action however there is no evidence this has taken place, or what action is required to achieve this.
- Some records were not specific to the service. We looked at a range of policies and saw that the service was not always following these. For example, medicines records did not use the policy's guidance to instruct staff when it came to administering and supporting people with their medicines.

Failing to have systems in place to assess, monitor and improve the quality and safety of the service and to mitigate the risks in the service placed people at risk of harm. This was a breach of Regulation 17 (good governance) of the 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

- We received positive feedback from staff about the branch manager. However, people we spoke to -

including staff - were not always aware of who the registered manager was. It was evident throughout the inspection that the branch manager saw the day to day running of the service, and the Registered Manager was not always visible, working one day on site a week.

- People we spoke to felt able to report concerns to the branch manager and were positive that these concerns would be acted upon due to the relationship the branch manager had built with clients and staff.
- Systems in place for seeking and acting on feedback from people to improve the service were not always robust and consistent. One person's relative told us, "Yes, did an on-line survey several months ago and a phone call a few weeks ago checking up to see if we were happy with the service and, yes, they did act on what we said", whereas four other relatives we spoke to said that no contact had been made.
- We found the culture of the service was open and transparent. The branch manager, registered manager and all staff we spoke with presented as caring and motivated to take steps to improve the quality of the service. Staff spoke with pride about their job roles and many staff had previous care experience.

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

- At the time of our inspection, no serious incidents had occurred requiring a formal written duty of candour response. We reviewed actions taken to a complaint which demonstrated the service had provided open and honest feedback, including an apology, and noted actions the service had taken.
- The provider understood their responsibilities in relation to the duty of candour. The branch manager explained if a serious incident occurred, an internal investigation would be carried out and relevant external agencies would be notified

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

- People using the service were encouraged express their opinions via the telephone or during visits, however we did not see any records in which relatives had been asked for their opinion. The registered manager has identified this within their June 2022 internal audit in which they identified there was a need to involve service users' relatives when surveys are carried out, in order to feedback and analyse service. However, this was not included within the actions and we had not yet seen this implemented.
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff had opportunities to develop their skills to ensure provision of better quality of care.
- Feedback about the quality of the service was checked during spot check visits by supervisors. There was no evidence of how feedback was used to make improvements or develop the service.
- Most staff told us they felt well supported by the current management team and formal team meetings and supervisions occurred frequently, staff we spoke to were satisfied they could share informal feedback with managers and felt their views were asked for and considered.
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Processes for assessing and reviewing people's needs were not fully effective in ensuring care met people's needs and preferences.</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The service had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided, including the management of risks relating to the health, safety and welfare of people using the service. The service had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not clearly identified and managed. Risk assessments were either not present or lacked sufficient detail to help staff understand and respond to risks. Records did not evidence safe medicines administration of medicines.

### **The enforcement action we took:**

We served a warning notice.