

Agape Care Solutions Ltd

Agape Care Solutions

Inspection report

369-371 Ashley Road
Poole
Dorset
BH14 0AS

Tel: 03335776364
Website: www.agapecaresolutions.co.uk

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection was announced and took place on 31 March and 5 April 2016. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available.

Our last inspection was in October 2013 during which we found shortfalls in the way people's care was assessed, planned and delivered, medicines management, and staff recruitment, training and supervision. Compliance actions (now known as requirement notices) were issued. The provider submitted an action plan following that inspection which covered all of the required areas and stated the service would be compliant by 30 May 2014. During 2015 the service moved to a new location. At this inspection we found that the service had failed to rectify the previous breaches in regulations and also found additional breaches.

Agape Care Solutions provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to 17 people.

Agape Care Solutions has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was only available for the second day of the inspection. When they were not present, the compliance manager was available and answered many of our queries.

People said that staff knew them well and understood their needs. They told us their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff. However, care plans were not always sufficiently detailed or up to date to provide information and instruction for staff particularly if they did not know the person they were caring for.

People's medicines were not always managed safely. Policies and procedures did not follow current national guidance and staff had not been properly trained. This meant that people may not have received their medicines as they were prescribed.

The service did not always manage the risks to the health and safety of the people they provided care to. Risk assessments were not always fully completed. Where risk assessments had been completed, some identified hazards but no action had been taken to reduce or manage the hazard and some were in need of review because situations had changed or accidents had happened and not been taken into account.

Management arrangements and systems at the service did not ensure that the service was well-led.

Staff had been recruited and allowed to work with people before the required checks had been undertaken

to ensure that they were suitable to work with vulnerable people. Staff had also not been adequately trained and supervised.

Quality monitoring systems were not used effectively because they had not identified all of the shortfalls highlighted during this inspection. Some records contained errors and omissions.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

You can see what action we told the provider to take at the back of the full version of the report.

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.

People were not always protected against the risks associated with the unsafe management and use of medicines.

The risks to people's health and safety whilst receiving care had not been properly assessed, and in some instances, action had not been taken to mitigate any such risks.

Staff recruitment systems to ensure the suitability of staff were not used effectively and consistently.

People were not protected from the risk of harm and abuse. Staff had not been trained to recognise and report any concerns and policies were incorrect.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff did not receive appropriate induction and ongoing training to ensure that they were competent and could meet people's needs. Staff had not received regular supervision to monitor performance and provide support and identify training needs.

People's rights were not always protected because the staff had not been trained to act in accordance with the Mental Capacity Act 2005.

People were supported to have access to healthcare as necessary

Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect.

Is the service responsive?

The service was not responsive.

People we contacted told us their needs were met but care plans lacked important information and had not been reviewed and updated when people's needs had changed.

The service had a complaints policy and complaints were responded to appropriately.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Quality monitoring systems were not effective and record keeping required improvements.

Inadequate 

Agape Care Solutions

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 March and 5 April 2016. Two inspectors undertook the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. Additionally, we contacted the local authority safeguarding and commissioning teams to obtain their views.

We spoke with three people, two relatives and three staff on the telephone. We visited two people and their relatives. We also spoke with the registered manager and office based staff who were involved in supporting people who used the service. We looked at six people's care and medicine records. We saw records about how the service was managed. This included five staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe when receiving care from Agape Care Solutions. One person told us of an occasion where they had needed extra, unplanned assistance and the agency had responded very quickly. However, appropriate steps had not always been taken to keep people safe.

Agape Care Solutions did not have appropriate arrangements in place in relation to the administration and recording of medicines. The medication policy and procedures did not reflect national published guidance about how to ensure medicines were handled, stored and administered safely, or relevant local authority policies.

The registered manager stated that none of the people using the service required staff to administer medicines and that the involvement staff had was to remind people to take medicines or to help them open the medicine containers. Discussions with people and analysis of daily records showed that staff were administering medicines and prescribed creams. People's needs regarding the help they required to take their medicines or apply prescribed creams had not been assessed and planned for and there were no instructions for staff to follow. Staff mostly recorded in the daily notes that they had given medicines or administered creams or eye drops but there were no medicines administration records. This meant there was no process in place to ensure that medicines were given in accordance with the prescriber's instructions and also no system to audit that medicines were being given correctly. One person had been prescribed eye drops to be administered four times a day. Daily records did not show that these had been given four times a day. One person had recently been prescribed antibiotics. These were not included in the monitored dosage system the person used. There were no instructions to staff about when the antibiotics should be given. Another person had been prescribed pain relief "as required". There was no information about how often the medicine could be given or the maximum dose in a 24 hour period. Other people had "over the counter" or "homely remedies" which staff were assisting with or administering. There was no assessment, plan or record of when they had been given. This meant that it was unclear exactly what medicines people were prescribed, leaving a risk that people may not receive the right medicines or their medicines at the right times and as they had been prescribed.

Five of the ten staff had undertaken safe administration of medicines training within the last 12 months. Of the staff that had been trained, one person had been employed for more than four months before being trained. Of the staff that had not been trained, one was the registered manager, one was the compliance manager. They stated that they had previously undertaken training but had not completed refresher training. Three staff had not undertaken any training; one had been with the organisation since it opened in 2013, one had been employed for over two months without training and had no previous experience of care work and the third had been employed within the previous three weeks and had commenced providing care for a live in package where medicines were handled. The registered manager provided an updated list of employees after the inspection. This showed five staff that we had not been made aware of during the inspection and that did not have training records. We could not be certain they had had the required training. The registered manager confirmed that one of these staff had been employed and sent on a live-in

care package without training. All of the untrained staff were undertaking visits to people who needed help with both assistance and administration of medicines.

Records of competency assessments to ensure that staff had understood their training were only available for two staff. The registered manager stated that all staff had been assessed but that records had not always been kept.

A breach of the regulations relating to medicines management was found at our last inspection in October 2013.

At this inspection we found that people were not protected against the risks associated with the unsafe management and use of medicines. This was a repeated breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to manage risk but these were not operating effectively. There were a number of different risk assessment forms in use at the agency. These included the environment of people's homes that staff were to work in as well as the risks to people using the service when receiving care. The completion of the forms lacked consistency; some risk assessment forms had been placed in people's files but not fully completed, some had been completed and had identified risks but no action to reduce or manage the risk with appropriate control measures or support from other professionals had been recorded. Discussions with the registered manager revealed that, in most cases, where a risk had been identified action to manage this had been taken but was not documented. For example, two people had been assessed as being at risk of pressure sores. The registered manager had contacted health professionals who had prescribed creams and supplied equipment and the risk had been reduced. None of the risk assessments that had been completed had been reviewed. Another person had fallen twice whilst being assisted by staff to shower. No risk assessment had been carried out and the person told us that they still worried about falling. This meant that the provider had not undertaken appropriate action to assess, and mitigate risks to people receiving care

These shortfalls were a breach of Regulation 12(2)(a) and 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

There was a safeguarding adult's policy and procedure in place. The policy did not make reference to national policies or local authority safeguarding procedures and did not contain relevant contact details of the agencies that may need to be informed of possible abuse. The policy stated that the registered manager would undertake investigations, determine the severity and only refer incidents "of a more serious nature" to the local safeguarding authority. This was contrary to the local multi agency safeguarding adult procedure which states that all concerns should be referred to local authority, who will make a decision about the action to be taken.

Six of the eight staff shown on the training matrix had undertaken a basic safeguarding awareness course within the last twelve months. One of the six staff had been employed for more than six months before undertaking the training. One staff member that had not been trained had been employed for more than two months and had no previous experience of care work. The registered manager provided an updated list of employees after the inspection. This showed five staff that we had not been made aware of during the inspection and that did not have training records. We could not be certain they had had the required training. The registered manager confirmed that one of these staff had been employed and sent on a live-in care package without training. One of the staff we spoke with confirmed they understood what constituted

abuse and the action they should take if they suspected abuse. However the lack of training and the incorrect information in the policy meant that not all of the staff would be aware the types of abuse that can occur, the possible indicators that may suggest someone is being abused or how to report their concerns.

These shortfalls were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not been provided with appropriate information to enable them to raise concerns.

Staff recruitment and safeguarding policies both stated that staff would not be recruited without a satisfactory criminal record check from the Disclosure and Barring Service (DBS) (previously known as the Criminal Records Bureau). Two staff had commenced duties without DBS checks and a third had provided a copy of a previous DBS record from a previous employer. This was not valid because the registered manager had not taken action to check there were no changes to the record. Additionally, the employer shown on the person's DBS record was not shown as a previous employer on the employment history that had been given in the application form.

Each person's file contained proof of identity including a recent photograph, completed fitness to work questionnaires and evidence of their right to work in the United Kingdom where necessary.

The agency's recruitment policy stated that "any apparent gaps in employment history will be discussed with the applicant". Application forms requested an employment history from the applicant. We found that in the case of two recently recruited members of staff, there were gaps in employment and no evidence that these had been queried and explained, they had also not provided a complete employment history. This was the subject of a compliance action at the last inspection and the registered manager had confirmed in their action plan following that inspection that this would be done for future recruitment from 30 May 2014.

The agency's recruitment policy also stated that "A minimum of two referees will be contacted, one of whom must be the applicant's current, or most recent, employer. All references will be in writing, using appropriate forms for the referee to complete and return as appropriate." It goes on to say that, "Any offer of appointment will depend upon the satisfactory outcome of references, DBS checks and medicals (if required). There was a record of two telephone references for the most recently appointed staff member and these were carried out one day after they started a live-in care package. A second recently appointed member of staff had only one reference on file and this was dated after they had started work. A third member of staff had two written references on file but these had been provided after they had started work, in the case of one of the references, this was more than three months after they had commenced their duties.

Staff rotas showed that the agency did not have enough staff to carry out all of the calls they were contracted to provide and were recruiting new staff and using temporary staff from recruitment agencies. The registered manager confirmed that they had allowed new staff to work before the relevant checks and references were undertaken and had used temporary staff without confirmation from the supplying agency that the required references and checks had been completed.

A breach of the regulations relating to the safe recruitment of staff was found at our last inspection in October 2013.

At this inspection we found that people were not protected against the risks associated with the unsafe recruitment of staff. This was a repeated breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

All of the people and relatives we spoke with told us they had confidence in the staff and that they had the knowledge and skills to meet their needs. However, we found a number of issues that meant the service may not be providing effective care.

Staff had not received suitable induction to ensure they could safely work unsupervised. At the last inspection a compliance action was set because the agency had not ensured that staff received appropriate induction training and were working unsupervised. The registered manager had confirmed in their action plan following that inspection that this would be done for future recruitment from 30 May 2014.

The agency's Induction training policy stated that all staff would complete induction training within the first 12 weeks of their employment. Seven staff had been employed since the last inspection. Three staff had not completed this within the first 12 weeks of their employment and had been working unsupervised. The registered manager confirmed that two staff were working towards the qualification but they did not know how much progress the staff had made or when they would complete their learning. They were working unsupervised. There were no records or other information available regarding induction training for the remaining two staff. The registered manager confirmed that they had not received induction training before commencing their duties.

The agency could not demonstrate that staff could always deliver care and support to people safely and appropriately. The provider's training policy recognised that staff required refresher training at regular intervals to ensure that staff gave the skills to deliver safe care. At the last inspection a compliance action was set because the agency had not ensured that staff received this training within the required timescale. The registered manager had confirmed in their action plan following that inspection that this would be done from 30 May 2014. Training records showed that not all staff had received refresher training in essential areas of knowledge including safeguarding of adults, moving and handling, health and safety, basic food hygiene and understanding the Mental Capacity Act 2005.

The agency's Staff Supervision policy stated that formal supervision of staff would be carried out at three monthly intervals with a formal staff appraisal undertaken annually. In addition to this, unannounced audits or spot checks would also be carried out whilst staff were working in people's homes. At the last inspection a compliance action was set because the agency had not ensured that staff received appropriate supervision. The registered manager had confirmed in their action plan following that inspection that this would be done from 30 May 2014. Records at this inspection showed that staff had not received suitable supervision. One member of staff had been employed since January 2016 and there were no records of supervision or spot checks. Two other staff, who had been employed for more than 12 months, had received only two supervisions. The registered manager confirmed that they did not carry out any spot checks. They stated that they work with all of the staff providing care and were therefore aware of the standard of care they provided.

A breach of the regulations relating to staff training and supervision was found at our last inspection in

October 2013.

At this inspection we found that staff were not supported with appropriate induction, regular training and supervision. This was a repeated breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager confirmed that all of the people they provided a service to had the mental capacity to make their own decisions but that assessments and best interest decisions would be undertaken if the need arose.

Only one member of staff had completed training in the MCA. People's rights may not always have been protected because the staff may not know how to act in accordance with MCA.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Four out of eight care plans contained consent forms which had been signed by the person using the service. One consent form had been signed by a next of kin or relative although there was no evidence in the records that the person had a Lasting Power of Attorney for health and welfare and therefore had the legal right to do this on a person's behalf. There was no record of the reasons why the person had not signed the consent form themselves and a mental capacity assessment or best interests decision about this had not been made. As the registered manager had previously stated that everyone they cared for had mental capacity, we were concerned about why the registered manager had allowed another person to make decisions for the person receiving care. This was an area for improvement.

People told us that, if they required it, they were supported to have enough to eat and drink. One person told us that some of the carers had limited skills when making meals so they often requested sandwiches. Other people gave us examples of staff helping them to call GP's when they were unwell or following advice given to them to assist with healing of wounds or management of health conditions.

Is the service caring?

Our findings

People and relatives told us they received a caring and personal service from Agape Care Solutions. They said that there was a core group of staff that they felt they knew and who knew them and that they were always informed before new staff came to care for them.

Discussions with the registered manager showed that they were aware of people's preferences, likes and dislikes, although assessments and care plans did not always reflect the detail which the manager was aware of. This meant that not all staff would be able to provide the same level of care because they did not have sufficient information in the care plans. This was an area for improvement.

Everyone said they felt that their privacy and dignity was preserved at all times when receiving personal care. One person told us how staff kept them covered with a towel as much as possible when helping with personal care.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by the staff that visited them.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

Is the service responsive?

Our findings

People told us that staff were caring and responded to any changes in their care that they needed. One person told us, "The best thing about this agency is that they are willing to listen to people."

Four of the people we spoke with told us that they did not receive a rota so that they would know who was coming to care for them and at what time. One relative told us, "Mum does not know which carer is coming to help her and when. The carers have told us they only find out who they are seeing in the morning of that day. This is not helpful especially if we ask them to do something for mum the following day, however they do not know if they are on this call."

The quality and quantity of information gathered about people and their needs varied greatly. All of the care plans we looked at contained omissions or inaccuracies as people's care needs had changed and this had not been reflected in the care plan or instructions to staff. One person's care plan was so detailed that it included the need to ensure that a person's spectacles were cleaned. However, another person had a care plan for three visits a day but their needs had changed and they received a live in care package and another person had a pressure sore but there was no risk assessment, plan for staff to follow to promote the healing of the wound and no record of actions taken such as contacting the community nursing service. Four people's records contained a basic assessment of a person's main need, a partially completed risk assessment and incomplete care plans. This meant staff may not have all of the information they needed to provide the care that was required.

The agency's service user care planning policy and procedure stated that care plans should be reviewed at a maximum of every three months and more frequently if people's needs changed. Of the care packages that had been in place long enough to require a review, five of the six care plans we looked at had not been reviewed and analysis of entries in daily records made by staff showed that people's needs had changed but this had not triggered a review of the care plan. This meant that staff were providing care and meeting needs that had not been fully assessed and planned for.

People living with conditions such as chronic obstructive pulmonary disease (COPD), angina, multiple sclerosis or dementia did not have care plans outlining what the condition meant for the person, how it affected them, how it may progress, any risks or complications that may occur and how to meet any specific needs related to the condition. For example, the medical history for one person stated that they had been diagnosed with angina. There was no information to inform staff what the signs or symptoms of an angina attack were, any emergency medicines they should ensure the person had and when they should call for help from the emergency services. Another person was living with COPD and required continuous oxygen. There was no information to inform staff what they should do in the event that there were problems with the oxygen supply. This meant that, while regular staff may know people and understand their needs, there was no detailed information or instructions for other staff to refer to should they need to care for someone they did not know or pass information onto other professionals in the event that a person became unwell.

At the last inspection in October 2013 we identified a breach of the regulations because people's needs had

not been properly assessed, planned for and delivered. The registered manager confirmed in their action plan following that inspection that this would be done for all people using the service by 30 May 2014. In addition, the provider's information return which the registered manager submitted in October 2015 stated, "Quarterly surveys and care reviews are conducted to make sure that the care being delivered is of a higher standard. We have a good reporting system and our care plans are reviewed monthly."

At this inspection we found that proper steps had not been taken to ensure that people's care and treatment needs had been fully assessed and planned for to enable their needs to be met. This was a repeated breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given a complaints policy and procedure when they began receiving a service from Agape Care Solutions. People told us they knew how to complain and were confident that they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found they had been investigated and responded to appropriately.

Is the service well-led?

Our findings

Feedback from people, relatives and staff was positive with regard to the management of the service. They all said they found it easy to contact the registered manager and other staff. They told us that they felt listened to and if any action was required then this was attended to.

At our last inspection in October 2013 we identified a number of breaches in regulations. The registered manager submitted an action plan that confirmed that all areas of concern would be addressed and remedied by 30 May 2014. This inspection found that there were breaches in the same areas as well as new breaches in regulations. In some cases, such as staff recruitment and induction, the registered manager admitted that she knew what the regulations required but allowed staff to work without proper checks or basic training.

During 2015, the provider moved the location their office without making the relevant applications to CQC. This meant that there was a period of time when the agency was breaching The Care Quality Commission (Registration) Regulations 2009 and were operating from an unregistered location.

Staff rotas for the weeks commencing 4 April 2016 and 11 April 2016 showed that the registered manager was providing hands on care in addition to their registered manager duties for 18.5 hours and 23.5 hours per week respectively. In addition, the compliance manager was also providing hands on care for 32.5 hours and 29 hours respectively. The registered manager and compliance manager were also responsible for scheduling all visits, leading training, supervising staff and carrying out assessments, developing care plans and undertaking reviews. This meant that the registered manager may not have enough hours to properly carry out their role.

During the inspection we looked at 15 different policies and procedures. All of these policies stated that they had been reviewed in July 2015 and referred to either the CQC Guidance about Compliance: Essential Standards of Quality and Safety or the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The guidance and regulations were superseded on 1 April 2015 with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that if staff relied on these policies and procedures they would not have the correct information and this could place people at risk of not receiving the correct care and support.

Staff confirmed that they felt supported and able to raise any issues or concerns directly with the registered manager. The whistleblowing policy did not fully inform staff of their rights and responsibilities. It did not include information about their legal protection under the Public Interest Disclosure Act 1998 or contact details for local authorities and other regulatory bodies that staff can contact. This meant that staff did not have up-to-date information available to help them raise concerns if they felt unable to raise their concerns with the registered manager or other staff.

The registered manager had policies about how the quality and safety of the service provided would be monitored. However, these were not being followed. There was no system in place to identify and assess

risks to the health, safety and welfare of people using the service. For example, poor recruitment practice and staff training as well as inadequate systems for the management and administration of medicines meant that the provider could not ensure that people were cared for safely.

The registered manager confirmed that they had not undertaken any audits or assessments of the service. Because no audits or checks had been carried out the registered manager was not aware of any of the shortfalls highlighted during this inspection.

In the PIR submitted to CQC in October 2015, the registered manager stated that surveys of people using the service would be carried out every quarter to ensure that they were satisfied with the service provided. Surveys were only sent to people twice during 2015. The responses that we saw were mainly positive although a common issue was that staff arrived late to their calls. The registered manager had written to everyone they cared for stating that this would be addressed. There had been no further assessment of this issue. One person told us, "Timings can be an issue. They can sometimes come too early or too late. I have seen it when they come to help my mum for tea at 6.30pm and then come back at 7.30pm to put her to bed which is not good at all." Another person said, "The carers are generally punctual, however due to traffic they can be late, but when this happens they do ring and let us know."

During this inspection a number of different records were examined. These included care plans, daily records, medicines and staff records. A number of these records were not dated, timed or signed. In addition, some records were incomplete or illegible. This meant that, in some instances, it was not possible to establish which was the most recent and current information. It also meant that other staff may not be able to read important information or know who to ask if they had queries about the entries that had been made.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided and because accurate records were not maintained.

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 did not take formal enforcement action at this stage. 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 risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any risks.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Appropriate steps had not been taken to safeguard people from abuse.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided and accurate records were not maintained.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Proper steps had not been taken to ensure that people's needs were assessed, and planned for, to provide the care, treatment and support they required.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risk associated with the unsafe management and use of medicines.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The required checks had not been carried out to ensure that staff were suitable to work with vulnerable people.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not supported with appropriate induction, regular training and supervision.

The enforcement action we took:

Warning notice