

Tender-Hearted Limited

Arena Business Centre

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?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Arena Business Centre known as Tender-Hearted Care, is a domiciliary care agency. Tender-Hearted Care provides personal care to adults living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Around 21 people were receiving personal care at the time we inspected.

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

People told us they felt safe. However, the service had failed to assess people for risks that would put them at harm. This meant people's needs were not always identified and care needs not met. Some risks that had been identified did not have clear instructions for staff on how to support people with that risk. This placed people at risk of not having safe care and treatment.

Staff had not always been recruited safely into the service. Recruitment files had missing information to show the service had sought assurances staff were suitable to work with people who might be vulnerable as a result of their circumstances.

Medicines were not always managed safely. The service could not provide assurances that people had been given their medicines as prescribed. The service did not have robust processes to ensure medicines were administered safely. This was due to the registered manager having no audits in place. The registered manager told us "I haven't got any audits to show you as I haven't done any." The service failed to ensure staff were trained and competent to administer medicines.

There was no robust system or process to assess, monitor and review people's care needs. We have made a recommendation that every person has an initial assessment of their needs prior to receiving support from the service. Some care plans were missing, some omitted important information and some had not been reviewed. There were no governance frameworks to monitor the quality and safe delivery of care and treatment. We have made a recommendation the provider implements a system for recording complaints to provide oversight of an ongoing concerns.

Staff had not all been provided with core training. This put people at risk of receiving unsafe or ineffective care and treatment.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff told us they felt supported. However, formal supervisions were not taking place and interactions with staff where support was offered were often not recorded. Feedback we received about staff was that they

were kind and caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 23 October 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff training, supervisions, and overall governance of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective caring, responsive and well-led sections of this full report.

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

Since our inspection the registered manager has ceased delivering care to focus on governance frameworks and provide oversight of the service. The registered manager has started working on the assessment, monitoring and reviewing of care and staff have been placed on appropriate core training courses.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, person centred care, need for consent, staffing, recruitment, and good governance.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is inadequate and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Arena Business Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector to lead remotely and one inspector to cross the threshold. Two assistant inspectors, one medicines inspector and one Expert by Experience also supported the inspection remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 working hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 March 2021 and ended on 17 March 2021. We visited the office location on 8 March 2021.

What we did before the inspection

Before the inspection we reviewed information we held about the service. We sought feedback from the

local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and eleven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, office assistant manager, and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We liaised with the local authority who continued to provide support to the service to ensure its safe running.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- There were no processes to ensure people's risks were assessed or to complete, review and update risk assessments. This meant staff lacked clear and current guidance on how to provide safe care and support.
- Identified risks that people faced, such as epilepsy, diabetes and Parkinson's disease, were not always assessed or monitored. We found one risk assessment in place out of 21 people who were using the service. The registered manager confirmed this. One person was at risk of choking and three people were at a heightened risk of falls. There were no instructions or guidance for staff on how to support people to reduce these risks and how to ensure care was provided in a safe way. This placed people at an avoidable risk of harm.
- For the person at risk of choking, their care plan described the care needed as "Support from carers with eating a balanced and healthy diet in accordance with my safe swallow plan." There were no further details for staff as to what these meals might consist of and what was recorded in the safe swallow plan. The registered manager and staff told us conflicting information about this person's needs. We were so concerned about their safety we made a referral to the local authority safeguarding team.
- One person told us they had trouble breathing and liked to stay in their chair. Their care plan stated, "For the client to have access to any breathing aids as and when needed." The care plan did not state what signs to look out for and what to do if the person was struggling to breathe. The care plan did not state what aids were available to the person to help them to breathe.

We found no evidence that people had come to harm, however the provider had failed to assess, monitor and mitigate risks to the health and safety of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The management of people's medicines was not safe. Only four out of 13 staff administering medicines had completed training in medicines administration. Staff had not been assessed as competent to administer medicines.
- Three of the Medicine Administration Records (MAR) we viewed were incomplete. The registered manager was unable to confirm whether these medicines had been administered. The registered manager told us, "I accept they [MAR] were not completed properly but have not raised this issue with the staff." This meant the service was unable to show people were having their medicines administered as per the prescriber directions. This put people at risk of harm.
- On one person's MAR the dose and prescriber instructions had not been recorded for antibiotic eyedrops and the record of treatment was incomplete. Care staff also had no directions on how to administer the medicine for effective treatment. This put the person at risk of a continued eye infection.
- Records to show applications of creams did not have information on where or how they needed to be

applied.

- PRN (as required) medicine protocols were not in place. The registered manager told us, "I do not know what they are." This meant staff did not have guidance on when to administer PRN medicines. The registered manager told us about one incident where a person had been given the incorrect PRN medicine and the person had raised this as a complaint to the service.
- We asked the registered manager whether these issues with medicines had been identified through their audit process. The registered manager told us, "I look through them but do not write it down." and "I haven't got any audits to show you as I haven't done any."

We found no evidence that people had come to harm, however medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection control processes and procedures were not always robust. The provider failed to follow government guidance on staff testing for COVID-19. This meant the risk of spreading infection was increased.
- People did not have individual risk assessments in place with guidance to staff on how to mitigate risks of spreading COVID-19.
- Staff had not completed Infection prevention and control training.

We found no evidence that people had come to harm, however infection control processes were not robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider provided us with assurances measures had been put in place immediately to commence weekly testing.
- Staff told us, "We always have enough PPE." and people using the service said, "They are all wearing masks and aprons and gloves." One relative said, "They wear masks and everything and keep her as safe as they can."

Staffing and recruitment

- Recruitment processes were not robust. The provider did not demonstrate they had robustly checked staff employment history and references prior to employing staff. For example, two staff did not have references and one member of staff had no employment checks prior to 2016.

Whilst we found no evidence that people had been harmed, the service failed to demonstrate they followed safe recruitment procedures. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they did not feel rushed and staff stayed for the entire call time and sometimes over if needed. One relative said, "These people don't rush [relative]. It takes as long as it takes and if that means staying a bit longer, they will."
- The registered manager told us a call monitoring system was in place to notify office staff when calls were late or missed. However, six relatives and people using the service told us calls were often late and two people said calls had been missed. One person commented, "There have been occasions where they have been late, and I have had to contact the office to find out what is going on." The registered manager told us they would review their system for monitoring calls.
- Staff told us there were enough staff to meet people's needs.

- The registered manager told us they were not currently recruiting but said they were short staffed and would be recruiting again soon for a care co-ordinator, a human resources person and care staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff. One person said, "I feel safe with them." and another person said, "I have always felt safe with them."
- The registered manager told us, "We have a whistle blowing policy, but it's not repeated and spoken about it all the time, we need to remind them of things."
- Not all staff had completed safeguarding training. However, staff we spoke with knew how to report safeguarding concerns to the registered manager.
- The registered manager had appropriately raised safeguarding concerns to the local authority.

Learning lessons when things go wrong

- There was no recording of lessons learned when things went wrong. There were no reviews or analyses of safeguarding concerns or accidents and incidents. This meant any trends were not identified, lessons were not learned, and changes in people's care needs were not identified for measures to be put in place to keep people safe.
- The registered manager demonstrated how they had learned lessons from two recent safeguarding concerns and was open about where improvements were needed during the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- We were not assured that staff had training and induction to support them to meet the individual needs of people. One relative told us, "[one member of staff] I do wonder if [they] had had any training whatsoever." They said, "My [relative] had a [medical episode] whilst the carer was here and [they] had no idea [what to do] at all."
- Inductions did not take place for some staff and where they did, they did not cover key elements such as fluids and nutrition, safeguarding adults, basic life support, and health and safety. One staff member told us, "The induction was just shadowing and observing." The registered manager told us, "I talk through things with staff, but I do not sign them off as competent." and, "I do a little training with them then they start work."
- Staff expressed mixed views about training. Three staff told us they had received all core training. One staff member said, "We have not had too much training." and, "We have touched base on some training but no full training."
- There were significant gaps in staff training including: equality and diversity and dementia. Staff were not supported through their training to meet people's individual needs.
- Staff told us they had supervisions but there were no records for these. One staff member said [they had] "informal ones, they're not really documented". The registered manager told us, "We discuss things all the time, but I don't have records for these."
- No appraisals had been completed for staff. The provider policy on appraisals stated staff should have annual appraisals.

Whilst we found no evidence that people had been harmed, the service failed to ensure staff had received the training necessary for them to carry out their role and responsibility. This is a breach of Regulation 18 Staffing the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was not working within the principles of the MCA. The registered manager told us they did not assess a person's ability to consent to their care and treatment within the principles of the MCA or record any best interest decision making. The registered manager said, "For those who can't consent we usually ask a daughter, son, relative. We don't have MCA assessments in place."
- The service had identified one person was "unable to weigh risks up". The person had no mental capacity assessment and no best interest decisions as part of their care plan. The information within the care plan did not provide guidance to staff as to how consent should be obtained. This meant the person was at risk of receiving care they would not consent if they had capacity to make a decision about it, or that was not in their best interests.
- Only four of the 13 staff had completed training on the MCA.
- Staff told us how they obtained consent from people which demonstrated they did not always understand the principles of the MCA. One staff member said, "I would phone a relative for consent."

People's care and treatment was not always provided with the necessary consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said staff asked for consent before delivering care. One person told us, "They always check if I am ready to do whatever. I call them my little angels."

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

- People's needs and choices were not always assessed. We asked to see people's initial assessments. The registered manager told us not everyone had an initial assessment filled in.
- One person had no initial assessment, no risk assessments and no care plans. This meant the person had not had their care needs assessed and staff had not been provided with the guidance on how to meet their needs.
- There was no evidence of any reviews taking place with people and/or their representatives. However, people told us the registered manager kept in regular contact with them.
- The registered manager lacked understanding of where to find best practice guidance. For example, they were not referring to government guidance on testing staff for COVID-19, and where health professionals had assessed a person, their guidance was not being followed.

We recommend that every person has an initial assessment of their needs completed prior to coming into the service.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's care records did not contain any details about their food and drink preferences. For example, one person's care record stated, "Please assist with making all meals/drinks for me." but did not say what the person liked to eat and drink.
- It was not clear from people's care records if they were nutritionally at risk. However, staff did know

people's dietary needs and people we spoke with had no concerns.

- People told us staff would inform the GP or district nurse if they had anything they needed to bring to their attention.
- One relative told us, "They will feed back anything I need to be aware of like a red area, so I can speak to the GP."
- Staff gave us examples of when they had contacted healthcare professionals to provide assistance to people when required.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- People told us the service asked for their views about their care. One person said, "She will ask if I am happy with things and I tell her it's all good as gold." However, care plans did not include information that demonstrated the person had been involved in making decisions about their care.
- The registered manager could not provide us with evidence to show people had been supported to express their views. However, one person said, "I am getting really great care."

Ensuring people are well treated and supported; respecting equality and diversity

- Care records did not reflect people's needs and preferences regarding their culture, gender, sexuality or faith.
- There was an equality and diversity policy in place. However, the registered manager told us no staff had received training in equality and diversity. This meant care staff had not been provided with the knowledge to be sensitive to people's needs and have the confidence to discuss individuals' differences to find out how they could best offer care and support.
- The registered manager explained how the service have focussed on people's wellbeing, in particular those who may be lonely as a result of COVID-19 restrictions. We heard examples of people having their hair and nails done by care staff to reduce isolation and make them feel good.

Respecting and promoting people's privacy, dignity and independence

- Overall people and their relatives told us staff were kind and caring, promoted their dignity and encouraged them to be as independent as possible.
- One person said, "They are always very respectful and look after me and whatever I need." Another person told us, "The carers are lovely, they really do care and are interested in me."
- A relative told us, "They are all very kind and treat him with dignity."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were not person centred. registered manager told us only nine people out of 21 had care plans created by the service. Two people had no care plans in place. They had not been provided with the opportunity to discuss their needs and preferences. The service had not ensured people were given choice and control around the planning of their care. This placed them at risk of not having their care needs met and at risk of harm.
- Care plans had not been reviewed. One care plan had not been reviewed for six months even though there had been significant changes to the person's care needs. The registered manager told us, "I have not been able to do this" and, "I don't have time". Ten people had care plans that have been provided by social services; the registered manager told us these had not been reviewed or updated by the service.
- Care plans did not reflect people's preferences, likes or dislikes. For example, one person's care plan stated, "Please assist with making all meals/drinks for me." The care plan did not provide further information including what meals/drinks the person likes or when they like to have their meals.

We found no evidence people were being harmed, although failure to maintain up to date and accurate information about people's needs meant they were at risk of receiving inappropriate care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The registered manager failed to keep a record of complaints and feedback and had no system for learning from them. The service policy on complaints states, "Complaints will be recorded centrally." This was not taking place.

We recommend the provider implements a system for recording complaints in line with their local policy.

- The registered manager found a complaint after checking their emails. We were able to see the complaint had been investigated and responded to appropriately in a timely manner.
- People told us their complaints had been acted upon. One person said, "I had a complaint last week and it was dealt with straight away."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records did not always describe people's communication needs and how to meet them. Staff told us, "If [a person] is non-verbal it would be in their care plan." One care plan we reviewed stated, "Carers to be aware of [person's] communication needs"; however, it did not tell staff how to communicate with the person who had a sensory loss.
- One staff member told us "Some clients have hearing difficulties. We use a little white board, [they] can talk but can't hear."
- Another staff member said, "You can use sign language or writing." The registered manager referred to resources to use if a person needs specific support with their communication needs.

End of life care and support;

- At the time of our inspection no persons using the service required end of life care
- The registered manager told us, "We would not take someone on end of life care as the staff would need to have the right skills to care for them." However, the registered manager also told us, "If they were an existing client then we would continue."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had not established systems and processes to ensure the service met the fundamental standards of care, resulting in the issues found at this inspection.
- There were no systems to check the quality and safety of the service, nor to assess risks that people or staff faced or posed. The registered manager failed to audit and ensure learning from safeguarding, accidents and incidents, medicines, staff training and visits, and complaints. The registered manager told us, "I am the one responsible and I have not been doing things properly" and, "None [learning] officially or recorded but this will be done when I do the audits".
- The registered manager failed to ensure suitably skilled staff were recruited into the service. They also failed to ensure all staff had been provided with appropriate training to be able to meet the needs of the people using the service. There was no robust system to check the competency of staff to ensure they were providing quality, safe, effective care.
- During the inspection we asked to see documentation to show oversight and good governance of the service. The registered manager told us repeatedly, "I have not been able to do this, I don't time." The registered manager told us, "I am confident that I know what to do; it's just I don't have time."
- During the inspection we requested information to be sent to us. The registered manager failed to ensure we received the information by the deadline as requested. For example, we requested a risk assessment to be completed urgently and sent to us the next day for confirmation this had been actioned. We did not receive the risk assessment and had to request it for a second time.
- The registered manager failed to notify CQC of two safeguarding incidents which may have resulted in harm for the people using the service. We asked the service to complete and send us CQC statutory notifications for each incident as part of their regulatory requirement. The registered manager failed to send us the notifications when asked and required prompting several times to do so.

Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider told us they understood the duty of candour. They were open and honest throughout the

inspection about concerns we raised.

- The registered manager worked with staff and promoted an open-door policy. People, relatives and staff told us they felt comfortable talking to the registered manager. One person said "[registered manager] comes regularly to care for me and if I had any issues, I would bring them up with her then. I like her."
- Staff told us they felt supported and listened to. One staff member said, "It's an open-door policy." Another said, "I can't say anything wrong. I do enjoy working for [registered manager], if there is an issue, we always find the solution" and, "[registered manager] makes sure I'm ok with the job, how I'm doing".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements were needed in how the service incorporated equality and diversity in to staff induction, training and support.
- The registered manager told us there was an equality and diversity policy in place. However, we found no evidence in the initial assessment or care plans that people had been asked about their background, culture or community. This put people at risk of not feeling comfortable to disclose their equality characteristics and at risk of not having their needs met.
- We asked whether the service sought feedback from people using the service. The registered manager told us, "This [feedback] has not been done due to the same reason [no time] the other things haven't been done." However, one person commented, "[registered manager] will ask if I am happy with things."

Working in partnership with others

- When we asked for feedback from health care professionals, they said the service could sometimes be hard to get hold of but they had no concerns about the safety of the care.
- The registered manager provided us with examples of working with other agencies including the social services team in the local authority, to ensure people were assessed to have the right support in place.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care A failure to maintain up to date and accurate information about people's needs meant they were at risk of receiving inappropriate care.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care and treatment was not always provided with the necessary consent.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service failed to demonstrate they followed safe recruitment procedures.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service failed to ensure staff had received the training necessary for them to carry out their role and responsibility.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess, monitor and mitigate risks to the health and safety of people, Medicines were not always managed safely, and infection control processes were not robust.</p>

The enforcement action we took:

Notice of proposal to impose a condition

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm.</p>

The enforcement action we took:

Notice of proposal to impose a condition