

Engage Care Services Limited

Engage Care Services - Main Office

Inspection report

Unit 58
Cariocca Business Park, Sawley Road, Miles Platting
Manchester
M40 8BB

Tel: 03335771442
Website: www.engagecareservices.co.uk

Date of inspection visit:
27 November 2023
04 December 2023

Date of publication:
13 February 2025

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Engage Care Services – Main Office (known as Engage Care Services) is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 71 people at the time of the inspection, including older people, those living with dementia and people with a physical disability.

People's experience of the service and what we found:

Not all risks had been assessed. Guidance for support workers to manage risks and provide the required support was not always in place or was often brief and generic. Guidance from other professionals involved in people's care and support was not included in the care plans for staff to follow.

Medicines were not well managed. Information about critical medicines and signs of a possible deterioration in health conditions was not recorded in people's care plans. Where the provider was responsible for reordering people's medicines there was no system in place to do this resulting in medicines being unavailable. Staff had access to PPE, but we were told they did not always use this correctly.

The provider's recruitment policy was not fully followed to ensure all relevant information and checks were in place. During our inspection we were notified by the UK Visa and Immigration (UKVI) service that the provider's licence to employ overseas workers had been suspended. UKVI are continuing their investigations and CQC are working with the relevant local authorities to ensure potential concerns for people using the service's welfare due to UKVI's decision.

Staff completed a range of training courses, however, there continued to be performance issues raised by people using the service, relatives, and local authorities around staff competencies. There were ongoing concerns around supporting people with personal care, maintaining people's dignity and providing appropriate meals for people. Issues identified were not followed up with the relevant staff to improve their performance.

There were communication barriers with a large proportion of the staff team, people struggled to understand some of the support workers and they in turn weren't able to always understand the people they were supporting or their relatives.

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. The service relied on the local authority assessing people's capacity when support was initially agreed. They did not review people's capacity once they started receiving support. We have made a recommendation for the service to follow best practice guidance in regard to the MCA.

The provider did not have a quality assurance system in place. There were no regular audits completed and no analysis of incidents or concerns raised to reduce the risk of a reoccurrence.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 16 September 2022) and there was 1 breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last two inspections. At our last inspection we recommended the service updated their satisfaction surveys and quality assurance systems. At this inspection we found the quality assurance systems were not robust.

Why we inspected

The inspection was prompted in part due to concerns received about poor personal care, communication issues with the support workers and medicines management. A decision was made for us to inspect and examine those risks.

When we last inspected Engage Care Services breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, managing risks people may face, maintaining people's dignity when providing care and the management of the service and staff team.

Follow Up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

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 6 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 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Inadequate ●

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.

Engage Care Services - Main Office

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and 2 Experts by Experience. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, who was also the owner and Nominated Individual (NI) of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 27 November 2023 and ended on 8 December 2023]. We visited the location's office on 27 November and 4 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities where Engage Care Services provided support. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 members of staff including the NI / registered manager, care coordinators, recruitment manager and support workers. The Experts by Experience spoke with 2 people who used the service and 12 relatives. We emailed all the staff team to gather their feedback on working for Engage Care Services.

We reviewed a range of records, including 8 people's care plans and multiple medication records. We looked at 7 staff files in relation to recruitment. Following our visits to the service's office we requested further information to be sent to us. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- People were not supported to receive their medicines in a safe way. We found multiple examples of poor practice for the safe management of medicines.
- There was no clear, comprehensive assessment of the support people needed with their medicines and who was responsible for the re-ordering of medicines. The provider did not have a system in place to re-order medicines on people's behalf to ensure continuity of medicines. They relied on support workers informing the office when medicines were running low. This resulted in medicines being unavailable.
- One person was prescribed medication to manage a mood disorder. The medication should be taken regularly to ensure its efficiency. The medicines administration records (MARs) showed staff had left the medicine out for the person to take later when the staff had left. There was no evidence to confirm the person had taken their medicine. There were no risk assessments in place for this practice. The provider had not considered the impact on the person of not regularly taking the medicine.
- We found a person diagnosed with Parkinson's disease had no information recorded for staff about the disease or how it was critical the person received their medicines at the set time each day to manage their symptoms.
- According to the MARs, 1 person was regularly administered an additional 200g of an epilepsy medicine than the prescribed dose. We were told the person's family prepared the medicines for the staff to administer. This was not risk assessed or recorded and does not follow best practice guidelines for the administration of medicines. We raised a safeguarding alert with the local authority about this concern.
- There was not always enough time between doses of pain relief medicines being administered. For example, one person was prescribed a nonsteroidal anti-inflammatory medicine. This should have a 6-8 hour gap between doses but the MARs showed it was often 3 hours between the morning and lunchtime doses.

This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- People were not always safeguarded from abuse and avoidable harm. The provider did not learn lessons when things had gone wrong.
- Concerns reported by care staff were recorded on a spread sheet. However, actions taken in response to these concerns were not recorded. For example, staff reported 1 person had not received personal care or had their continence aid changed for 2 days. There was no follow up action recorded to investigate this concern and take appropriate action to reduce the risk of a reoccurrence.

- Concerns around staff ability to communicate with the people they support, lack of dignity during care, unable to prepare appropriate meals and rushing calls were discussed at every monthly staff meeting from February 2023 to date. Feedback from people, relatives and local authorities was that these issues continued to be raised with no improvements.
- We raised the concerns with the registered manager who told us a lot of the concerns related to cultural differences for new staff who had recently moved to the UK. They said new staff would have an extended induction of 2 to 3 days to support with these issues. We found however, these concerns had been raised over 8 months ago and timely action had not been taken.

This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed training for safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- One person, who was registered blind and required regular use of oxygen, did not have a detailed risk assessment or guidance for the safe use of oxygen, particularly in the event of a fire.
- Some risks were assessed, and guidance provided for support workers. However other risks were generic. For example, some falls risk assessment stated, "Carers to use mobility equipment in situ when completing care tasks and mobilizing around the home" without any guidance on what this equipment is or how to safely use it.
- The same statement was used in multiple care plans for the risk of neglect of personal care.

This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An environmental risk assessment was completed for each property the staff visited.

Staffing and recruitment

- The provider did not always operate safe recruitment processes. The majority of staff working for the agency were recruited from overseas. Full employment histories were not always contained in application forms or curriculum vitae.
- References were not always from the most recent employer. Dates of employment on some references varied from the dates contained in the application form and this had not been identified.
- Disclosure and barring service (DBS) checks were in place. One staff member had a DBS in place from a previous employer rather than from Engage Care Services.
- Staff using their private vehicle for work did not always have the correct business insurance cover.
- There were enough staff available to meet people's needs. Staff told us they had enough time to travel from one property to another and were able to stay for the allocated amount of time of the visit. However, feedback was that many calls were late, could be rushed, and there was not a regular staff team making the support calls. One person said, "No, they come when they are ready to visit, sometimes over an hour and half late, like today. But this is normal" and a relative told us, "No, we have never had regular carers in the 2 years of them visiting."

These issues were a breach of regulation 19(1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices. Feedback from one local authority was that staff did not remove their personal protective gloves immediately after providing personal care. A relative said, "The staff will do something with their gloves on, but not wash their hands before moving to the next task."

This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where it was part of the agreed support, staff supported people to maintain the cleanliness of their own home.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not ensure staff had the skills, knowledge and experience to deliver effective care and support. Most staff had been recruited from overseas. They received an induction before they started work. However, feedback from people using the service, relatives and local authorities was that staff did not have a full understanding of how to provide person-centred care.
- For example, 1 relative said, "I don't think any of the staff have been trained to any acceptable level. The staff don't do the very basics for [Name]" and another told us, "It's as if once they are employed, they are put on the road and into people's homes to commence the job."
- Staff had their competency to safely administer medicines checked but from where concerns were noted, such as administration errors or not following good hand hygiene, no further action was taken.
- Some staff supervisions were recorded. Staff gave us mixed feedback about how often they received supervision and spot checks on their work. Responses varied from weekly to monthly and 6 monthly. We found supervision documents were not always fully completed and sometimes not signed by the employee. We found some staff had received 2 supervisions in the last 12 months while some had only received 1. The providers policy stated care staff should take part in a minimum of 6 supervisions sessions per year.
- Records showed the supervision meetings did not address concerns being raised by people, their relatives, and local authorities about staff performance. These concerns had been discussed in the group staff meetings but there was no evidence any further training had been given to improve the quality of care.
- New staff were not paired with experienced local staff to be able to learn the culture / support people need.

This was a breach of regulation 18 (Staffing) of 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 MCA 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.

- The provider was not always working in line with the Mental Capacity Act. The local authority assessed people's capacity as part of their initial assessment. However, Engage Care Services did not review people's capacity to consent to their support package or have systems in place to report any changes in people's capacity.

We recommend the provider follows good practice guidance for assessing, reviewing and reporting any changes in people's capacity to make decisions about their care and support.

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

- People's needs were not always assessed, care and support was not always delivered in line with current standards. People did not always achieve effective outcomes.
- A local authority assessment was used for new people joining the service. However, Engage Support Services did not carry out their own in-depth assessment of people's care and support needs to ensure they could meet the person's individual needs. Information provided for staff was brief and generic. We report on this further in the Well led domain of this report.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported to eat and drink enough to maintain a balanced diet. Feedback we received was mixed, with reports that staff were not able to prepare appropriate meals for people. For example, we received feedback staff had put water on cereal and made pickle on toast, whilst other people reported staff made sandwiches, drinks and microwave meals for them.
- People's food preferences weren't recorded in their care plans to guide staff in preparing suitable meals. We report on this further in the Well led domain of this report.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider did not always ensure the service worked effectively within and across organisations to deliver effective care, support and treatment. People were not always supported to live healthier lives, access healthcare services and support. We report on this further in the Responsive domain of this report.
- Details of other professionals involved in people's care, for example district nurses, continence nurses were not recorded in their care plans. Specific information about people's diagnosed conditions, for example Parkinson's disease, was not in people's support plans for staff to view. We report on this further in the Safe and Well led domain of this report.
- We saw evidence where support workers had reported a concern and the coordinators had contacted the person's GP or district nurse team on their behalf.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's privacy and dignity were respected. This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 10.

- People's privacy, dignity and independence were not always respected and promoted. We received mixed feedback from people and their relatives. A person said, "When I am being washed, I am never covered, and left shivering sat on the toilet. It's not a good feeling" and a relative told us, "[Name] is being washed while sat on the commode with very little clothing on, which does not protect her dignity or privacy."
- The language used by staff in people's daily notes was not dignified.
- Staff did not always introduce themselves to people or their relatives when making a support visit. One relative said, "The staff just turn up, without introducing themselves and often very late without any apology or explanation" and another told us, "They (the staff) have never been introduced to mum or myself, they just turn up when it suits them. It does cause mum some anxiety, especially when she cannot understand them."
- Feedback from relatives and local authorities was that some care staff used people's homes to heat their own meals and waited in people's homes after the end of a care call for a lift to their next call. One relative said, "Time is often taken up by the staff using my toilet and heating up their meals in my microwave 5 days out of 7. So, their visit time should be half an hour, but they only give my wife just 10 minutes of this time, the rest of the time is sorting themselves out with toileting and heating their lunch."
- Feedback from 2 local authorities was that staff did not always complete personal care properly, leaving people dirty and wearing dirty clothes at the end of their support visit. A relative told us, "They don't change [Name's] pads often enough, so her clothing gets wet because her pads haven't been changed. They don't wash [Name] properly and always put her dirty clothes back on her."
- Care plans did not contain any detailed information about what people were able to do for themselves and what they needed staff to support them with.

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

- People were not always well supported and treated with respect by staff. We received some mixed

feedback from people supported by Engage Care Services. A relative said, "They come in when mum is eating her dinner and tell her it's time to go to bed. So, mum stops eating and doesn't finish her meal and gets up to be put to bed by the carer" and another told us, "Their behaviour towards mum is not professional as some want to hug mum which makes her very uncomfortable, and she doesn't appreciate it."

- Feedback from relatives and 2 local authorities also identified staff not treating people with respect. For example, staff speaking with each other in their primary language, excluding the person they were supporting.

All these ongoing issues meant there was a continued breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people did speak positively about the staff supporting them. A relative said, "Staff are so kind, so caring, not just to [Name] but also the other family member in the house, the staff are so kind and friendly" and another told us, "I am happy with the care."

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

- People were not always supported to express their views and make decisions about their care. Care records did not record if people, or their relatives had been involved in planning and agreeing the care plans. We received mixed feedback from people and relatives, with some saying they had been involved in reviewing the care and support plans, whilst others said they had not been.

- The care coordinators made some phone calls to people to gain their feedback on their care. This was discussed in the monthly staff meetings. This feedback was mainly positive, until September when this dropped. There was no record of any actions taken in response to this change in the feedback. We report on this further in the Well led domain of this report.

- Engage care Services' own feedback did not reconcile with the concerns raised with the CQC by people, relatives and local authorities during this inspection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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

- People were not always supported as individuals, or in line with their needs and preferences. Care plans were brief and did not always contain detailed information about people's critical needs, for example the symptoms for Parkinson's disease, the management of epilepsy and the critical nature of taking their medicines correctly.
- Care plans were generic in parts and not person-centred to people's individual needs. The same paragraphs were used in multiple care plans. Standard phrases were used to guide staff, for example, 'Carers are to provide a high standard of personal care support as needed and report any changes in the presentation of the skin. Reach out to the GP, district nurse team or 111 for medical advice. Report any concerns.'

This was a breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was not meeting the Accessible Information Standard. People's communication needs were not always understood and supported.
- People, relatives and local authority commissioners told us there was a language barrier with a large number of staff. Relatives said, "I cannot understand a word most are saying, and I suppose they cannot understand me either" and, "Communication is not good, all the carers have a very strong accent and very little understandable English." One person told us, "I just cannot understand them, and it makes visits not so pleasant."
- We telephoned 6 support workers at random from the staff list provided by the registered manager. Four of the staff we were unable to have a conversation with us due to the language barrier. The other 2 staff were not the named person we had been given.
- At the last inspection similar issues had been raised with us. The registered manager said they would ensure new staff had a basic level of English as part of the recruitment process. This has not happened.

- Care plans did not always include information about people's communication needs.

This was a breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were not always listened to, responded to and used to improve the quality of care. Complaints and concerns were logged on a spreadsheet and an apology given. Records stated further information had been requested from the relevant members of staff, but any actions taken to prevent further issues were not recorded and the complaint had been noted as resolved.
- Issues raised by local authority commissioning teams were similar issues we found at our last inspection in July 2022.
- This meant the system for responding to, and learning from, complaints and concerns raised with the service was not working.

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

End of life care and support

- Where Engage Care services were commissioned to provide support at the end of people's lives, the support was agreed with the person, their family where appropriate and the commissioning team.
- Support workers had completed training in end-of-life care.
- Other care plans did not routinely include details about people's wishes for the end of their lives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was part of the agreed support, people were supported to participate in activities of their choice and to go out locally.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

At our last inspection we made a recommendation for the provider to improve their quality assurance systems. Improvements had not been made. The provider had not ensured new staff had a basic level of English and people did not receive support that maintained their dignity.

- The provider had not created a learning culture at the service, which meant the quality of care provided had not improved. The provider did not have a quality assurance system in place to monitor, review and improve the service.
- Audits and checks were not routinely completed. We were shown an undated care plan review. The care coordinators could not recall when this was completed. Actions were identified and stated as being complete, however, we found issues with the level of detail in people's care plans.
- A monitoring log spreadsheet showed the last time incidents and accidents were reviewed was March 2023 and this was only to state if they had been resolved or not. There was no analysis of common themes within the incidents, concerns, or complaints received by the service.
- Spot checks to assure that staff, especially new staff, were competent in supporting people were not routinely completed and were not robust. Staff supervisions did not address concerns raised with the service directly about staff performance.
- Feedback from people, relatives and local authority commissioners consistently raised the same issues as identified in this report. The providers own monthly staff meetings repeatedly raised the same concerns around communication, maintaining people's dignity, meals and call times. These issues were known and had not been addressed.

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

- During our inspection we were informed by the UK Visa and Immigration (UKVI) service that they had suspended Engage Care Services Limited licence to recruit staff from overseas. We were given a client list with 71 people being supported. We also received a staff list of 233 members of staff employed. At the time of this report the UKVI were continuing their investigations. The CQC are working with the service and commissioners in regard to any potential risks this may present for the people supported by the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; 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 did not have an effective management structure. The provider did not monitor the quality of care provided in order to drive improvements. The service had managers and coordinators in place, however they were not effective in meeting people's needs or meeting the regulations.
- The provider had not followed their own policy of ensuring a full employment history was recorded or ensuring where employees had worked with vulnerable people, a reference had been obtained from this organisation.
- There was no clear oversight of medicines, which put people at risk of not receiving their medicines as prescribed. The provider did not have processes in place in-line with their medication policy to ensure medicines were reconciled or to ensure medication was reordered in good time.
- No notifications had been made to the CQC in the 12 months prior to our inspection. We saw 1 concern where a person alleged they had received bruising due to poor moving and handling techniques. This had not been investigated or reported to the CQC or local authority safeguarding team.
- The provider did not fully understand their responsibilities under the duty of candour.
- Apologies were made if complaints were made. However, the outcomes of any investigations were not recorded or discussed with the person who had raised the complaint.
- Accurate and up to date records of care delivered to people, including decisions made, were not maintained.

These issues were 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

- There was not always a positive and open culture at the service. The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- Feedback from people and relatives was mixed, with some people saying the staff were kind and caring and others saying there were issues with staff speaking in their primary language and not engaging with the person they were supporting. These types of issues were raised at each monthly staff meeting but the culture of the service had not changed, and issues continued.
- Communication with the service was also variable. Some relatives said it was good, whilst others disagreed.
- Feedback from staff was complimentary about the management team.

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

- People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.
- We received mixed feedback from people and relatives. Some said they had been involved in agreeing their support plan and had been asked for feedback, where as others said they had not. A relative said, "There was a care plan put into place, another family member and I were there together to decide what was needed" but another said, "I have never been involved in my wife's care plan apart from the initial meeting. She has not had any care plan reviews."
- Staff were able to raise any ideas and concerns at the monthly staff meeting.

Working in partnership with others

- The provider did not always work in partnership with others. Care plans did not contain information about other professionals involved in people's care.
- Two local authorities said they had found it difficult to obtain information or action plans from the service in a timely manner in response to concerns they were raising.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not always supported as individuals. Care plans were generic in parts and not person-centred to people's individual needs. People's communication needs were not always understood and supported. There was a language barrier between many staff and the people they supported.

The enforcement action we took:

Notice of Proposal to close the service was issued and adopted.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's privacy and dignity were not always respected and promoted. Staff could not communicate effectively with the people they were supporting.

The enforcement action we took:

Notice of Proposal to close the service was issued and adopted.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed. Risks were not assessed and guidance was not provided for staff to manage these risks. Concerns and complaints were not investigated and action taken to reduce the risk of a reoccurrence. People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.

The enforcement action we took:

Notice of Proposal to close the service was issued and adopted.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no quality assurance system in place. Care plans were not personalised and did not contain sufficient information to guide staff. Accurate and up to date records of care delivered to people including decisions made were not maintained. Concerns raised with the service were not investigated and actions to improve were not taken.

The enforcement action we took:

Notice of Proposal to close the service was issued and adopted.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Medicines were not safely managed. Risks were not assessed and guidance was not provided for staff to manage these risks. Concerns and complaints were not investigated and action taken to reduce the risk of a reoccurrence.

The enforcement action we took:

Notice of Proposal to close the service was issued and adopted.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff had the skills, knowledge and experience to deliver effective care and support.

The enforcement action we took:

Notice of Proposal to close the service was issued and adopted.