D & S Home Care Services

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 19 September 2016. To ensure we met the registered provider at the service location, we gave short notice of our inspection.

At the time of the inspection, D and S Home Care Service was providing a service to 28 people. Providing the regulated activity personal care to nine of these people.

The service was last inspected in January 2014, at that time the service was compliant with all of the regulations we inspected.

The service did have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The registered provider had not always completed safe recruitment checks to ensure staff were suitable to care for people.

Safe systems were not in place regarding the administration of people's medicines, we found staff at the service were not trained in administrating medication, this was addressed immediately following the site visit to the location.

We found risks to people who used the service had not been robustly assessed or managed properly. Measures had not always been put in place to minimise risks and to help find ways to reduce them.

People's care plans and risk assessments had not been regularly reviewed regularly with their involvement.

We found many staff had not received appropriate supervision, induction and training to ensure they were confident, safe and competent to provide people with effective and safe care.

There was no effective system in place to monitor the quality of the service people received.

Safe staffing levels had been maintained.

Staff gained people's consent before care and treatment was provided.

People told us staff treated them with kindness and respect. People's privacy and dignity was respected by

staff.

People were supported to maintain their health.

The people who used the service expressed their satisfaction with the care and support they received.

People and staff told us the registered manager was approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were at increased risk of avoidable harm because risks were not properly assessed and robust risk assessments were not used to guide staff on how to safely meet people's needs. Plans were not in place to respond to emergency situations.

The registered provider had not operated a robust recruitment process placing people who used the service at increased risk of harm.

Staff employed by the service were not trained in the administration of medicines and this meant that people were at risk of not receiving their medicines by appropriately trained and competent staff and potentially placed at risk of harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received training to meet people's individual care and support needs.

Staff had not received regular supervision to address their development needs and to ensure people received effective care.

People gave their consent before care and support was provided.

People who used the service received additional care and treatment from health based professionals in the community.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and this view was supported by relatives we spoke with.

People's privacy and dignity was respected by the staff and this was confirmed by the people who we spoke with.

Staff promoted people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs had not been robustly assessed and plans of care had not been developed to provide full guidance to staff on how to safely meet people's needs.

People's care plans and risk had not been reviewed regularly with people's involvement.

People told us they felt able to complain.

Is the service well-led?

Inadequate

The service was not well led.

People expressed satisfaction with the consistency of their service.

A robust quality assurance system was not in place to identify shortfalls in the service and ensure improvements were made.

People who used the service told us they found the registered manager was approachable.

D & S Home Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 September 2016. To ensure we met the registered manager / provider at the service location, we gave short notice of our inspection. The inspection was undertaken by one adult social care inspector.

Before the inspection, the registered provider had been requested to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This had not been completed in the required timescale. We also reviewed our previous inspection reports and any notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service.

During our inspection, we visited two people in their own homes (with their permission). We spoke with the registered manager (who was also the registered provider), the service's administrator and two members of care staff. We looked at two care plans, ten staff recruitment files, staff training records, staff duty rotas and a number of the registered provider's policies and procedures. Following our office visit, we spoke in detail with one member of staff and a relative of a person using the service and reviewed a further two peoples care plans that had been sent to us by the registered manager.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service if they felt safe, comments included, "Yes I feel safe, the staff are more like friends and I get on with them all" and "I do feel safe. When the doors are closed and I know we have fire bells here in the building. I have four carers and I feel safe with them as I've got used to them now. I have one tablet in a morning and four in an evening. One of the staff does them for me and I can then take them with my water." A relative told us, "Yes [Name of person] is most definitely safe I have to say."

One person who used the service told us, "I have three carers and they are never late and have never not turned up. If they didn't turn up, I would ring [Name of registered manager]." A relative told us, "We have [Name of registered manager] and [Name of staff]. I send them a rota every week of what we need" and a staff member said, "I receive my rota for the week by email and my rota tends to be the same." The registered manager told us staff members who did not have access to email had their rotas hand delivered each week.

We were shown the duty rotas for the week of the inspection, which showed the work schedules of each staff member and indicated how many staff were required at each call to ensure everyone who used the service received the care they needed. The registered provider/manager told us they were 'on call' for outside normal office hours and the people we spoke with told us they had no problems in contacting the registered manager.

The service did not follow safe recruitment practices to ensure staff were suitable for their role. In the ten staff files we checked, employment references were not available in eight. Some files recorded 'references checked' however there was no evidence of the references. The administrator told us this meant they would have spoken to the referees but this had not been recorded. Criminal record checks had not always been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. We saw in two staff files DBS checks were present however these were from the person's previous employer. We saw no evidence that the service had completed any checks with the DBS when the staff members had commenced employment with D and S Home care. We saw in another staff file that the service was awaiting the persons DBS check. We asked the registered manager about this and they told us, "[Name] goes out with me on a couple of cleaning calls and does not provide care." By not consistently obtaining appropriate references and allowing staff to work before DBS checks were in place, the registered manager had not taken reasonable steps to protect people who used the service against the risk of exposure to potentially unsuitable staff.

The lack of suitable staff recruitment checks is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate systems had not been implemented to ensure that people received their medicines safely. We looked at the registered provider's medication policy from 2011 which stated, 'A care worker with appropriate training and certified as competent may administer the medication, taking responsibility for correct medicines according to this policy and procedure.' The policy had not been reviewed. We found

evidence that staff supported people who used the service to take prescribed medicines despite not receiving appropriate training to enable them to do this safely. This meant that due to staff not being trained appropriately people were at risk of receiving their medicines not as prescribed or unsafely.

Staff we spoke with confirmed that they supported people who used the service to take prescribed medicines. When we asked one member of staff if they had received medication training they told us, "No, but we give it straight out of the blister pack." When we checked the persons daily logs (records of what care and support staff had provided) we saw several entries recorded that D and S Home Care Service staff had given the person their medicines. When we asked staff for access to the person's Medication Administration Records (MARs), we were told these were not in place. By not having MAR charts in place, the registered manager had not taken reasonable steps to reduce the risk to people of errors occurring when staff were administering medication and had not assured themselves that people were being administered their medicines safely by staff had the skills and knowledge to administer people's medicines.

During this inspection the registered provider/manager sought alternative arrangements to ensure people continued to receive their medicines and gave us assurances that none of the service's care staff would administer medications until training had been completed. We raised a safeguarding alert during this inspection with the two local authorities in the area in relation to how the registered provider managed people's medicines.

Not ensuring the proper and safe management of medicines is a breach of Regulation 12, 2 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people's care plans did not include details about all of their care needs and staff were delivering support that had not been planned or risk assessed. Risk assessments are required to ensure staff delivery of care and support, taking people's personal abilities, limitations and needs into account. When we asked the registered provider / manager and the administrator where people's risk assessments were kept, we were told the documents were held on the service's computer system. It is important for risk assessments to be available in people's homes so that staff providing care and support can access them when needed.

We spoke with a person who uses the service, who told us, "I've got a hoist and it's always two people that help me with the hoist." We saw the person did not have a care plan in their property to stipulate their needs including their moving and transferring needs and no risk assessment was in place to ensure transfers were completed safely. A staff member told us, "We have trained in moving and handling, but there is no risk assessment on site. We discussed the way in which the hoist is to be handled, how to operate it and the position of [Name of person] is to be in bed. [Name of registered manager] told us how to position her." This meant an appropriate risk assessment; detailing steps to ensure the safety of the person when transferring were not in place for staff to follow. We were provided with an updated care plan and risk assessment for this person after the inspection which we saw contained more information in terms of the person's needs. However, the risk assessment still did not provide clear instruction for the staff to transfer the person safely and what equipment should be used.

We reviewed another person's care plan, which was provided to us after the inspection; this indicated the person required support with diet, personal care, medication, finances, dental care and mobility. We saw from records provided that one risk assessment was in place in relation to a healthy diet. The risk assessment did not specify how staff were to support the person safely taking into account their abilities and needs. For example, the risk assessment stated the hazard to the person was, 'unhealthy diet which can

be a risk to health' and the risk was controlled by, 'carer to assist [Name of person who used the service] to draw out their money and personal shopping.' We were concerned that the risk assessment did not provide appropriate guidance about how the risk should be managed.

Another person had a risk assessment in place for catheter care, which was provided to us after this inspection. The hazard was recorded as the 'catheter' and the assessment recorded how the risk was controlled as, 'Yes'. We spoke with the person's relative who told us, "Yes [Name] has a catheter, but no care plan for it as I do most of it. All they [Staff] do is strap the bag to their leg." We were unable to see any care plan for the person's catheter care. We asked one staff member about the person's care plans and risk assessments and they told us, "[Name of person] has a catheter fitted and I help with dressing and undressing. I empty the catheter bag in a morning. There are no risk assessments."

Risk assessments of people's properties and home environment had not been adequately assessed for safety hazards when they commenced the service.

Not assessing and managing risk appropriately was a breach of Regulation 12, 2 (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are considering our regulatory response to these concerns and will report on this in due course.

Following our inspection the provider / manager provided a copy of the service's business contingency plan, detailing steps to be taken in the event of an emergency in order to ensure the continuity of service provision.

The registered manager was aware of their responsibilities in reporting any episode of potential abuse or poor care to the relevant authorities. They told us, "I know about safeguarding notifying and completing referrals. My last safeguarding training would have been back in 2011. There has been one incident with a person and I have discussed this with their social worker." Records showed that the service had not raised any safeguarding alerts since the last inspection. The registered manager told us they had spoken with the local authority safeguarding team in the past, but these discussions were not recorded. We asked one staff member about their knowledge of safeguarding adults and they told us, "I am a qualified social worker and I would make sure that no one is put in danger. If the person has been taken advantage of or if someone is abusing them, I would go straight to the safeguarding board." We saw that none of the staff team had completed safeguarding training since being employed by D and S Home Care. We were sent evidence that four staff had subsequently completed safeguarding training in response to our concerns.

We saw the registered manager recorded any reported accidents in a note book held at the service location. We saw two recorded accidents since the last inspection and were able to corroborate a body map linked to one of these accidents in a person's care plan. The accident log recorded the date, place, circumstance and nature of the accident and any treatment required. Because there had only been two accidents there had been no need to audit or analyse accidents and incidents to identify any improvements that needed to be made.

Requires Improvement

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included, "They [staff] have enough skills for cleaning my flat and washing the pots for me. They talk to me about what I want to eat. They [staff] never let me down and are quite helpful. They [staff] know what they're doing" and, "They [staff] listen to me and are very helpful." A relative told us, "From my observations of them [staff], yes I think they [staff] are skilled enough."

However, people were supported by staff that did not have access to a range of training to develop their skills and knowledge. We saw some evidence of training certificates in staff files that had been completed prior to them beginning work with D and S Homecare. The registered provider/manager had not monitored staff training needs or scheduled training courses for staff and we saw no evidence of staff attending training courses, with the exception of moving and handling, whilst employed by the service. We found there was a lack of training in specific areas such as the Mental Capacity Act 2005 (MCA), safeguarding vulnerable adults, first aid, and infection control and food safety.

We discussed staff's training needs with the registered manager / provider and they told us, "Staff have knowledge of training. [Names of two staff members] came across with knowledge of medicines." We were concerned that this was not a robust system for ensuring staff were competent and safe to provide care and support to people who may be vulnerable.

The registered provider/manager had not supported staff to complete an effective induction programme. Induction records were not in place for staff at the service. We discussed if inductions had been completed with the registered manager who told us, "No I haven't. I meet up with the applicant and they go out with me." We asked a staff member about their induction to the service and they told us, "I had a very short induction to be introduced to people. I got an employee handbook and contract of employment. [Name of registered manager] took me out and I met [Name of person] and I was told what the company expects from me." Whilst there had been no immediate impact on people, it was important staff received appropriate induction and training for them to feel skilled and confident when supporting people.

People were supported by staff that had not completed regular supervisions (one to one meetings) or annual appraisals to discuss any training needs or concerns they had. When we asked about supervision one staff member told us, "I have not had direct supervision as I only work part time. My manager rings me on a weekly basis." We asked the registered provider/manager how often they met with the staff and they told us they had recently met with three of the staff and they kept notes in a notebook.

This lack of appropriate staff induction, training and systems and lack of support supervision and appraisals is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager provided us with evidence in response to our concerns that after this inspection staff had received induction and orientation to the service and had begun to complete training in moving

and handling, equality and diversity, fluid and nutrition, appropriate handling of medicines, the awareness of mental health, dementia and learning disabilities and the MCA. We were also provided with evidence that staff had received supervisions with their manager and spot checks on staff practice had been completed.

Not all people whose care plans we looked at had signed consent forms for their care and support needs, for example sharing information with other professionals. People who used the service told us that their consent was gained before care and support was provided. Comments included, "They [staff] always ask me first, like if I want to get in or out of bed" and "They [staff] always ask me if I want to get ready and what I want to wear." A relative told us, "We have [Names of two staff] and they always take their time when speaking to [Name of person] so he understands."

We noted that not all staff had completed training on MCA. This training provides staff with guidelines about seeking people's consent, assessing people's capacity to make decisions and what to do in the event people may not have capacity to make decisions. However, staff we spoke with understood the importance of gaining people's consent before care and support was provided. During discussions, one staff member told us the different ways they gained people's consent. We were told, "No one I work with has issues with capacity. I always ask people directly using questions like 'How are you' and 'I am going to do this, are you okay with that?'."

The 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, 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. For people in the community who needed help with making decisions an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, no one who used the service was deprived of their liberty or was under a court of protection order.

People who used the service were supported by healthcare professionals as required. We saw in most people's care plans we looked at that 'emergency contacts' were recorded, which included General Practitioner's (GP), specialist nurses and community nurses. One person who used the service told us, "They [staff] always ask me if I am okay before they go and I have an alarm that I wear for if I have an accident here on my own" and a member of staff said, "If the person I supported needed the GP, the personal assistant would usually call them, but I would if I needed to. I have been there in the past when the GP has come out."

We asked staff how information was shared with them if a person's needs had changed. One staff member told us, "If there have been any changes made to a person's care plan or their schedule of calls, I would receive a telephone call from the office telling me."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and made it clear that staff knew their needs and preferences for how their care and support should be delivered. Comments included, "They [staff] always make sure I have a cushion or a pillow on my back before they go", "Staff know what they are doing and basically they [staff] know what I like", "I get on with them [staff]. They [staff] always talk if they have time and they treat me as a normal person" and "They [staff] have time to spend with me. They [staff] are helpful and caring and always listen to what I have to say."

We saw one person being supported by staff who demonstrated a commitment to meeting their needs and observed this was carried out in a relaxed atmosphere with staff and the person talking together with smiles on their faces.

At the time of this inspection, the service was small and employed a small number of staff. This enabled people who used the service and staff to develop meaningful caring relationships. Interactions observed between the staff and people who used the service were friendly and respectful. One staff member told us, "I don't time watch when I'm with people and I probably spend extra time with people." A relative we spoke with confirmed this, they told us, "They [staff] seem to be very service user orientated. I know they are in tune with [Name of person] as the manager had an idea that they would get along and she [manager] was right. [Name of person] is happy with his care. I was very apprehensive as this was our third or fourth provider, but I am very happy with the care he receives."

People were supported to maintain their independence. People who used the service told us, "They [staff] motivate me to move around" and "They [staff] always encourage me to get up to my frame and to walk with it." One person's care plan we looked at included information about what they did for themselves and guidance to staff about promoting their independence. For example, 'Prompt [name of person] to brush their teeth.'

We observed people were treated with dignity and respect by staff who recognised the importance of treating them as an individual. People we spoke with confirmed this. A member of staff said, "[Name of person] goes from bedroom to bathroom in their nightdress, I always cover them with a towel and the curtains are closed. Its dignity and you have to show the person respect." A person who used the service told us, "I was asked if I wanted male or female carers and I said I wasn't bothered. When I go from my bathroom to my bedroom they [staff] ask if I need any towels and they do that for me."

The registered provider had systems in place to ensure people's private and confidential information was held securely. We saw people's records were stored in a locked cabinet that was located at the service location. All information was also stored and backed up electronically so it could be accessed remotely by the administrator and registered manager.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with during this inspection confirmed they had a care plan. One person explained, "I told them [the service] what I needed for my everyday life and I have signed it [the care plan]." Another person told us, "I didn't contribute to my care plan although they [the service] did ask me a lot of questions about what I like. I haven't looked at my care plan, but I can if I want to. I think one or two of the staff have gone through it with me and my family ask me about my care plan and what it's all about."

People's care plans were not accurate. We cross-referenced people's care plans with their daily notes, observations and discussions with staff and relatives which provided evidence that staff were delivering care and support that had not been planned for. For example, medication needs, moving and handling support and catheter care.

People's needs had not always been fully assessed before they received support from the service. Initial assessments had been completed; however these did not always include clear information staff needed. One person's initial assessment did not include any indication as to what their care and support needs were with the exception of requiring two care staff.

When we asked staff about the information in people's care plans, one staff member told us, "I think D and S care plans are person centred, but perhaps not all people's routines are in their care plans."

People's needs had not been reviewed regularly. During the inspection, we found one person's care plan had been implemented in August 2015 and there was no evidence that the persons needs had been reviewed since. The registered manager told us, "If there are any changes with the person staff will inform me. I do a review after four to six weeks and care plans would be reviewed as and when necessary."

Not having up to date, accurate information that has been reviewed regularly is a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew the people they cared for including their hobbies and interests and people who used the service told us they took part in things that interested them. One person told us, I love watching sport on TV and I go out to a day centre" and a staff member told us, "I will sometimes stay back and play dominoes with [Name of person] as he loves that."

People told us the service responded appropriately to their needs and we observed during this inspection that the service was flexible to people's changing requirements. For example, a staff member rang the service to inform the registered manager / provider that there was an issue with one person attending the choir. The registered manager offered solutions to this issue and an agreement was made with the person that they would pay for the staff member to support them so they could attend the choir as they wanted to.

The registered manager told us another person who used the service had required a gardener, so they had

liaised with another person who used the service and passed on the details of a local gardener. We saw another person employed their own personal assistant (PA), and when the PA took holidays, the service increased their support for the person to ensure their needs were met. A relative told us, "D and S came on-board with very little notice and if I need to chop and change our rota they [the service] will do that." A staff member told us, "[Name of registered manager] was instrumental in the changes for one person regarding the equipment they needed." This meant that the people had been listened to and their individual needs met.

People who used the service told us they knew how to raise concerns and make complaints. Comments included, "I would go to the local council or my social worker about the service if I needed to. I spoke to [Name of registered manager] about a carer and she changed the carer for me" and, "I have always been satisfied and I would talk to [Name of registered manager] if I wasn't." A relative told us, "I am not concerned about anything. If I was I would immediately contact [Name of registered manager]."

Inadequate

Is the service well-led?

Our findings

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This had not been completed in the required timescale. We discussed this with the registered manager during the inspection. They told us an issue had arisen when changing contact addresses held with the Care Quality Commission; therefore, they had not received the PIR.

During the inspection we found that the service was not always well managed. The service location was disorganised and some of the records we were shown at the location were blank or had not been kept up-to-date. Information was not easy to access and on occasions we were told the records requested did not exist.

The registered provider had not demonstrated effective leadership and oversight of their organisation. There was a lack of effective governance in place. Robust quality assurance systems were not in place to monitor and improve the effectiveness of care delivery and service quality. For example, no records were available to support any specific audits of care plans, risk assessments, medicines, staff training, induction and supervision. During the inspection, we found shortfalls in all these areas. The registered manager told us, "There are no quality monitoring systems in place at the service. I am in the process of training one of the staff with the responsibility for colleagues in terms of a first port of call and some other supervisory roles." They went on to say, "You have highlighted areas that we need to improve on and we are working hard to put things right."

We found from observations that the service focused on providing people with consistent care, but documentation needed development. We saw no evidence that the registered manager / provider had completed audits to check that any systems at the service were being followed. We saw there had been a failure to identify shortfalls in staff training, appropriate recruitment checks were not in place and that staff had not been provided with a thorough induction to the service. Risk assessment records did not provide appropriate guidance for staff and care plans were not accurate and reflective of people's current needs.

Not having a robust quality monitoring system meant there has been a breach of Regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider was responsive to our feedback, and as a result of our findings informed us of a number of immediate changes they had made. This included reviewing the service's recruitment process, employing additional staff to support the on-going checking of services provided to people, addressing gaps in training and improving documentation.

During the preparation for the inspection, we checked our system for notifications of incidents which affected the safety and welfare of people who used the service. We found we had received no statutory notifications from the registered provider. We discussed this with the registered manager who

demonstrated their awareness of notifying the Care Quality Commission about incidents that affected the safety and welfare of people who used the service.

There was a registered manager in post at the service and people and staff had confidence that the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. Comments included, "[Name of registered manager] is the boss and I see her quite often", "I find the registered manager genuine", "I have nothing to compare it to, but from what I have seen, the service users receive optimum care" and "[Name of registered manager] comes and does some of my calls and she is fine."

The registered manager told us they regularly gave incentives to members of the staff team when they had gone over and above their duties. For example, being flexible to cover holiday leave and recently they had given some members of staff bouquets of flowers for supporting the service.

We did not see any regular meetings for the people that used the service, their relatives or staff. However, as the service was small, people we spoke told us that feedback was requested verbally. Comments included, "[Name of registered manager] always asks me if I am okay", "Yes they do and I think it's a very good service" and "[Name of registered manager] will always ask me for my feedback." The registered manager told us they had recently sent out satisfaction questionnaires to people who use the service, however, none had been returned at the time of this inspection. After the inspection, the registered manager provided us with two positive responses that had been received.

We asked the registered manager about how they kept up to date with best practice guidance. They told us they held a National Vocational Qualification (NVQ). An NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. They went on to tell us their work background before starting the service was in adult social care services and they listened regularly to a radio station that often discussed health and social care services. Although the registered provider had systems in place to help them keep up-to-date with guidance on best practice, the numerous issues or concerns we identified during the course of our inspection raised concerns about the registered provider's knowledge and understanding of the regulatory requirements. Following our inspection the provider/registered manager advised the Commission that they had sought support from a specialist adviser to help improve their knowledge and understanding of regulatory requirements.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured: 1.Care and treatment had been provided in a safe way. 2. The registered person had not routinely, (a) Assessed the risks to the health and safety of service users receiving the care or treatment. (b) Done all that is reasonably practicable to mitigate any such risks. (g) Ensured the proper and safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured: Effective governance systems were in place to; (a) assess, monitor and improve the quality and safety of the services provided, (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured:

(2) Effective recruitment and selection procedures had been followed.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured: 2. Persons employed by the service to deliver the provision of a regulated activity; (a) Received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.