

Bespoke Care at Home Ltd

# Bespoke Care At Home

## Inspection report

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Date of inspection visit:  
28 February 2022  
01 March 2022

Date of publication:  
04 October 2022

## 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

Bespoke Care At Home Limited is a domiciliary care agency. It provides personal care to people living in their own homes. This can include specific hours of required support or live in carers to help promote the person's independence and wellbeing. 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. At the time of our inspection the service was providing personal care to 161 people.

### People's experience of using this service and what we found

The registered person did not operate effective quality assurance systems to oversee the service. These systems did not ensure compliance with the fundamental standards and identifying when the fundamental standards were not met.

The registered person did not ensure consistent actions were taken to reduce the risks where possible and the plans were not in place to minimise those risks. Effective recruitment processes were not in place to ensure, as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. Not all staff were up to date with, or had received, their competency checks and mandatory training. We did not have evidence the management team kept their knowledge and competencies checked and up to date.

When incidents or accidents happened, it was not always clear that it was fully investigated, and if lessons were learnt. The registered person did not ensure that clear and consistent records were kept for people who use the service and the service management. The registered person did not inform us about notifiable incidents in a timely manner.

Staffing levels did not always support people to stay safe and well. The management team scheduled the visits however timings and length of visits were managed poorly. People and relatives were not consistently informed about the changes to their visits or the staff being late. People and relatives told us the times of visits were not kept according to the care plan. People and relatives told us the staff did not always show kind, caring and friendly practice and did not always uphold people's privacy or respond in a way that maintained people's dignity.

People, their families and other people that mattered were involved in the planning of their care. However, the care plans did not contain information specific to people's needs and how to manage any conditions they had. Staff did not have much detailed guidance for them to follow when supporting people with complex needs. Staff were not always following the care plan to provide the right support to people.

We received mixed feedback from people and relatives about feeling safe when staff were supporting them. The registered person did not ensure their safeguarding systems were operated effectively to investigate

and follow the provider's procedure after becoming aware of an allegation of abuse. Most of the staff were not up-to-date with their safeguarding training. Not all people and relatives felt they could approach the management and staff with any concerns and felt that communication had to be improved. When people and relatives raised complaints, these were not consistently responded to, acknowledged, or improvements made. We judged people were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always supported this practice.

We have made a recommendation about seeking guidance from a reputable source to ensure the MCA legal framework and provider's responsibilities to people and their decisions were followed accordingly.

We have made a recommendation about seeking guidance from a reputable source to ensure the principles of the Accessible Information Standard were met.

Most of the staff members felt staffing levels were sufficient to do their job safely and effectively. However, they said they had to visit a number of people so sometimes this affected the length of visits. The management team appreciated staff contributions and efforts during pandemic to ensure people received the care and support. Staff felt they could approach the management team and office staff. However, they also said the communication could be improved.

The management team was working with the local authority to investigate ongoing safeguarding cases. There was an emergency plan in place to respond to unexpected events. Staff had ongoing support via regular supervision and appraisals. They felt supported and maintained overall teamwork.

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

The last rating for this service was good (published 20 March 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of people's care and visits, medicine management, quality of care and management of the service. A decision was made for us to inspect and examine those risks.

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

#### 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 quality assurance; risk management; notification of incidents; safeguarding management; record keeping; effective and person-centred care planning; management of medicine; staff training and competence and recruitment; staff deployment. We have made a recommendation about meeting the Accessible Information Standard and Mental Capacity Act legal framework.

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. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special Measures

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 6 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 the 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.

## 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 safe.

Details are in our safe 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.

# Bespoke Care At Home

## 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 visit was carried out by two inspectors. An Expert by Experience made telephone calls to interview people or 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. A bank inspector made telephone calls to the staff members to gather their feedback.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. We will refer to them as the manager in the report. This means the registered person is 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 to be sure that the registered and management team would be in the office to support the inspection.

Inspection activity started on 24 February 2022 and ended on 1 March 2022. We visited the location's office on 28 February and 1 March 2022.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the last inspection about the service including previous inspection reports and notifications the registered manager had sent us. A

notification is information about important events which the service is required to tell us about by law. We sought feedback from the local authority and some professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from people who use the service and relatives. We also spoke to 13 staff about their experience of work and the care provided. We used all this information to plan our inspection.

#### During the inspection

We spoke to the manager, operations director, a few field care supervisors, HR staff, safeguarding lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to the management of the service, for example, records of medicine management, risk assessments, accidents and incidents; quality assurance system; and complaints/compliments records. We looked at seven people's care and support plan and associated records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered person to validate evidence found. We looked at further records and evidence including quality assurance checks and records, incidents and accidents, training data, and policies and procedures. We contacted 13 professionals who work with the service and received three responses.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate.

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

### Recruitment

- The registered person did not operate effective and robust recruitment and selection procedures to ensure they employed suitable staff.
- The registered person did not always ensure all required recruitment checks and information were gathered before staff started work.
- Of the six recruitment files we reviewed, all of them did not have the required recruitment information. Missing information included evidence from previous employment regarding staff's conduct and verifying reasons for leaving, one declaration of health and fitness to carry out the role, one risk assessment in relation to a staff member's criminal record and one staff's legal status to remain and work in UK. All six staff files viewed did not have full employment history.
- We went through the issues found with HR staff and discussed the requirements of the regulation. After the inspection, we raised this with the registered person however, they did not provide further information.
- Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files included a declaration of health in other five files and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values to work with people.

### Using medicines safely

- People did not have their medicines managed safely.
- When people had medicine prescribed to take 'as required' (PRN), staff did not have any PRN protocols to follow. The medication administration record (MAR) sheets did not have any further information on what the medicine was and reasons for it, how and when to administer, and any side effects to observe.
- We reviewed one person's care information who had a condition that required specific PRN medicine to



be administered in order to control it. However, the staff did not have training and competency assessments completed to be able to administer the PRN medicine and support the person safely and effectively.

- The MAR sheets did not include any information of what the medications were, for each person. The staff only noted the number of tablets to be given from the multi-compartment compliance aid, time it was administered and staff's signature. A multi-compartment compliance aid (MCA) is a general term for a device designed to contain individual doses of medicines in separate compartments or blisters. Where we found gaps on MAR sheets, nothing was noted on the other side of the sheet to explain the gap.
- We had read about a person who had serious mental health issues and needed support with medicine. We read in the notes that the person would often refuse to take medicine, and some of it was to help with their illness. We spoke about this person with two members of staff to gather more information on how the staff managed the refusals to take medicine. We were told the staff would leave the medicine on the side for the person to take it later and this was the usual practice. We asked how the staff knew the person had actually taken the medicine and not thrown them out, but there was no further explanation provided. We looked at this person's care plan and no detailed information was recorded on how best to support this person with medicine management, particularly with the risk of refusing it, ensuring it did not affect their health negatively.
- The same person was also prescribed specific medicine to support their mental health and to start it in December 2021. We asked to see this MAR sheet to see if the medicine was actually commenced. However, the registered person was not able to provide it during and after the inspection.
- A number of medicine errors had been recorded however the records had not been always completed fully. For example, a medicine error was noted but a full date was not recorded, only day and month. The error only said that "self-medicating person mismanaged their medicines" and there was no clear description of the incident nor information on any further action taken to show how it was addressed.
- Other medication errors records stated for example, the outcomes of errors investigation were that reports should follow after the meeting with the staff involved in the error. We did not find any other reports attached. We spoke to the manager and one of the field care supervisors. They said there were no reports at all following the medication errors. The manager stated the staff member responsible for medicine errors had been retrained and re-assessed by the trainer. The trainer stated the member of staff had been paired with more experienced member of staff who was retraining them in the process of working together. When we asked the manager and field care supervisor about any formal re-training or re-assessment of competencies, the trainer admitted this has not been done.
- We found these practices did not support safe management of medicine and placed people at risk of harm.

The medicine management was not robust enough to demonstrate that medicines were managed safely at all times. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management (people); Learning lessons when things go wrong

- The management team recorded the risks as part of the initial assessment, however, the information recorded was basic. For example, in one person's assessment, the tasks were 'balance', 'needs assistance', 'walking stick', 'risk of falls'. Risk mitigation was recorded as, "Use the appropriate equipment available". There was no detailed information provided in the assessments or care plans of what those instructions meant and how this person should be supported to ensure they remained safe and risks were managed appropriately to avoid any injuries.
- Where people had mental health needs or behavioural issues, there was no guidance of specific and individualised support for them and how to reduce the risk of harm to them. The risk management record did not provide clear mitigation for staff to guide them when keeping people safe.

- We looked at incidents and accidents records folder. The recordings were inconsistent, often lacking detail of the investigation or root cause analysis. The incident forms were not always signed off to indicate anyone from the management team had reviewed it. For example, one person had no medicine administered, commode was not emptied, and staff left untidy environment. A relative asked for the staff member to be removed from the visits. The staff member was called into the office. The investigation stated the staff member was to be re-trained with a report to follow. No report was produced and the staff member in question has not been re-trained. Another concern was recorded about a short personal care visit, commode not emptied, flannels not used during the personal care support. We could not find clear record of what action has been taken to address the issue. The staff member was called into office and admitted some shortfalls. However, the investigation did not state if the provider apologised to the person or what action had been taken to prevent similar incidents in the future.
- We also looked if there was anything about lessons learned from the incident or accidents that happened. There were some meetings held for different teams such as care staff, field care supervisors and senior management. Topics covered such areas as training, wearing proper uniform, PPE, hygiene, refusal of working with certain carers, Covid-19, and on call system.
- However, the system overall in place did not highlight areas for improvement, or actions needed to mitigate the risks to individuals. It was not very clear if themes and trends were identified and discussed with the staff team to ensure the quality of care and visit timings could be improved so it did not have a detrimental effect to people's health and wellbeing.

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

- The service had business continuity plans to ensure the people could continue to receive support in the event of an emergency.
- There was an on-call system in place for staff should they need help and advice and staff confirmed this.
- As part of people's support plan, the service carried out a health and safety assessment of the environment to support the person, their family and staff were safe while carrying on the regulated activity.

Systems and processes to safeguard people from the risk of abuse

- There was no effective system in place to protect people from abuse and improper treatment. The nominated individual, the manager and the staff were not fully aware of procedures to follow in accordance with the Berkshire safeguarding adults policy and procedure. They said they would start investigate an allegation of abuse themselves without waiting to be told by the local safeguarding team who would take the lead in investigating.
- We found incidents where safeguarding alert was not raised to ensure it was investigated properly. By failing to inform the relevant authorities of this allegation of abuse, this placed people at risk of ongoing harm or abuse. This was not reported to CQC either. For example, when a relative reported an allegation of abuse of staff trying to choke a service user. The provider did not raise it as a safeguarding nor reported it to CQC, but only dealt with it with a social worker as a concern. Another example was that an allegation was raised by a visiting professional about person's health, an injury and a missed call. When we asked about it, the provider said it was not reported because the professional found the person on the floor and not the staff. They deemed it was not necessary to report it.
- At the time of our inspection there were some safeguarding investigations ongoing. The provider was working together with the local authority safeguarding team to investigate.
- Some staff had completed safeguarding training as part of the Care certificate. However, majority of the

staff did not have it refreshed nor had their competencies checked that they understood their role and responsibilities how and when to raise concerns. Although there were systems and processes established to protect people who use the service from abuse and improper treatment, the registered person 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.

- Staff told us how to recognise abuse and protect people from the risk of abuse. They were able to explain what actions to take if they felt people were at risk including to contact the outside organisations.
- Most staff told us they were confident the management team would act on any concerns reported to ensure people's safety.
- We received mixed feedback from people and relatives about feeling safe and staff's support. Some people and relatives were positive about the support and said, "Generally safe. (Relative) uses a wheelchair and step lift and is hoisted. The carers have to know how to use them", "I have the two best carers anyone could wish for. Very kind and gentle. Very careful with me and very polite" and "I have no concerns about safety, no reason to think we are not safe".
- However, other people and relatives told us they only felt the care to be safe because there was a family member in the room when care was being given. They said to us,  
-"Only safe as I am usually there. Sometimes I have to remind the carers that one side of (relative) doesn't work",  
-"Yes, safe, but only because I am there. The speed the carers move (relative) concerns me, he could fall. He has a hospital bed and uses [equipment]. Two carers help him, but one starts moving him before the other has reached the other side of him, so no one is holding on to him. This happens most days. Also one pulls his arm (when moving him) and he bruises easily. Others use his body. I don't think they have adequate training and I have to move in".

### Staffing

- The provider's system to schedule visits did not ensure that people's diverse and complex needs were being met safely. The management team were aware the visit times and length were an issue however we were not assured this was being addressed promptly to improve it.
- Some of the staff said they had time to visit and support people, however other staff said it was not always possible because they had to attend so many visits by certain times, thus making the visits late or shortened.
- People and relatives were not always informed of late or missed visits. People and relatives said staff did not arrive on time and that would affect peoples' care and support. They said,  
-"Carers are not always on time. Bedtime can be as late as 10.00 p.m. and it should be 8.00 p.m. It happens about once or twice a fortnight. They just turn up. Never know who is coming",  
-"Carers are not on time. Breakfast call should be 10.00 a.m. and is not until 11.00 a.m. then 2.00 p.m. for lunch. All over the show with timing. Now I tell them to leave me my dinner when they give me breakfast. They are gone in 10 minutes – it should be 30",  
-"Carers stay for 10 minutes and it should be 30 four times a day".  
-"No, I don't feel the care is safe. They (carers) are too busy. They are wonderful but have too many clients. I never know when he (carer) is going to come. I have been told by a carer they have about 30 clients to see in one day".
- People and relatives confirmed staff were not always taking time to support and care for them appropriately without rushing. They said,  
-" Sometimes carers come before 11.30 a.m. to give me lunch. That's too early. It happens very often. I have

said 12.00 p.m. plus is OK at the earliest. Call should be 30 minutes, but they only stay for 10. They fly in and out",

- "Carers should stay 30 minutes, but only stay 20 minutes. They are not on time and can be two hours late. They say they are rushed off their feet. I certainly feel rushed. I don't know who will be turning up. I have no one in the world and they don't have time to talk. Carers have said I have to be quick. They are too busy to chat. They say they are rushed",

- "None of the carers stay the full length of time they should. One day two were only here for 6 minutes. I have been told by one that they have 30 clients to visit between 7.00 a.m. and 10.00 a.m. We get 15 minutes on a good day, but it is usually 10. Maximum has been 20".

The registered person did not ensure there were sufficient numbers of staff deployed effectively to ensure they can meet people's care and treatment needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- People and relatives confirmed most of the staff were using PPE when visiting and while supporting them, and most had no concerns. They said, "PPE is worn and the office phone us to check if it is worn", "PPE has been very good over Covid, but sometimes the PPE is not of the best quality and not the right size gloves and they split easily" and "Only some wear masks".
- The registered person ensured staff undertook regular COVID testing. The management team had meetings with staff members and discussed infection control and usage of PPE, and senior staff would check how they would use PPE. However, not all staff had received infection control training.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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

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

- The registered person did not ensure the service continued to meet the individual's needs and that outcomes were being achieved consistently for people. People's care needs were assessed to identify the support they required. However, care plans were basic and did not include more detailed information for staff to follow so they could meet specific people's needs safely and effectively such as managing specific conditions. For example, the person had diabetes. Care plan stated care staff were responsible for food shopping as the person was on diabetic diet. However, there was no information on what food were acceptable and support management of diabetes. There was no information on possible signs of hypo/hyperglycaemia and no evidence of annual diabetic review. Some care plans did not include exact times of visits to ensure timely and continuous care.
- The records did not always contain clear guidance for staff on how to manage people's oral health and support they would need with it.
- People and relatives said their care plans and needs were not regularly reviewed. Some were not even aware what the care and support was supposed to be. They told us, "The care plan is not structured enough so it is up to (name of carer) what he does. No fixed day. I have never seen a care plan. It is so flexible, the agency is dictating when the carer visits...I have not a clue if he gets [the care]. It should be structured care and I put 100% blame on the agency",  
-"Some carers don't know what they are doing. They are not tidy and don't change their [staff's] tops regularly",  
-"I spoke to the agency when doing the care plan. I raised a few issues then such as dressing in the daytime and showering every day, but she still doesn't have one".
- This meant the registered person was not able to ensure all people who use the service were able to live life to their full potential, as they chose and achieve good outcomes.

The registered person did not ensure people's care and treatment was appropriate and met their needs. This was a breach of Regulation 9 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not always have the knowledge, skills and training they needed to meet people's complex and diverse needs and ensure their safety and welfare.

- Even though staff told us positive things about the training, people and relatives had mixed views about the skills, knowledge and caring nature of some staff. They said,
  - "Not trained and have not even shaved (relative). They have never asked about cleaning his teeth or hair. When a carer washed him, he did not use soap. I asked why not and was told it was because that would have to be rinsed off. ...I asked if they could put (relative) on the commode. I was told it was not possible as they only had half an hour and there wasn't enough time",
  - "Not skilled and some we won't let cook. I have to direct some of them. Some are useless, not trained, not proactive",
  - "I have to tell them what to do and I don't know what I am entitled to",
  - "Some [are have the skills and knowledge], but not all are trained",
  - "The commode is not always emptied. I cannot read what the carers have written in the book. It is illegible".
- We reviewed the training matrix provided to us which recorded mandatory and role dependant training. People had a variety of different needs including dementia, diabetes, behaviour that may challenge and epilepsy. However, we did not see the staff were provided with such training to ensure they had the right knowledge and guidance to provide effective care and support to people.
- The current best practice guidelines for ongoing social care staff training provides information on core and mandatory training topics. The guidance says the provider should assess staff member's knowledge and competence at least annually and provide learning and development opportunities at least every three years for various topics. The training information showed the training and updates provided to staff at the service was not always in line with the guidance.
- We reviewed the training information and a number of staff did not have their training or competencies refreshed and assessed. We did not receive further information to ensure the management team were also up to date with their training, competencies and knowledge so they would be able to lead by example, monitor practice, support staff and pick up any improvements needed.
- Following the CQC Smiling Matters report (July 2019) which outlines findings on the need to focus on oral healthcare for people, we found the provider's training policy did not include training on oral care. No staff had received training in this topic. Oral Health training is also now included as best practice mandatory training.
- When new staff started, they had an induction that included one-day training and a period of shadowing experienced staff before working on their own. New staff should be introduced to people before they started supporting them. However, most people and relatives told us the introduction of a new staff member did not happen.
- Staff completed the Care Certificate as part of their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. To be awarded the Care Certificate the person must acquire knowledge and demonstrate understanding of the knowledge acquired as well as demonstrating and being assessed as competent in the standards. Where there are practical elements to learning which require staff to be 'hands on' and observed, face to face practical training and assessment needs to take place. We were told during inspection that observations had not been completed for any of the standards. The staff assessing the standards did not have any further specific training to be classed as a competent assessor of the Care Certificate.
- Some people needed support with catheter care, stoma care, and percutaneous endoscopic gastrostomy (PEG), a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and esophagus. The care plans did not have any detailed guidance for each person to ensure staff were following the right procedure when attending people with these needs. Some of the people reviewed, had problems with catheter care and became ill a few times.



- We spoke about the staff's competencies in these areas of support. Some of the senior staff provided training and competency assessments to staff regarding PEG, catheter and stoma care. However, when we asked about their assessments to be competent assessors in these areas, we were told they had not had any assessments done recently. This meant the registered person did not ensure staff had the right knowledge and skills to support people with their specific needs.
- The registered person could not ensure at all times people received effective care and support from all the staff who would be competent and guided by the best practice and up to date knowledge and skills.

The registered person did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

- Staff were able to complete further qualifications to support their role, and they had one to one meetings with their line managers. Some people and relatives also told us they felt staff had the skills to provide support. They said,  
 -"Care is consistent and effective. Staff are trained and know how to put pads on and how to roll (relative) about, appreciative of how the pad goes on and how it affects the peg feed. A carer came to our house to tell us when the peg feed was leaking",  
 -"Trained and carer noticed (relative) was quite vague one day and told us she suspected a water infection. They pick up on things. Always support her with drinks".

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

- People and relatives told us they were not always happy the way mealtimes were managed. They said, "Carers run two to three hours late and one or two lunchtimes were missed at the start", "11.00 a.m. breakfast visit has been nearly 1.00 p.m. Carers can't cook" and "Carers not skilled. Some we won't let cook. Impossible to plan for them to do a meal. So erratic".
- People and relatives also added they had late calls and the affect this had on mealtimes adding, "I have to phone the office if the carers have not arrived by 11.30 a.m. to give breakfast. They are not on time".
- A few people and relative said the staff would not cover food left for people and food area would not be cleaned before meal was presented. They said, "I asked the carers to make something for (relative) to eat. They have left the food uncovered. I spoke with the office but am not sure it is done now. I asked if they could confirm that the carers clean over the area where they leave his food. I asked if they could prepare a sandwich every day, but I can't see evidence of that happening".
- Where someone needed help with eating or encouragement with drinking and having a balanced diet, basic guidance was provided to staff.
- Some people and relatives gave us positive feedback and told us, "Carers give (relative) meals. They bring them in to her and let her choose what she wants", "Carers make my meals. It goes well" and "My sandwiches are prepared. Lovely bunch of carers".

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

- The service communicated with GPs, local authority, community nurses, occupational therapists, speech and language therapists and families for guidance and support. People were referred to different health professionals to address health or changing needs. People's needs were monitored, and we saw communications between the service and professionals to help people when their needs or support would change.
- A community professional said, "While they work well with a client of mine who has fairly straight forward needs, when my clients require more stability, more involvement of carers and a more personalised service

due to need, they struggle. My client group tend to have variable needs and tend to be fairly high risk".

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.

- People's rights to make their own decisions, where possible, were protected.
- People and relatives felt some of the staff were polite and respectful towards people and respected their decisions. Staff said they supported people to make decisions and choices.
- People had general assessments carried out to check their capacity and ability to make decisions. However, this was not continuously reviewed. Therefore, the staff did not have the most up-to-date description of how people were able to make their own choices and decisions, and how staff should promote this.
- There was evidence to show people were involved in their care and support. However, we noted to the field care supervisors and operations director that some consent forms were signed by the family members and it was not clear if they had a legal right to do that. We discussed this with them, and they agreed this had to be changed to evidence people's consent was sought and recorded in line with the MCA legal framework.

We recommend the registered person seeks advice and guidance from a reputable source about MCA legal framework, and their responsibilities to ensure people could express their views and be involved in decision making.



# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- People told us they did not always feel they were treated with compassion and kindness by the staff visiting them.
- Rights to privacy and dignity were not always supported and people told us staff did not always treat them with respect and dignity. People and their relatives said,
  - "One [staff member] is brilliant. Just one. I have asked the agency not to send one carer and they keep sending her. Not a good attitude and used cold water to wash me",
  - "Carers are not kind and caring. They will speak in their own language. They don't speak English and will speak to each other in their language in front of me",
  - "I feel rushed when being washed. They just flick a flannel around",
  - "Carers are not kind and caring. There is a dignity issue. When (relative) was put on the commode the carers were just standing there. Not giving him privacy".
  - "Got one call after a week, (a member of staff) rang and asked how it (care) is going. I said about the washing issues. She said she would message the carers and get back to me... I feel every day I am fighting. With this agency there is no 'care' in carer".
- People's care plans did not have a comprehensive information to help staff focus on what people could do and how staff could help them to maintain their independence wherever possible. People and their relatives did not always feel the care and support they received helped them to be as independent as possible.

The registered person did not ensure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives were involved in providing views on the support they received. People confirmed they were asked their opinion, or they would ask to make some changes in the support. However, the actions taken, and outcomes achieved were inconsistent.
- People's records included basic information about their personal circumstances and some information on how they wished to be supported. However, the staff did not have enough information to learn about

people so they could engage with them in decisions about their care and support. People and relatives added, "Carers don't know what they are doing. All the good ones have left. There are not enough drivers or carers. The agency is taking on [staff] with no experience. They (new young carers) come out with experienced carers and that is the only training they get" and "Carers don't do the job they should do. A few are good, but others don't seem to have common sense...They break things".

- Some people and relatives also provided us with positive feedback about staff's support and attitudes. They said,

- "Carers will respond to her and will calm her if she protests (to having care). She likes to be talked to",

- "All carers are efficient, professional and will keep (relative) covered using a towel when washing her",

- "Carers have a good attitude. (Relative) is very fond of them. They will ask her to move herself in the chair and the bed",

- "Carers are very empathic and reassuring. (Name of carer) is the same age as (relative) and has real empathy",

- "Carer will help me wash. I am disabled on my right side so I struggle, and the carer will make sure I am dry".

- People's confidential information was kept in the office, on a password protected computer and in a place of people's choice in their homes.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People's support was not always individualised to their personal preferences, needs and cultural identities. By not having specific and detailed care plan, staff were not able to use it as an important source of information to make sure the support they provided was personalised to each individual. Care plans did not include practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines.
- Staff completed daily notes to confirm the care and support they provided. The daily notes included basic information of the tasks done. Some notes were difficult to read due to illegible writing and some notes only included one sentence about the whole visit. It was not evident the staff supported people in a caring and person-centred way, helped them with decisions and choices, and respected their wishes. If there was an incident or accident, details were not recorded as part of the person's monitoring for the risk management. If the person refused medicine, it was not recorded if the staff came back to try it again or how many times before noting it was not administered. The daily notes varied in describing if the staff worked with other professionals to support the person. There was no specific training provided to the staff to address the writing of the notes.
- Having continuous and clear recorded evidence to indicate people were supported appropriately would ensure the management team and the staff had an overview of people's conditions and their wellbeing and staff would be able to respond and seek appropriate support when needed.
- We received mixed feedback about personalised care and availability of up-to-date care plan. People and relatives said, "Care plan has not been reviewed for eighteen months. Not regularly reviewed", "Hospital probably arranged the care. I don't know what I am entitled to. I don't know what I can ask", "Care plan is not structured enough so it is up to (name of carer) what he does. No fixed day. I have never seen a care plan. Not a clue if he gets the time he should. It should be structured care" and "Care plan is not accurate and is out of date. A month ago, I asked for it to be updated. It has not happened. It is factually not in date".
- Some of the information and guidance were too general and not explained, such as a care plan for managing skin integrity noted a few steps only, "Legs and feet need creaming twice a day; they are very dry and itchy. Bruises very easily. Bleeds very easily". There was no further explanation of why the person would bruise and bleed easily and how to help the staff avoid it. This meant the staff would not be clear about the specific personalised support a person needed and how to maintain good skin integrity.

The registered person did not ensure care and treatment was appropriate, met people's needs and reflected

their preferences in a consistent way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people and relatives told us there was a care plan in place and they were involved in the planning of it. They said, "(Relative) has a care plan and it states that (relative) is sensitive to sound and has seizures", "No problems. My (other relative) was involved in the care plan and I can tell carers at the time of any issues and will ask their advice. A carer raised a concern about water retention with me and I called an ambulance" and "I have a care plan and they asked me what I wanted".

#### 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.

- The service identified people's communication needs and provided some guidance for staff in communicating with people in a manner they could understand. However, where it was identified the person had certain impairments, it was not always clear how the person would receive information presented to them. The care plans did not highlight that part of the support to ensure all information presented was in a format people would be able to receive it and understand it.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information presented is in a format people would be able to receive and understand.

#### Improving care quality in response to complaints or concerns

- The registered person did not follow a consistent procedure when managing and responding to complaints. It was not always clear what the response and the outcome was of the investigation, and if the complainant was actually informed about it.
- People and relatives told us they knew how to raise a complaint or concern, and many had done so. However, they also told us they were unhappy with the responses to their complaints. They said,  
-"I have not got anywhere (when complaining.) I phoned the office and told them I was not happy regarding the carers speaking to each other in their own language in front of me. The person I spoke to in the office said "it sounds like you're racist",  
-"It is pointless to complain as they (agency) don't follow through",  
-"Not had a good response (to complaints)",  
-"I have asked the agency not to send one carer and they keep sending her, still comes, twice since a month ago. [Staff] used cold water to wash me. Not fit to be a carer",  
-"Many times I have raised complaints. Not satisfied with the response" and  
-"When the agency phoned to cancel a call, I spoke with them about my concerns. They didn't have an answer and referred me to the carer".
- Staff told us they would report back to the senior staff if there were complaints raised so it would be investigated. However, not all staff knew how to take on complaints from people and relatives to ensure provider's policy was followed accordingly. For example, there was one complaint where a relative asked about raising an official complaint. The office staff stated in their internal email, "I didn't want him to complain to someone else about us so I told him someone from the management will call him on Monday".
- The management team said they took complaints and concerns seriously and identified some themes. However, there was no further analysis of complaints or satisfaction with responses about the service that

could be used as a means of continuously reviewing performance, quality and safety.

The registered person did not establish and operate an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### End of life care and support

- At the time of our inspection there were some people receiving end of life care. The manager said they completed specific end of life care plan with the person and important people to them. They also worked with palliative care nurses to support the person with the care and support needed. We asked to see an example of the care plan but we did not receive one. Staff did not receive training in this area to ensure they met those specific needs.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events such as allegation of abuse within a reasonable time frame.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The service did not have a registered manager. However, we spoke to the manager and they were able to provide evidence they have submitted an application form to CQC to become a registered manager.
- The registered person did not follow their quality assurance policy effectively so they could assess, monitor and mitigate any risks relating the health, safety and welfare of people using services, the service and others.
- The provider had not identified all of the concerns we found on the inspection, through their own quality monitoring systems. For example, missing recruitment information for staff suitability; issues and inaccuracies with medicine management, out of date training and lack of records for staff's competency and knowledge checks, risk management, care planning and achieving good outcomes for people, and related records were not consistently maintained.
- We asked the management team about how they monitored the visits. They used a system that was not able to pick up late or missed visits. The nominated individual said they relied on people or their families and staff to report those visits. There was no real oversight of late or missed visits because the organisation of staff according to the areas and the number of packages did not support improvements. There was no further evidence the registered person looked at trends or themes or were able to identify areas of concern and take action to prevent recurrence.
- We asked the nominated individual for any further audits or checks they carried out to have overall oversight of the service and how they would continuously review and assess the quality of the service, but

there was no further evidence provided.

- The provider did not have an effective system in place to ensure records were completed accurately or updated when necessary.
- For these reasons, we were not assured that good governance and oversight was always in place. This would prevent identifying and acting on issues that could place people at risk of harm or abuse.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been two serious injuries that were notifiable incidents indicating the duty of candour should have been applied since the last inspection. Duty of Candour, Regulation 20, is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to where care and treatment goes wrong or causes or has the potential to cause harm or distress.
- We asked the management team to provide us with evidence the regulation had been followed when the serious injuries had happened. We reviewed the information provided during and after the inspection. The registered person did not ensure there was evidence to show the staff had followed the regulation and its requirements to complete all the actions set out.

The registered person had failed to record and keep a copy of actions taken as required in the Duty of Candour regulation when a notifiable safety incident occurred. This was a breach of Regulation 20 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 a lot of feedback about the service and the way people were supported. When people and relatives raised issues with us, they did not want their names to be shared with the service. We respected their decisions. However, we told the provider this was an issue in itself because it indicated there was not a positive and transparent culture in the service.
- The registered person and the staff team shared responsibilities to carry out variety of tasks. They felt there was a 'whole team approach' and supportive culture within the team, the evidence and feedback we gathered did not confirm this was the case.
- Staff felt they could approach the management team with any concerns. Staff were positive about the support from the management team and other members of the team. They said, "I have great support", "very supportive", "mostly, I feel supported" and "Yes, I will go to the manager" (with any concerns). This company was really good. Whatever you need, they provide you."
- We also received feedback from staff about raising and addressing concerns or issues who added, "I don't feel like they get onto it straight away. I think they're (management) quite laid back. They should be doing more for clients and carers", "Yes I would (say that managers are approachable). It's just the communication that needs to get fixed", "You can tell them but whether anything would happen is a different matter." Another staff told us, "They've changed things in the office. The company was more interested in the financial side of things than the care of clients." Another carer told us management were "too busy" to support care staff.
- The management team praised the staff team and how they worked together, especially throughout the

pandemic. They said, "The staff work together and support each other. They are dedicated, hardworking, no matter the challenges, they are caring and passionate. Staff go above and beyond, and always there to help". The staff team and the senior team had meetings and discussed different topics including practice, care and support of people, care planning, safeguarding, medicines and training. From staff feedback, we could see they were interested to make sure people were looked after well and able to live their lives the way they chose to. However, people's and relatives' feedback showed care and support were poorly managed.

- We were aware the provider had been working with the local authority and an improvement plan report was completed which detailed the issues and actions to be taken. Although we received feedback that the provider was engaging, however the issues we identified were still ongoing and the lack of organisation and management of resources became evident throughout the inspection. Systems to monitor people's experience of care, management of staff skills and visits to people did not appear to be effective or appropriate, and this led to issues remaining unresolved.

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

- People did not benefit from high quality and person-centred care because the management of the service was not robust. We reviewed some satisfaction surveys had been sent out to people and relatives. The results were reviewed and analysed. There was also an action plan drawn up that noted steps to take to make improvements.

- However, the feedback from people and relatives we received did not confirm things were improving swiftly. Some of the things we were told were,

- "I don't know who the Manager is... There is the problem of lateness, but I have been told a lot of staff have left",

- "Not met the manager. Not sure of the name. I speak to (name of office staff) who deals with live in carers. Not sure it is well managed, there are issues with rotas, timings and passing the buck for responsibility",

- "I have not met anyone from the agency. No one has visited. I would give my name, but I would be worried in case my care would be affected",

- "Management is 'up the creek'. The rota is not logical. I can hardly understand some of the carers because of their heavy accents. They are not well trained. I don't trust them. They have to be told to do things – even common-sense things. I have been with the agency for two years and there has been a high turnover of carers. It is pointless to complain as they don't follow through. I don't know who the management are. Nothing happens as a result of any complaints. I am not happy with them. At the end of last year one carer was very rude. The carers don't have time to care. I firmly believe this company should be reported"

- "Not a clue who the manager is. Poorly run business. Totally disorganised. Lines of communication are non-existent. Totally and utterly useless".

- People, relatives and staff were not consistently empowered to contribute to improve the service at all times using their input. We found the registered person had not taken action consistently in response to feedback received. People and relatives added, "Only twice received questionnaires. Received surveys with only three or four questions. Nothing happens as a result of any complaints. Not happy with them" and "Someone came round (from management), but gave no notice of the visit. A questionnaire is occasionally received, but generally asks the same things and I raise the same concerns, but nothing has improved. There is no acknowledgment of my comments".

- The management team and the service had established partnership working with outside organisations and external health and social care professionals had been consulted or kept up to date with developments. The service had links with the local community and the provider worked in partnership to maintain people's health and wellbeing.



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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person had not notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way.</p> <p>Regulation 9</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure people were treated with dignity and respect.</p> <p>Regulation 10</p>
Regulated activity	Regulation

Personal care

Regulation 13 HSCA RA Regulations 2014  
Safeguarding service users from abuse and improper treatment

How the regulation was not met:

The registered person had not ensured that the established systems and processes to protect people from abuse and improper treatment were operated effectively.

Regulation 13 (1)(2)(3)

## Regulated activity

## Regulation

Personal care

Regulation 16 HSCA RA Regulations 2014  
Receiving and acting on complaints

How the regulation was not being met:

The registered person did not establish an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders.

Regulation 16 (1)(2)

## Regulated activity

## Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3.

## Regulated activity

## Regulation

Personal care

Regulation 20 HSCA RA Regulations 2014 Duty of

candour

How the regulation was not met:

Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident occurred.

Regulation 20 (1)(2)(3)(4)(6)

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>How the regulation was not being met:</p> <p>The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>

### The enforcement action we took:

The commission has imposed a condition on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>

### The enforcement action we took:

The commission has imposed a condition on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p>

The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure they can meet people's care and treatment needs. The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work.

Regulation 18 (1)(2)(a)

**The enforcement action we took:**

The commission has imposed a condition on the provider's registration.