

HLC Care Agency Ltd

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## Inspection report

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Date of inspection visit:  
05 July 2016

Date of publication:  
28 July 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was carried out on 05 July 2016, and was an announced inspection.

HLC Care Agency is a small family run domiciliary care agency which provides personal care and support for people living in their own homes. At the time of the inspection the service was providing personal care to 23 people.

There was a registered manager at the service. The registered manager was also the provider. 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 and associated Regulations about how the service is run.

The agency did not have suitable processes in place to safeguard people from different forms of abuse. Although staff had been trained in safeguarding people, they could not explain what safeguarding is about. They could not tell us what whistleblowing is about. The Kent and Medway local authority safeguarding policy, protocols and guidance was dated 2010. This meant that staff did not have up to date information and relevant local guidance on how to recognise and protect people from abuse. We have made a recommendation about this.

There were no robust recruitment practices in place. Applicants were assessed as suitable for their job roles. However, there were gaps in recruitment records. Only one reference was found in some staff files.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. However, all staff had not received training in the Mental Capacity Act 2005. Staff were not able to tell us anything about the Act or its principles, and how it affected their practice. Staff did not have an awareness of Deprivation of Liberty Safeguards. We have made a recommendation about this.

Staff had not received regular individual one to one supervision meetings and appraisals as specified in the provider's policy.

Effective systems were not in place to assess and monitor the quality of the service. There were no formal checks in place to ensure that all records were up to date. Care plans and assessments had not been consistently reviewed.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service.

People were supported with meal planning, preparation and eating and drinking.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

People spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

During this inspection, we found breaches of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this 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?

**Requires Improvement** ●

The service was not always safe.

Agency staff were informed about safeguarding adult procedures. However they showed limited understanding of how to keep people safe.

Recruitment procedures were not effectively established.

The agency carried out risk assessments to protect people from harm or injury.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received on-going training in some areas and did not receive adequate training in some other areas.

One to one supervisions were inconsistent and out of date. Appraisal meetings had not taken place.

People's human and legal rights were respected by staff. However, staff did not have an awareness of Deprivation of Liberty Safeguards (DoLS). They were not able to tell us anything about the DoLS or its principles, and what to look out for during visits.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

### Is the service caring?

**Good** ●

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

The registered manager sought people's feedback and welcomed their suggestions for improvement .

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The provider had not maintained a quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

Records were not always clear and robust.

Staff meetings had been inconsistent.

There was an open and positive culture which focused on people.

# HLC Care Agency Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

The inspection took place on 05 July 2016 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the agency's office in Dartford area of Kent. We spoke with the provider who is also the registered manager. The provider/registered manager have many years of experience working within Health and Social care sectors. We also spoke with the administrator of the agency, and four care workers. Following the inspection visit we spoke with three people and two relatives of people who received support in their own homes.

During the inspection visit, we reviewed a variety of documents. These included four people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at four staff recruitment files, records relating to the management of the service, such as staff training programmes sample of audits, satisfaction surveys, staff rotas, policies and procedures.

# Is the service safe?

## Our findings

People said they felt safe receiving care from the staff at the agency. One person said, "I think the staff are well trained and they certainly know my needs and they keep me safe. I have every faith in their ability and the really nice girls." Comments from relatives included, "I do feel that mum is in safe hands when on around the care is a very good, she's got to know them and to her it is like having a friend visit." and "Yes I do feel that dad is safe in their hands particularly the lady we have most of the time she really has become a good friend to my dad and I know he's going to miss her."

Staff recruitment files evidenced that the registered manager had not fully followed the provider's recruitment and selection policy. We looked at four staff files. One out of the four files did not contain a full employment history and all gaps were not explained. We spoke with the registered manager about this and they explained that the staff member had been fully completed the form. Three out of the four staff files showed that the provider had not gained two references before staff were able to start employment. The three staff files had only one reference. The registered manager failed to ensure a risk assessment is in place in order to mitigate any likelihood of associated risks that may occur as a result of lack of a second reference. We spoke with the registered manager about this and they explained that it had been difficult for them to secure a second reference. The provider had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Robust recruitment procedures had not been followed to make sure that only suitable staff were employed.

Staff recruitment records evidenced that three staff files did not contain evidence of induction.

Photographic identification of recruited staff were not available in two staff files. We found no records of staff car insurance, MOT and driving licence in the only two care staff files who drives. The registered manager told us that the photographic identities were kept with the administrator when completing their DBS checks and agreed that the car details had not been requested for.

The provider failed to establish safe recruitment procedures. This was a breach of Regulation 19 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

Staff were not all aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. While one staff understood the different types of abuse and how to recognise potential signs of abuse, the other three spoken with did not. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. While one staff said they would usually contact the provider/registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly, the other three staff spoken with could not explain what safeguarding is about despite having completed the training. Staff spoken with could not explain to us what whistle blowing is about. However, they were confident about raising any

concerns with the provider or outside agencies if this was needed. Staff only had access to an out of date copy of local authority safeguarding policy, protocol and procedure 2010. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The up to date version should have been April 2016. The Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. This showed that the provider did not have up to date systems and processes in place that ensured the protection of people from abuse.

We recommend that the provider/registered manager ensure that staff have clear up to date guidance in relation to safeguarding and follow the local authorities' multiagency policy, protocol and procedure.

Before any care package commenced, the provider carried out risk assessments. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. We saw risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. The provider said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required.

Care staff were trained to assist people with their medicines where this was needed. Care staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Care staff were informed about action to take if people refused to take their medicines, or if there were any errors.

## Is the service effective?

### Our findings

People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and relatives comments included, "they do help me in the morning and get my breakfast, they also serve up lunch and then they come back from tea call, they make sure I have enough to eat and they always leave me plenty of drinks that I can have when they're not here." and "They're very reliable are never had any problems with them not turning up." People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

The registered manager told us that staff completed in house induction courses before starting. The induction and refresher training included all essential training, such as health & safety, safeguarding, first aid and food hygiene. Staff were given other relevant training, such as understanding dementia, infection control and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities. However, out of 18 staff, only five staff had completed infection control training, seven staff had completed moving and handling training and all staff had not received training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This would have enabled staff to understand issues around MCA and consent issues.

Staff were not supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. It was acknowledged by the registered manager and staff that supervisions had not happened regularly. They said, "I hold my hands up because I do care support in the field too. Ideally supervision should be every 12 weeks but I do not have a coordinator at the moment." However, staff had not been given regular opportunities to formally meet with the registered manager to discuss their job role and development. For example, out of four staff files we looked at, one last had supervision on 25 March 2015, another on 01 May 2013 and the other two had not received supervision at all.

Staff had not received regular annual appraisals. The provider's policy stated, '360° Appraisal – Appraisal will be used to help middle and senior managers to gain an objective and balanced perspective on their behaviour and performance. A report will be produced in 4 parts; one showing individual responses, another giving feedback from their manager, a third showing the result from their peers and the fourth, the feedback from their direct reports.' There was no evidence of this stated practice. For example, out of four staff files we looked at, two had out of date appraisal in March 2015 and May 2013. Both were carried out as an appendix to the supervision. The other two staff had not had an appraisal at all since joining the agency in 2012 and 2015 respectively. An annual appraisal (or performance review) is a process for individual employees and those concerned with their performance, typically line managers, to discuss their performance and development, as well as the support they need in their role. It's used to both assess recent performance and focus on future objectives, opportunities and resources needed.

The examples above showed the registered manager had not ensured that staff received appropriate

training and professional development to meet people's needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they were employed to perform.

This was a breach of Regulation 18 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had not been given to staff. Staff were not able to tell us anything about the Act or its principles, and how it affected their practice. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making. Staff were unable to tell us about what it means. One member of staff asked us if this was same as safeguarding adults, while others told us they have not done the training. We then explained what it meant to them.

Staff did not have an awareness of Deprivation of Liberty Safeguards (DoLS). They were not able to tell us anything about the DoLS or its principles, and what to look out for during visits. Knowledge and awareness about DoLS would enable care staff to identify and report any forms of infringements on people's rights and freedom. People's care plans contained a section about consent. We saw that 'Yes' was answered in all care plans we looked at meaning that people could provide consent.

We recommend that the provider/registered manager seeks advice on the implementation of MCA/DoLS within the domiciliary care sector.

Staff sought and obtained people's consent before they helped them. One person told us "They do everything I ask of them, they always ask me if I'm happy before they go". Staff checked with people whether they had changed their mind and respected their wishes.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the provider, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, catheter care and mental health concerns.

## Is the service caring?

### Our findings

People told us, "I find the staff are very caring, they keep me well, I would certainly say that they show me respect in fact they are like a couple of friends coming round to see me, I look forward to their visits.", "I do feel the girls respect my age and they're always very polite and very professional, but we also have a good chat about what's going on around here and stuff like that. I look forward to seeing them there really nice girls." and "They treat me very well, they're very sensitive when they are helping me to wash and things like that. I feel they respect me and they look after me."

A relative said, "Yes I have heard them chatting with dad and yes they are very respectful there is no issues in regard."

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible.

People were informed of agency processes during the assessment visit. One person said, "Yes they did come out when dad's first started having care and we talked through what was going into the care plan, they asked him about the care he wanted." The provider provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern. One person commented "I have all the contact numbers I need if I wish to speak to the office and then there's another number when it's out of hours."

The agency had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them. One person said, "They are rarely late but if they are going to be late they always let me know and then I tell dad. But really the never that late and dad doesn't really worry about it."

However, before our inspection, we received a complaint from a family member, which was passed to the local authority to look into. This complaint was being addressed by the quality department of the local authority when we inspected. During our inspection, we found that between 23 February 2016 and 03 May 2016, there had been 27 complaints. 17 out of these complained about carers not visiting at all (Missed visits) or not visiting at the correct time (Lateness). The registered manager investigated these and have now put measures such as electronic sign in system in place, which would enable the registered manager to respond quickly to any missed calls in future.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People said, "If I have a complaint I would talk to the management in the office. I did complain once, they were sending me youngsters, I did not like that. It just did feel right. They did not mind. I prefer the more mature ladies I have now.", "I have never had to make a complaint but if I wasn't happy by any chance I would get in touch with the office and the manager. I am very sure that she would sort out things straight away she seems a very nice person." and "If I wasn't happy about anything and wanted to complain I would ring the office and speak to the manager."

The provider carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. The domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The provider matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The provider carried out care reviews with people and was in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required. However one person out of the five people spoken with said, "I am waiting for them to review their care I have tried contacting the care manager to arrange a meeting. I've not been able to get hold of her even though I have left messages she has not rung back."

The agency's questionnaire responses from September 2015 supported what people told us. People had been asked to confirm their views about the service by answering questions. Two comments seen had positive feedback. For example, 'I can't think of anything. The carers are very good. He looks forward to seeing them.' This showed that people spoke positively about the services the care staff at the agency provided.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the provider or administrator if they had any concerns, or would speak to their care staff. People said, "I have no complaints I don't know what I'd do without them."

The provider dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The provider visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. One person told us that there had been an issue. They said, "Some of the staff weren't filling in the forms when they came and therefore it was difficult to tell whether someone had been or not." The registered manager responded by investigating this and acted on it by introducing electronic signing in and out system.

## Is the service well-led?

### Our findings

People said that the provider is good. One person said, "I would certainly recommend the agency if somebody was looking to have care like I do. It is so nice to be able to stay home and be looked after, I wouldn't want to move into a care home." and "Well the service seems to be well run, I get the help I need and their ever so reliable so I have no complaints."

Our discussions with people, their relatives, the provider, administrator and staff showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) on 04 January 2016. 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. However, the provider failed to fully complete and return the form by the specified date. As at the date of this inspection, the commission had not received the completed PIR. We spoke with the registered manager about this and they told us that they had been completing the form in bits and dribs but had not been able to fully complete it because they had been providing hands on care to people.

The management team included the provider/registered manager and the administrator (Partner). The provider/registered manager was familiar with their responsibilities and conditions of registration. The provider and registered manager had managed the agency for a number of years and had concentrated on consolidating existing processes and bringing about a number of changes.

The aims and objectives of the service were clearly set out on their website. It stated, 'HLC's mission is to provide a service of the highest quality, to improve, maintain and promote the quality of life for all our clients.' However, we found that the organisational values were not being discussed with staff, and reviewed to see that they remained the same and in practice. Although, members of staff commented, "It has been good. No problems at all. It is a family run business. Management is approachable. They support us."

Communication within the agency was facilitated through monthly meetings. This provided a forum where staff shared information and reviewed events across the agency. However, the last record of staff meeting was dated 09 February 2016 and next was planned for 15 March 2016, which did not take place and there has not been another meeting to date. The provider also had a provision for management meeting, which was last held on 15 October 2015. This showed that there had not been a consistent system of communication in place that provided for staff voices to be heard.

We recommend that the agency seeks advice and guidance from a reputable source, about promoting communication with staff.

Records were not always clear and robust. It was not always clear from the records if an initial assessment was carried out prior to service starting. Two out of the four people's care records did not have 'Person

Centred Risk Assessment questionnaire' which the provider uses to capture people's needs and risk assessments. Staff recruitment records evidenced that three staff files did not contain evidence of induction. Photographic identification of recruited staff were not available in two staff files. We found no records of staff car insurance, MOT and driving licence in the only two care staff files who drives. The registered manager told us that the photographic identities were kept with the administrator when completing their DBS checks and agreed that the car details had not been requested for. We found that dates were missing in recruitment files such as start date and end date of employments, no records of staff induction in some staff files.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager had not kept staff up to date with new developments in social care. For example, safeguarding information had not been reviewed or updated. We found no dates on some policies and procedures such as lone working, confidentiality and recruitment which had not been reviewed since 2013.

Audit systems were not in place to monitor the quality of care and support. Although we found a record named 'Coordinator's Monitoring Folder', which contained 'Clients weekly monitoring calls' as part of spot checks, the last coordinator's monitoring visits records seen was dated 14 March 2016. We spoke with the registered manager about this and they told us that this stopped because the coordinator recently left the agency. This meant that there had not been a robust monitoring system in place since the coordinator left.

There were no audits of calls times carried out to ensure that people were getting the care and support they were assessed for. There were no comparisons of planned and actual delivered hours of care had been made. Visit log books had never been audited in line with call times. People were at times not receiving the amount of care hours that had been agreed as stated above as a comment from one person that used the service and a complaint logged with the local authority. There was no process in place to identify this. This also meant that the local authority might be paying for care that people were not receiving.

Reviews of people's care plans were inconsistent and there was no established system in place to ensure that people's care plans remained up to date. For example, in one person's care records, we found that they were last reviewed on 16 August 2013 and 25 June 2014. Another person was last reviewed on 23 June 2014. The registered manager told us that reviews were done regularly and when needs changes. We found that this was not the case as people's needs changes and they had not been reviewed in twelve months. Staff files were not being audited, which could have identified the issues we found above.

The examples above demonstrate that the provider has failed to operate an effective quality assurance system and failed to maintain accurate records. This is a breach of Regulation 17 (1) (2) (a) (b) (c) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider/registered manager failed to operate an effective quality assurance system and failed to maintain accurate records.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider/registered failed to follow established recruitment procedures effectively.</p> <p>Regulation 19 (1) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider/registered manager had not ensured that staff received appropriate training and professional development to meet people's needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they were employed to perform.</p> <p>Regulation 18 (2) (a) (b)</p>