JDK Limited

JDK Limited (Glenholme Care)

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Overall summary

The inspection took place on 7, 8, 9 and 14 July 2015 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service has not previously been inspected as it is a relatively new service.

There was a Registered Manager in post at the time of this inspection. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

JDK (Glenholme Care) is registered to provide personal care to people in their own homes.

At the time of our inspection the service was providing personal care for 13 people. The service covers the parts of the Wakefield area local to their offices at Nostell. At the time of our inspection the service was supporting

Summary of findings

people with a variety of care needs including older people and people living with dementia. Care and support was co-ordinated from the services office, this was manned by the registered manager and one of the directors, there was a care coordinator however they were not present during the days of our inspection.

We found there were breaches of Regulations 5 (2) [d] and (3) [a] Fit and proper persons directors, Regulation 9 (3) [b] Person centred care, Regulation 11 Need for consent, Regulation 12 (1), (2) [a] [g] safe care and treatment, Regulation 17 (1) and (2) [a,b,c,d,e,f,g] Good governance, Regulation 18 (1), (2) [a] staffing, Regulation 19 (2) (3) [a] fit and proper persons employed all of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found evidence of some good care plans, however these were not in place in the majority of cases, there had been some work done to improve the format and content of the care planning and risk assessment paperwork, this had not been implemented in any of the people's homes at the time of our inspection.

We found that whilst there was evidence of some of the staff being caring, we also found evidence of relationships between staff and service users and their families, which breached professional boundaries and put both staff and service users at risk of potential allegations of wrongdoing.

We were unable to speak to staff, as the provider did not provide us with the information we needed to contact them. This meant we were unable to gain any insight into the practices which were being employed, the morale and competence of staff or their suitability for the role they were undertaking.

We found evidence of unsafe practice in the administration of medicines

We found evidence of missed calls and calls being merged to enable carers to fit all their calls into rounds, we also found evidence that calls were being delivered hours early or late at times

The provider was not able to provide any evidence that consent for care had been gained from any of the people who were using the service, they were not able to provide us with any mental capacity assessments, or best interest process decisions for those people they told us lacked capacity.

We found that there were no processes in place to manage or store personal information which was held about the people using the service.

Personal information was not managed safely or securely.

We saw that in staff recruitment files that there was no proper checks undertaken to ensure that safe recruitment procedures were followed and there was no evidence to show that staff were supported.

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

Summary of findings

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.

There were no environmental risk assessments in place for any of the service users.

There were no accident or incident records for the service.

There were not enough staff to provide care across the service as described in the care plans.

There was no process to ensure the safe handling of medicines.

Is the service effective?

Inadequate

The service was not effective.

There were no appraisals or spot checks being carried out, and there were very few supervisions being carried out to support staff

People were not being asked for consent to their care and treatment

There were no records of mental capacity assessments having taken place and people who were living with a diagnosis of dementia were not being asked to take part in the planning of their care.

Is the service caring?

Requires improvement

The service was not always caring

There was some evidence that the service was caring

There was evidence that some of the staff did not always respect the professional boundaries that should be in place between the staff member and the person in receipt of care

People were not given the opportunity to have access to advocates to help them express their thoughts and preferences, where support was needed

Is the service responsive?

Inadequate

The service was not responsive

There was evidence of some good care planning, this was however not consistent and the records shown to us were not always the records which were in use in the person's day to day care or stored in their homes.

There was a complaint file, this was poorly maintained, there were entries which had not been filled in with any detail and there was no record that the complaints had been investigated or dealt with.

Summary of findings

Is the service well-led?

Inadequate 

The service is not well led.

There were no quality assurance or auditing processes in place to ensure that the service was of a high quality.

There were no systems in place to ensure that information was securely stored and easy to access.

The information relating to people's care was not accessible, was not consistent, was out of date in most cases and did not have adequate risk assessments.

Storage of sensitive information was not secure, and there were significant risks of this information being lost or inappropriately accessed.

JDK Limited (Glenholme Care)

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.

This inspection took place on 7, 8, 9 and 14 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

On days one and two there was one inspector, on days three and four there were two inspectors.

We gathered and reviewed feedback from other agencies who work with the provider, which were the local Clinical Commissioning Group, and the Local Authority prior to our inspection. During our inspection we spoke with the registered manager, a director, 3 service users , we were unable to speak to any staff. We also visited the registered office and reviewed the available records for the service, including 6 care files, 3 staff files, training records, daily care records and policies and procedures.

Inadequate

Is the service safe?

Our findings

The family of one service user told us 'there are not enough staff, I frequently only get one carer for a 2 carer call, I am having to be the 2nd carer, and I can't do it'. Another service user said 'I would be lying if I said I hadn't had any missed calls, they come when they can'.

When we spoke to the provider about our concerns about their lack of staff, they said 'we have been let down by staff recently, but there have not been any missed calls as a result of this'.

When we spoke with people who used the service, one person told us they had experienced missed calls, and we saw that this person had noted this within their daily records. Another persons daily records showed that there had been no tea time calls on 2 consecutive days and morning and lunch times calls were being delivered as one call.

We spoke with the family of another person, the family member was the person's main carer, they told us and we saw evidence that there had been missed calls, very late calls and that the person required two carers on each visit, there had been multiple visits where only one carer had arrived to carry out care. This meant that care was not meeting the needs of the service users and in some cases was not carried out safely as equipment cannot be used safely by one staff member.

This is a breach of Regulation 12 (1) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the care did not meet the needs of the service users and was not always carried out safely.

During our visit we looked at the medication policy made available to us by the provider. The policy contained good detail of how to manage medicines but did not include any detail about what actions staff should take when the care plan required them to 'prompt' a person with their medicine as opposed to administering the medicine. We did not see any information relating to the administration or management of medicines in the staff handbook.

The provider said that staff recorded all administration of medicines on a Medication Administration Record (MAR) sheet held at the person's house. We asked to see copies of MAR's returned to the office for archiving. The provider did not provide us with any completed MAR charts. The provider told us these were in people's homes, however when we visited people's homes we did not see any MAR charts in place even though one person told us that staff were administering their medicines every day.

When we asked the provider about managing medicines, they told us about one service user whose family filled their 'pill box' ready for staff to administer. Another person we visited explained to us that their relative placed their tablets into a small pot, the staff when they attended then administered this medicine. There were no records available in the person's home to indicate that staff administered medicine to this person. This practice could put people at risk because staff did not see the medicines in their original packaging from the chemist or the instructions for administration and were therefore administering medicines unidentified to them and without knowledge of the prescribed regime for administration.

This is a breach of Regulation 12 (2) (g) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because medicines were not properly and safely managed by the provider.

When we spoke to the provider about our concerns they said they would ask for the medicines to be provided in a dosette box provided and filled by the chemist for the person who's family member was filling the 'pill box'.

We saw an example of a new format care plan, which had been completed, this was very detailed and listed all the medicines being administered, what they were for and how they were to be administered, the care plan also included known allergies in relation to medication, however this care plan had not been put into use at the time of our visit.

When we looked at care records we did not see any environmental risk assessments. When we asked the provider about the environmental risk assessments they confirmed there were not any in place. In some cases risk assessments for tasks were good and detailed risks and action to minimise the identified risks, however this was not consistent and some care records had no risk assessments within them. This meant that proper consideration had not been given to the safety of the service users or the staff, and no measures had been taken to minimise any risks to their safety.

Inadequate

Is the service safe?

This is a breach of Regulation 12 (2) (a) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had failed to assess the risks to the health and safety of service users and staff.

We asked the provider for records of any accidents or incidents which had taken place, we saw that there was an accident record book, however the manager was unable to provide us with evidence of accidents which had been recorded and removed from the book. In one person's daily records we saw that staff had noted that the person 'had a fall whilst getting out of bed', we did not see any accident report in relation to this, when we asked the provider they were unsure as to the detail of this incident.

We asked the provider to show action logs for the people using the service, this was in relation to actions taken on their behalf, conversations which had taken place and any concerns which had been reported by staff. The provider told us these records were stored electronically on their database, they were unable to show us any records which were made within the last year on this system. The provider told us the database was not up to date as they had 'gone back to basics' and were using paper systems, they were unable to show us these records. Because there were no records available there was no method of monitoring the information to identify recurring issues and take action to address those issues or to evidence action taken for local investigation and further safeguarding investigation should this be required.

The provider told us that they had been let down recently by staff. The provider also told us that they had lost a number of staff when their service reduced as they were not able to sustain the number of staff as they did not have sufficient hours of work. However when we spoke to the people who used the service, there were concerns raised that there were not enough staff to provide the care needed, for example a person who needed two carers to meet their needs only received one carer on a regular basis.

This is a breach of Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as they did not have sufficient numbers of staff to meet the requirements of the service users.

We looked at records relating to staff to check whether they had been recruited safely, we found that there was no employment history in one case, and in two more cases the information was incomplete. There were employment references in the files, however the previous employer details were not present to show when the staff had been employed to verify the information given by the referees. There were no record of DBS checks in the staff files, although the provider did not have this information readily available, they were able to provide evidence that all the staff had a valid DBS certificate number .

This is a breach of Regulation 19 (2) and (3) (a) Fit and Proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the employer did not have established procedures for recruitment which ensured that staff employed by the service met the conditions to be considered fit and proper.

We asked for evidence of a DBS check for the company's directors, who also delivered care, we were not provided with this evidence despite repeated requests over the four days of our inspection.

This is a breach of Regulation 5 (3) [a] Fit and proper persons: directors of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relative of a person using the service told us that staff always wore gloves and aprons when delivering care, and we saw that infection control procedures were mentioned in the staff handbook.

We saw evidence that shopping had been carried out, there were no financial records in place to protect the service user from potential financial abuse.

The provider also described to us that they called to see people when they were not carrying out care calls and these visits were not in a professional capacity. We also found evidence that visits which had been carried out by the provider in a professional capacity had not been recorded in the daily care records.

We found evidence that where missed calls had occurred they had not been recorded, the provider told us that this was because the staff failed to report incidents and accidents to them, we asked the provider what they were doing to rectify this and the provider told us there was nothing they could do as they were 'short staffed and could not afford to upset staff they had'

Inadequate

Is the service effective?

Our findings

A service user told us that 'I have a member of staff who comes, they are unreliable and rude, I don't want them to come here'.

We saw evidence that all care staff had received training appropriate to their role, this included safeguarding, moving and handling and nutrition and hydration. We noticed that some of the staff's safeguarding and moving and handling training had been due for updating in March 2015.

We saw that some staff had received supervision; this however was not consistent across all staff and was not carried out regularly. We were told by the provider that they had not carried out any appraisals of their staff. We asked the provider to show us evidence that they had carried out spot checks on staff delivering care in service user's homes. The provider gave us a document entitled 'spot check' the document stated it was a 'quality assurance tool'. The document did not include any observation of staff carrying out their duties. It was a record of a conversation with the service user about their care. The lack of supervision, appraisal and spot checks meant that the staff were not supported or monitored appropriately to ensure that they were delivering safe, good quality care.

This is a breach of Regulation 18 (2) (a) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not provided appropriate support to their staff to enable them to carry out their duties.

The provider could not produce any evidence that people had been asked to and had consented to their care. When we asked the provider about this they told us that they always sought approval and consent from the relatives of the person receiving care, particularly when the person was living with a diagnosis of dementia. The provider initially showed us a copy of the contract which was in place between the company and the person receiving care this document was a financial contract, with no reference to or provision to consent to care content in the document. When we again asked the provider about this they told us that they gained consent when carrying out the care planning, we asked to see the care plans which were in place in people's homes, we were provided with two examples and saw another two during visits we made, however none of these documents had been signed by the person using the service or their representative.This meant that the provider was not following the relevant legislation under the Mental Capaity Act 2005, as there were no mental capacity assessments carried out, there had been no best interest process followed, people had not been asked to consent to their care, nor had any next of kin been asked to sign on behalf of people who were living with dementia. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements thatensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

We did see in some of the care plans that there was provision for the service user, their advocate and the company's representative to sign the care plan, to give consent and agree to the care planning, however we saw no evidence that any of the care plans had been signed. The provider could not demonstrate that they understood the Mental Capacity Act 2005, and the practice of automatically referring to next of kin for consent reflected their lack of knowledge and poor practice.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not gain consent from their service users, in cases where there was a diagnosis of dementia there had been no assessment of mental capacity to ascertain whether the service user was able to consent to their own care, whether there was a person who was able to consent on their behalf or whether a best interest process needed to be followed.

We asked the provider how they communicated with their service users, other than contact by phone to advise of late calls, they were unable to show us any evidence of any regular communication.

Daily records showed that staff were helping service users to meet their nutritional and hydration needs, we did not see any other documentation in relation to people with specialist needs for example people at risk of malnutrition due to living with dementia.

We did not see any information relating to service users being supported to have access to other healthcare services.

Inadequate

Is the service effective?

We asked the provider how they communicated with their staff, they stated that they had regular staff meetings with their community based staff, we were shown one record of a staff meeting from early 2015.

Requires improvement

Is the service caring?

Our findings

One person who used the service told us 'the girls are all very nice, they come and look after me' and said 'there is nothing about the carers I would change'.

Another person told us 'the carers are nice, I don't know all their names as there are lots of different ones that come. I have had missed calls, they come when they can.'

We looked at daily records from people's homes, these showed the tasks which had been carried out during care calls, there was evidence of caring relationships between some of the staff and the people they cared for. We saw evidence that shopping had been carried out, there were no financial records in place to protect the service user from potential financial abuse.

During inspection, the providers mobile phone rang regularly, the provider told us this was a service user on many occasions, they did not answer these any of these calls.

Whilst people reported being happy with the care they were receiving, we found evidence that calls were being missed, delivered at times which were not as they should have been and that calls were being merged into one long call.

We asked people who used the service if they had been involved in the planning of their care, they told us they had not. The provider told us that they always asked next of kins and family members to check over care plans and to agree to them before they were put into place. We saw evidence that in some cases the family member had amended the care plan as it was incorrect, this amended care plan was left in place by the provider. We saw another instance where the provider had left a risk assessment at a person's home for their family to complete, when we asked the provider about this we were told that this was because they had been unable to complete the document themselves. In one care file we saw that there was a note from a family member about the needs of their relative, this the provider told us had been used as the needs assessment.

When we spoke to people who used the service, there was a clear disparity between the contact and care which some of them received in comparison to others, this was in relation to some people receiving regular carers and times of calls, and others who received a lesser level of service.

Inadequate

Is the service responsive?

Our findings

A service user's family member told us 'I was not asked or involved in the planning of [the service4 users'] care, I have never been asked to sign the care plan, it would have had to be me as [the service user] is not able to write'.

The care plans we saw were inconsistent and other than one which was a new format the care plans were not detailed or complete. There were good elements to some of the care plans, for example there was one which detailed how to shower a person and included the necessary safety precautions to keep them as safe as possible. Other care plans however did not have any safety measures and simply stated 'follow the care plan'.

We asked to see the care files of all the people who were receiving care at the time of our inspection, on day three we were still not given access to the files of 7 out of the 13 people who were receiving services.

The care plans we saw did not detail the history of the people they were written about, there was little if any information about their past life, family, interests, hobbies and what was important to them. There was no medical history in most of the care plans we saw, which would mean that carers would be unable to pass this information on to emergency services if they needed to. There was no medical history in most of the care plans we saw, this meant that behaviour characteristics of living with dementia or other conditions would not be included in care planning or risk assessments, this could pose a risk to both the service user and the member of staff who was caring for them.

We asked to see the care files of all the people who were receiving care at the time of our inspection, on day three we were still not given access to the files of 7 out of the 13 people who were receiving services.

We saw that care plans were not regularly reviewed or updated, for example one person's care plan was created in January 2014, and we saw no evidence that it had been reviewed or updated since then. Another person had been with the provider since 2009, we saw no evidence that their care plan had been reviewed since February 2013. In one person's care plan we saw no mention of a serious pressure ulcer which had been relevant to their care needs for 12 months, this showed that this person's care needs had not been reviewed despite significant changes to their needs. This meant that there had been no changes made to the way in which this service user was being cared for despite them having a significant change to their needs.

This is a breach of Regulation 9 (3) (b) Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the care needs of the service user had changed and the provider had not made the necessary changes to their care planning to ensure their needs were met.

The people we spoke with told us that they would ring the office if they needed to complain, the family of one person told us 'I have given up ringing them, I am fed up of the lies and excuses'. We were shown the complaints record book, there were only four entries and of these only one had any detail and evidence that it had been dealt with, all four entries were from September and November 2014.

We were shown a compliments file, there were no compliments added to the file since 2011.

We were not provided with any concern records, nor could we see any communication logs which would show issues which had arisen and that they had been looked into and resolved in a timely and appropriate manner.

The provider told us that they had put communication books in place in the service user's homes. We did not see these in the homes of the people we visited.

During the days of our inspection the provider told us they were late into the office as they had responded to an emergency situation during a routine call, this occurred twice during the four days we were at the provider's offices. We did not see any accident or incident records produced for these incidents.

Inadequate

Is the service well-led?

Our findings

The registered manager has been with the service since it was registered with the care quality commission, they have experience of running domiciliary care services for a number of years.

The family of one service user told us 'the carers are all really good, the problem is with the people who run the service'. They went on to detail how one of the company directors had visited their home and 'had changed details and times in the care file' which were stored there, and had 'added a document' which they said 'was not accurate' including documenting the time of a call which was made to the service users family, the family showed us evidence that this time was not correct, from their phone records.

During the four days we spent at the service we did not see any staff visit the office, and we did not hear any telephone conversations take place between the staff and the registered manager. On day two, there was a member of staff ran in sick, this meant that a walking member of staff needed to be picked up by one of the directors and taken to the calls. Despite this being openly discussed in the office there was no sense of urgency. There were no calls made to the service users to advise them of the change to their care worker or to the likelihood of their calls being late.

The registered manager told us that she was not willing to take action with staff who were not following policies and procedures as they were 'unable to manage without them', this meant that staff were able to ring in sick regularly without any consequence, which was leaving the service users with a service which was unreliable and in some cases unsafe.

The provider described that they had experienced recent issues with staff letting them down, they described that one member of staff had become unreliable and had left without notice, however we found that this member of staff was still working for the provider.

We were told a member of staff was not contactable due to being out of the country, we found that this member of staff was working throughout our inspection from records we saw in people's homes, this meant that we were not given the opportunity to speak to this member of staff.

When we discussed issues with insufficient staffing levels with the provider, they initially told us that they were 'unable to do anything' about the staff as they needed them. The registered manager told us that they were doing fifty percent care work and fifty percent office work, during the inspection we were told by the registered manager that they were working all day everyday to maintain the service due to the lack of care staff.

During the four days we spent at the service we did not see any care staff attend the office, neither did we see the care coordinator who we were told worked Thursday and Friday in the office. We have been unable to speak to any of the staff who work for the provider as we were not given the correct contact details to allow us to do so.

Throughout our inspection we found that the registered manager and directors were unwilling to take responsibility for the shortcomings we found, and the registered manager said 'they could not be held accountable for other people's actions'.

During the inspection we had several discussions with the registered manager, where a statement was made by them, and when we attempted to clarify what had been meant, the statement was then denied, for example we were shown a care plan for a new service user, when we asked about the care plan the registered manager told us this care plan was not in place and had been made pre-emptively to show to us, we tried to clarify this with the provider, who then denied saying this. This meant that it was difficult to clarify information and match the information we were being given verbally with the evidence we had seen.

We observed there were no quality assurance procedures in place in the service, the records were incomplete, not accessible or organised and not fit for purpose in most cases, this meant that it was not possible to access information quickly for example if the emergency services needed vital information about a service user, we were not able to see records of the history of the service users care from the provider, as records were incomplete and missing.

The provider was not able to show any practice which evidenced that they were auditing and monitoring the quality of the service it was delivering to the vulnerable people who used it.

The registered manager was not able to demonstrate to us either by what they said or how they managed the service

Inadequate

Is the service well-led?

that they understood the requirements of their registration, we found that there were multiple breaches throughout the service of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were unable to see records we needed despite repeated requests to have access to them and the provider telling us that they had them. The provider had sensitive personal information about the people who used the service stored on multiple unsecured memory sticks, an external hard drive, a computer system, and some paper based records. We saw that daily record sheets from 2014 were stored in an open box in the toilet in the office, which the provider had told us was for shredding, these records were removed from this box and put into archives when we raised this with the provider. None of the records or information were stored securely and the way in which the information was stored posed very real risks of this information being lost or accessed inappropriately by unauthorised persons.

These examples demonstrate a breach of Regulation 17 (1) (2) (a,b,c,d,e and f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires the provider to have established procedures which are operated effectively to ensure compliance within their service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 (1) Safe Care and Treatment People had experienced missed calls, one carer arriving for a 2 carer call and calls being merged.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 (2) (g) Safe Care and Treatment Medication was not safely administered or managed.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 (2) (a) Safe Care and Treatment There were no environmental risk assessments in place for any of the people using the service

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (1) staffing There were not enough staff employed to deliver the service which was needed to meet people's needs

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19 (2) and (3) (a) Fit and Proper persons employed Staff recruitment files did not have employment history, DBS checks and were incomplete.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (2) (a) Staffing Staff did not receive regular supervision, spot checks or appraisals

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11 Need for consent There was no consent to care sought, and there was no evidence of Mental Capacity Assessments being carried out.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9 (3) (b) Person Centred Care Care needs were not met as care was not reviewed and care plans updated to reflect changes to need.

Regulated activity	Regulation
Personal care	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5 (2) (d) and (3) (a) Fit and proper persons: directors The directors have mismanaged the service and the regulated activity has not been carried out in compliance with the regulations. One of the directors has been unable to provide evidence of a DBS certificate.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 (1) and (2) (a,b,c,d,e & f) Good Governance There were no processes in place to maintain records in an accessible and secure way. Information was not protected and was not accessible in emergency situations.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11 Need for consent There was no consent to care sought, and there was no evidence of Mental Capacity Assessments being carried out.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 (1) and (2) (a,b,c,d,e & f) Good Governance There were no processes in place to maintain records in an accessible and secure way. Information was not protected and was not accessible in emergency situations.