

Ryedale Homecare Limited

Ryedale Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 5 September 2016. The inspection was announced. The registered provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

Ryedale Homecare is a domiciliary care agency run by Ryedale Homecare Limited. It is registered to provide personal care to people living in their own homes. At the time of our inspection, the service was supporting 72 people who lived in and around Malton.

The service was last inspected in July 2014 when it was found to be compliant with the regulations in force at the time.

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post. They had been the service's registered manager since October 2012. 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.

During the inspection, we identified that robust recruitment checks were not consistently completed before new staff started working. This meant people who used the service were exposed to increased risk of harm.

Medication Administration Records (MARs) were not completed appropriately. Poor recording on MARs increased the risk of medication errors occurring. Because of poor recording, we could not be certain that people who used the service were receiving their prescribed medicines. Robust checks were not completed of the support provided with medicines, meaning these issues had not been identified and addressed.

People who used the service, relatives and staff we spoke with were positive about the management of the service and felt it was well-led. However, the registered provider did not have robust systems in place to monitor the quality of the care and support provided. Concerns found during our inspection had not been identified and addressed by the registered provider.

The registered provider ensured new staff had an induction, had the opportunity to shadow more experienced members of staff and received on-going training and support. We identified that some staff training needed was not up-to-date. We have made a recommendation about this in our report.

People who used the service were supported to make decisions; however, staff did not document mental capacity assessments or best interest decisions regarding consent to care. We have made a recommendation about this in our report.

Staff we spoke with understood the types of abuse they might see and knew how to respond to safeguarding concerns to protect people from harm. People's needs were assessed and risk assessments put in place. Risk assessments were reviewed and updated as people's needs changed. There were sufficient staff employed to meet people's needs safely and we received positive feedback about staff's reliability and punctuality.

People who used the service were supported where necessary to ensure they ate and drank enough. Staff were attentive to people's health needs and provided support to ensure people could access healthcare services where needed and in an emergency.

We received positive feedback about staff. People who used the service told us staff were kind, caring and provided support in a way that maintained their dignity.

People were supported by familiar staff who understood their needs. Person-centred care plans were put in place to guide staff on how best to meet people's needs. People who used the service felt able to raise issues or concerns with the registered manager or staff in the office and were confident that their comments would be listened and responded to.

We found breaches of regulation in relation to recruitment checks, managing medicines and the governance of the service. You can see what action we told the registered 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?

The service was not always safe.

Appropriate recruitment checks were not consistently completed before new staff started work. This placed people who used the service at increased risk of harm.

There were systems in place to support staff to identify and respond to safeguarding concerns.

Staff did not appropriately record support provided for people to take prescribed medicines. Management checks were not robust enough to identify and address this to ensure that people received their medicines safely.

People's needs were assessed and risk assessments put in place to guide staff on how to reduce the risk of avoidable harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Consent to care and treatment was sought although not always recorded in people's care files. The registered provider needed to develop policies and procedures around appropriately recording people's capacity to make decisions and about best interest decisions.

We received positive feedback about the skills and experience of staff. Staff received an induction and had on-going training and support to develop in their roles. However, some training needed to be updated.

People who used the service were supported to eat and drink enough and to access healthcare services where necessary.

Requires Improvement ●

Is the service caring?

The service was caring.

People who used the service and relatives we spoke with were positive about the kind and caring staff.

Good ●

People were encouraged to make choices about how their care and support should be provided. Staff listened to people's views and respected their decisions.

Staff provided support in a way that maintained people's privacy and dignity.

Is the service responsive?

The service was responsive.

People who used the service had personalised care files to guide staff on how their needs should be met. Staff understood people's needs because they had regular contact with them. This enabled staff to provide person-centred care.

There were systems in place to manage and respond to complaints about the service provided.

Good ●

Is the service well-led?

The service was not always well-led.

We received positive feedback about the service provided. People who used the service, relatives and staff told us the registered manager was approachable and responsive to any issues or concerns.

Systems in place to monitor the quality of the service provided were ineffective. Concerns regarding recruitment practices, medicine management and the records kept had not been identified and addressed.

The registered provider did not have detailed policies and procedures in place to govern how the service was run.

Requires Improvement ●

Ryedale Homecare

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. The inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 September 2016 and was announced. This meant the registered provider and staff knew we would be visiting. The registered provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in the location office when we visited. The inspection was carried out by one Adult Social Care Inspector.

Before our visit, we looked at information we held about the service. We contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information about the service. We did not ask the registered provider to send us a provider information return (PIR) before our inspection. This form asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

During our inspection, we spoke with five people who used the service and relatives or carers of three other people. We spoke with the registered manager, a senior carer, three members of care staff and the service's administrator. We visited the registered provider's office and looked at four people's care files, four staff recruitment files, training records, medication administration records and a selection of records used to monitor the quality of the service.

Is the service safe?

Our findings

We identified concerns with the recruitment checks completed to determine the suitability of new staff. Staff completed an application form and had an interview. However, we found examples where references were not completed until after staff had started work and been signed off as having completed their probation period.

We found a number of staff had started work before Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The registered provider did not have a documented recruitment policy and procedure in place. The registered manager told us that staff never worked independently before DBS checks were completed and verbal references were obtained, although not recorded, in advance of receiving written references. We were concerned that this was not a robust and transparent recruitment process. By allowing staff to start work before DBS checks were returned, the registered manager had not taken reasonable steps to protect people who used the service against the risk of contact with potentially unsuitable staff. This exposed people who used the service to an increased risk of harm.

This was a breach of regulation 12 (1) (Safe care and treatment), regulation 19 (Fit and proper persons employed) and Schedule 3 (Information required in respect of persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our office visit, the registered manager sent us a documented recruitment policy and procedure they had developed to address our concerns. This recorded the appropriate steps they planned to take to ensure a robust recruitment process would be completed for new staff.

We reviewed the support provided for people who used the service to take prescribed medicines. Where this support was needed, information was recorded in people's care files about the medicines they took, where these were stored in people's homes and details about who was responsible for ordering and collecting prescriptions.

Staff used Medication Administration Records (MARs) to document medicines administered to people who used the service. We identified concerns with completed MARs returned to the registered provider's offices. We found that the date, any allergies the person had and details of people's doctor was frequently not recorded on MARs. We identified that handwritten MARs did not always document the full prescribing instructions for each medicine and handwritten records had not been countersigned. It is considered good practice for staff to countersign handwritten instructions on MARs to reduce the risk of a transcribing error. We identified gaps on MARs where staff had not recorded whether they had supported the person to take their medicine. Because MARs were not consistently dated, we could not cross reference these records with daily notes to determine whether the person had received their medicine or whether alternative

arrangements had been made. Although people who used the service did not raise concerns about the support provided to take prescribed medicines, we could not be certain that people who used the service were supported safely to take their medicines. Staff did not appropriately use codes to record additional information about if or why staff had not administered medicines.

The registered provider did not have a detailed medication policy and procedure in place. Staff received training on the safe administration of medicines; however, there was no evidence that robust medication competency checks were completed. Medicine competency checks involve an observation of practice and are designed to ensure staff are administering and recording medicines given to people who use the service in line with guidance on best practice. The registered provider told us they observed staff's practice including the administration of medicines, but did not always document this. We concluded that robust systems were not in place to ensure the safe management of medicines. Issues with recording and the lack of appropriate quality assurance increased the risk of medicine errors occurring.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our office visit, the registered manager sent us a copy of a medicine policy and procedure they had developed to address our concerns and to support staff to safely administer medicine.

People who used the service told us staff generally arrived on time and stayed the right the length of time to meet their needs. Comments included, "If they are late there's a good reason. Ninety-nine per cent of the time they are here on time" and "Sometimes it is a bit later or a bit earlier, but they ring." Relatives of people who used the service told us, "It's very rare that they are not within half an hour [of the planned time]", "They arrive at the same time every day" and "Give or take five minutes - they are pretty much on time."

At the time of our inspection, there was 17 care staff supporting 72 people who used the service. We were shown the system used to allocate individual visits to carers so that weekly rotas could be produced. Staff we spoke with told us they had sufficient time between visits, barring emergencies, to enable them to travel from one person to the next without running late. Staff we spoke with commented, "Most of the calls are quite near each other so we are not travelling" and "If we are going to be late we ring the clients and tell them." Where visits needed to be covered due to sickness or annual leave, staff were contacted and offered additional work. One member of staff commented, "Staff pick up extra shifts or [registered manager's name] goes out...she is very hands on, she does a lot of visits if there is a problem." The registered manager and other office based staff confirmed that they completed visits where necessary to ensure people's needs were met.

People who used the service consistently told us they felt safe with the care and support provided by staff from Ryedale Homecare. One person we spoke with commented, "Oh yes I feel safe. I can trust them."

The registered provider had systems in place to identify and respond to safeguarding concerns to keep people who used the service safe. Staff we spoke with showed a good understanding of the types of abuse they might see and identified what action they would need to take, if they had concerns, to keep people who used the service safe. Records showed that the registered manager worked appropriately with the local authority safeguarding adult's team to respond to safeguarding concerns.

We reviewed four care files and saw that people's needs were assessed and details provided to guide staff on how to safely support that person to meet their needs. Care files contained details about the level of support required with specific tasks and details of any equipment or adaptations in place to further manage

and reduce the risks. Care files contained risk assessments in respect of daily activities of care, for example around people's mobility and an assessment of the person's home environment to identify any risks associated with providing care and support in small spaces or where flooring may be uneven. These assessments showed us that risks were identified and steps taken to reduce risks to keep people who used the service safe. Care files showed that risk assessments were kept up-to-date and reviewed to ensure they continued to reflect people's needs.

At the time of our inspection, there had been no accidents or incidents involving people who used the service. Despite this, staff appropriately described what action they would take and how this would be recorded if they did have concerns.

Is the service effective?

Our findings

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. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found care files did not consistently evidence that people who used the service had consented to the care and support provided. The registered manager explained that consent forms were sent out when the care files were set up, but these were often not completed and returned despite their requests. We spoke with the registered manager about discussing and recording verbal consent where people did not want to sign or return the consent forms provided.

Records showed that seven members of staff had completed training on the MCA. Staff we spoke with showed an understanding of the importance of consent and supporting people to make their own decisions. Care files recorded details about people's abilities to make decisions, however, we found that there was no MCA policy and procedure in place and staff did not complete or document mental capacity assessments or best interest decisions around consent to care. The registered manager explained that they liaised with the local authority where there were concerns regarding people's capacity to make decisions and attended best interest decision meetings if needed. Whilst we could see the registered manager was mindful of issues regarding people's capacity, we spoke with them about developing a process to ensure consent to care and treatment was appropriately recorded in people's care files.

Following our office visit, the registered manager told us they had begun developing a policy and procedure to guide staff around using the MCA and appropriately recording this to address our concerns.

We recommend the registered provider seek advice and guidance from a reputable source regarding the Mental Capacity Act 2005.

People who used the service provided positive feedback about the knowledge, skills and experience of the staff that supported them. Comments included, "I find them [staff] very friendly, obliging, capable and knowledgeable about their job" and "They [staff] have been caring for quite a long time so know what to do."

New starters completed an induction and shadowed staff that were more experienced before working independently. This enabled staff to gain confidence and experience in their role. A person who used the service said, "If there's going to be a new carer, usually they bring them in with one of the other carers." A member of staff told us, "New starters get put on 'double-ups' [supporting people who required two

members of staff] to learn from other staff." Records showed that an induction and an 'initial skill assessment' was completed alongside a 'shadowing report' to monitor staffs progress and identify any significant gaps or concerns in staff's knowledge and training. A senior carer told us "A new person will shadow a few times and then I will observe them."

Records showed that staff evaluations were completed every three months to continually monitor staff's practice, check their progress and discuss any issues or concerns. This showed us that staff were being supported to develop in their roles.

The registered manager explained that all staff had to complete training on courses they considered mandatory. The topics this training covered included first aid, dementia awareness, moving and handling, medication management, safeguarding vulnerable adults, food hygiene, pressure care, the Mental Capacity Act 2005 and infection prevention and control. The majority of training was provided by an external trainer who visited the service to deliver taught courses. The registered manager told us they delivered the safeguarding training, but had not completed a 'train the trainer course' for this. We reviewed the training material used for safeguarding vulnerable adults training and noted that it had not been updated to reflect changes introduced by the Care Act 2014 and therefore was not reflective of current legislation. The registered manager agreed to review the material and told us they would look into completing a safeguarding 'train the trainer' course.

A 'training board' was on the wall of the registered provider's office. This recorded training each staff member had completed and details of when it needed to be updated. The registered manager told us all courses had to be refreshed either annually or every three years to ensure staff kept their knowledge up-to-date. We reviewed the training board and saw there were some gaps in staff's training. For example, four members of staff needed to update their medication management training, three members of staff needed to update their safeguarding vulnerable adults training and two members of staff needed to update their moving and handling training. For the majority of these gaps in staff training, additional training days had been booked; however, we noted some gaps where no additional training had been scheduled. The registered manager told us they were in the process of updating the training board and gaps in training either related to people on maternity leave or where the board had been partially cleared ready to be updated. Staff files contained copies of certificates for training completed and demonstrated that staff received on-going training.

We recommend that the registered provider reviews their training programme to ensure staff training is kept up-to-date.

People's care files contained important information about their medical history and significant health needs. Staff had access to people's care files and gained an understanding of people's health need through regular contact with people who used the service. One member of staff we spoke with said, "We know the clients so well so can spot when they are unwell." Other staff explained how they spoke with people's families and the registered manager if they were concerned about a person's deteriorating health. Staff told us that the registered manager frequently liaised with other healthcare professionals to ensure people's needs were met and to seek further advice and guidance when needed.

We reviewed the registered manager's communication book. This recorded and evidenced regular contact with people's GP's, the district nursing team and other healthcare professionals to ensure people's health needs were met. Where people were unwell, we saw evidence that they were supported to access appropriate medical attention. This showed us that systems were in place to support people to maintain good health and have access to healthcare services.

Staff supported people who used the service to ensure they ate and drank enough. People who used the service said, "They [staff] will get my breakfast and they always make me a coffee" and "They get me my breakfast and they make me a tea and leave me a cup of coffee."

People's support needs around preparing meals and drinks were assessed before staff started providing care and support. Care files contained details about any risks associated with eating and drinking and guidance about the level of support required from staff to meet those needs.

Staff supported people who used the service through prompting, preparing meals and drinks or with feeding if necessary. Staff explained that if they were concerned about people's food and fluid intake, they recorded on the daily tasks sheets details about what they had eaten or drunk and monitored this between visits to identify any issues or concerns.

Is the service caring?

Our findings

People who used the service told us, "The girls are wonderful", "They are very kind and gentle. I am really pleased with them" and "They are very good. The carers are absolutely fabulous. [Staff's name] does absolutely everything without being told what to do."

Relatives of people who used the service said, "They [staff] are great you can have a bit of banter with them and they make you feel at ease" and "They are very good, very helpful, very caring and very professional. I can't praise them highly enough."

At the time of our inspection, Ryedale Homecare employed a small team of staff to provide care and support to people who used the service. This meant people who used the service were generally supported by a regular group of carers. Feedback we received confirmed this. Comments included, "Usually there is about three of them [staff], but sometimes it's the same one all week" and "They keep the same ones. At the moment there is about five I see." A relative of someone who used the service said, "[Registered manager's name] always comes to us. She likes to make it so you see the same carer so they get to know you better." By ensuring support was provided by a consistent group carers, staff and people who used the service were able to develop positive relationships based on their familiarity and regular contact.

To help staff get to know new people who used the service information was recorded in people's care files. Care files contained basic information about people's circumstances, needs and preferences. Staff we spoke with told us they read people's care files and got information from the registered manager or office staff to support them to understand people's needs and to get to know them.

People who used the service told us they had choice and control over their care and support and made decisions about how their needs were met. Comments included, "They ask me what I would like and ask me if there is anything I would like them to do extra" and "I've trained each of them and they follow what needs to be done." Other people we spoke with told us staff listened to them and respected their decisions when providing care and support. Care files contained information about people's individual preferences. This demonstrated that people who used the service were encouraged to share information so that staff could provide care and support in a way that reflected their choices. People who used the service consistently told us they felt listened to and that staff respected their decisions.

At the time of our inspection, one person who used the service had a private advocate. An advocate is someone who can support people to ensure that their views and wishes are heard on matters that are important to them. The registered manager understood the role of advocacy and explained they would liaise with the local authority if an advocate was needed.

People who used the service told us staff supported them in a way that maintained their privacy and dignity. One person commented, "If there's other people in the house they [staff] always close the bathroom door...they get me dressed in my bedroom and they always make sure the door is closed." Other people who used the service explained that they were not made to feel embarrassed or self-conscious, because staff

were professional and respectful in the way they provided care and support. A relative of someone who used the service said, "They are gentle with [name] we are very happy with them."

Staff we spoke with demonstrated that they understood the importance of maintaining the privacy and dignity of the people they supported. Staff explained how they ensured people's curtains and doors were closed when providing assistance with personal care and were discreet regarding their conversations when family members or visitors were present.

Is the service responsive?

Our findings

Each person who used the service had a care file containing copies of assessments and risk assessments relating to their care and support. A copy of the care file was securely stored in the registered provider's office and a copy was kept in people's homes for staff to look at if they needed information during their visits.

We reviewed four people's care files and saw they evidenced that people's needs were assessed before they started using the service. We saw care files contained individualised information and reflected people's choices demonstrating that they had had been created with the involvement of the person who used the service and people important to them. A member of staff we spoke with said, "[Registered manager's name] goes out to see them [people who used the service] and do an assessment about what they would like." A relative of someone who used the service confirmed this saying, "They gathered information before the care started. They came to assess what was needed and got straight on with the job."

Care files contained a detailed narrative of the support required at each visit incorporating information about people's likes, dislikes and personal preferences. This enabled staff to provide person-centred care tailored to each person's individual needs.

People who used the service told us staff kept records of each visit including details of the care and support provided. We saw copies of these 'daily task sheets' returned to the office. They recorded the time and length of the visit and any significant information about the care and support provided by carers. Staff explained that they reviewed previous daily notes, before providing care and support, to make sure they were up-to-date with any important information or changes in people's needs. This ensured staff had access to relevant information about people's changing needs.

We saw that care files were reviewed and kept up-to-date as people's needs changed. The registered manager showed us the system they used to review and update care files and explained how they communicated any changes made to the care files with staff providing care and support.

We asked staff how they ensured they provided responsive care to meet people's individual needs. One member of staff said, "We see regular people so we know their needs." Other staff we spoke with reiterated the importance of seeing people on a regular basis and explained how they got to know people's needs and preferences about how their care and support should be provided through this regular contact.

The registered provider had a policy and procedure in place containing details of how they would manage and respond to complaints about the service. People who used the service were given a 'service user guide' and we saw that this included contact details of who to complain to and details of the registered provider's complaints procedure. This demonstrated that the registered provider welcomed and encouraged feedback about the service.

At the time of our inspection, the registered manager told us there had been no complaints received about

the service. People who used the service told us they had contact details for the office and would feel comfortable raising issues or concerns with staff or the registered manager if needed. People who used the service said that staff and the registered manager were approachable and responsive to feedback.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. There was a registered manager in post on the day of our inspection and they had been the service's registered manager since October 2012. The registered manager was supported by a senior carer and an administrator in the management of the service.

During the inspection, we identified concerns regarding the registered provider's recruitment process, concerns regarding the safe management and administration of medicines and relating to the records kept around consent to care and treatment and people's capacity to make decisions. We found the registered provider did not have detailed policies and procedures in place at the time of our inspection to provide advice and guidance to staff regarding best practice in areas such as recruitment and about safeguarding vulnerable adults. Although following our visit, we were sent policies and procedures the registered manager had developed in response to our concerns, this was reactive not proactive management. We found that there was not a robust system of quality assurance audits in place to identify and address the issues and concerns documented throughout our inspection report.

For example, we saw that Medication Administration Records (MARs) had been annotated to indicate they had been audited. However, the issues and concerns we identified with recording on MARs had not been identified. Action plans were not used to address these concerns in a robust and proactive way. Robust audits are an important tool to support and encourage staff to develop and improve their practice. We concluded that the registered manager was missing this opportunity to drive improvements within the service by not completing sufficient robust quality assurance audits.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service what they thought of the service provided by Ryedale Homecare. Comments included, "I can't fault the carers at all, they are very good", "They [staff] are very good. They are friendly; they turn and do everything I ask" and "I can't say a bad word about them."

Relatives of people who used the service said, "They have been a blessing. I would recommend them to anyone...they are lovely lasses and they do all they can for you" and "If I needed caring for they would be the first people I would go to."

Feedback we received from people who used the service, relatives and staff demonstrated that the registered manager was approachable and responsive to any issues or concerns. One person who used the service said, "I can phone them up [the office] and ask anything it's not a problem." Whilst a member of staff commented, "If we have a problem it gets dealt with."

Staff we spoke with told us that there was good communication from the registered manager and office

staff. One member of staff said, "We are quite well informed on a daily basis about important information." Staff explained that the office was staffed during the day and the phone diverted to the registered managers mobile if they required support outside of office hours.

Staff we spoke with told us they had team meetings if there were any issues, concerns or important information that needed to be discussed. The last staff meeting had been held in August 2016 and minutes from this meeting showed that issues with practice were discussed including recording on Medication Administration Records and correct use of personal protective equipment (PPE) such as gloves and aprons. Other topics discussed included the rotas, new care files and improving communication. This showed us that staff meeting were being used to drive improvements and address concerns with staff's practice.

The registered provider sent questionnaires to people who used the service to gather feedback about the service provided. We saw that this annual satisfaction survey was last completed in February 2016 when nine questionnaires had been returned. We saw that feedback from this was generally positive. Where comments or concerns had been raised, we saw that questionnaires had been annotated with the action taken to address this. This showed us the registered manager was responsive and acted on feedback.

We asked the registered manager how they kept up-to-date with any changes in legislation or guidance on best practice. The registered manager explained that they were a member of the Independent Care Group, an organisation that supports registered providers to meet regulatory requirements. They also told us they received email updates from the clinical commissioning group, the local authority and from the CQC.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not always provided care and treatment in a safe way. Recording of the administration of medicines was not accurate and appropriate safeguards were not in place to monitor and ensure people who used the service received their prescribed medicines.</p> <p>Appropriate recruitment checks were not consistently completed before new staff started work. This placed people who used the service at increased risk of harm.</p> <p>Regulation 12 (1) (2) (b) (g).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes in place to assess, monitor and drive improvement in the quality and safety of the service provided were not always effective in their purpose.</p> <p>Complete records were not always maintained in relation to each service user and persons employed in carrying on the regulated activity.</p> <p>Regulations 17 (1) (2) (a) (b) (c) (d).</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

The registered provider had not established and operated effective recruitment procedures to ensure staff employed were of good character and information under Schedule 3 of the regulations had not been recorded.

Regulation 19 (2) (3).