

Executive Care Agency Limited

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## Inspection report

4 Sandfield Close  
Lichfield  
WS13 6BF

Date of inspection visit:  
11 March 2020

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

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

Executive Care Agency is a domiciliary care service that provides personal care to people living in their own homes. At the time of our inspection visit, the service was providing personal care support to 20 people.

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.

### People's experience of using this service

Systems were not in place to effectively monitor the quality and safety of the service. The provider had failed to comply with conditions on their registration and had not informed us of moving locations. People's care was not being regularly checked and reviewed to ensure guidance was in place for staff and that risks were assessed and planned for. The provider had failed to ensure they had gathered enough evidence to assure themselves that staff were of fit and proper character to support people who used the service. There were staffing difficulties meaning management staff were having to cover calls. Risks were not always assessed and planned for to keep people safe. Medicines were not always safely managed. Lessons were not always learned when things had gone wrong. We could not be confident all safeguarding concerns would be identified as not all staff knew the different types of abuse, signs to look out for or how to report to the local safeguarding authority. There was mixed feedback about infection control measures. Robust plans were not in place to ensure the service could continue to operate in emergency situations, although our feedback was acted upon in relation to this.

People did not have their decision-specific capacity assessed, relative or representative's legal right to make decisions on behalf of people had not been verified and decisions taken in people's best interest were not recorded. Staff did not have sufficient training or support to feel confident in their role. Plans of care were not always in place for specific health conditions, although people had access to other health professionals. People were supported to have enough to eat and drink.

Plans were not consistently completed to ensure there was enough information for staff and staff feedback confirmed this, however people generally saw the same staff who they got to know. End of life plans were not in place, but the registered manager was aware of their responsibility to support people appropriately at the end of their life. People felt able to complain and their queries were resolved. People were supported to access information and communicate in a way that suited them.

As there were not always enough checks and systems in place to always keep people safe, and staff did not always have enough training which was not caring for people. Despite this, people and relatives felt positively about the staff who supported them. People were supported to make decisions, were treated with dignity and respect and could remain independent where possible.

Staff did not always feel supported in their role. People, relatives and staff were not actively engaged in the service. There was no evidence that people's protected characteristics had always been taken into account. People and relatives felt positively about the management team and felt able to approach them, if needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12 April 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration. However, it was brought forward due to the number of whistleblowing concerns we had received about the service. Concerns raised to us included lack of training, lack of sufficient recruitment checks and poor management.

#### Enforcement

We have identified breaches of regulation in relation to recruitment, safe care and treatment, checking people's consent, staff training, oversight of the service and the provider breaching a condition of their registration with the CQC.

You can see the action we told provider to take at the end of the full report.

#### 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.

#### 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?

**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.

# Executive Care Agency Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection site visit was carried out by one inspector and one inspector made telephone calls to people, relatives and staff.

#### Service and service type

Executive Care Agency Limited is a domiciliary care service, providing personal care in people's homes.

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 two working days' notice of the inspection starting because we needed to arrange to make telephone calls to people using the service.

Inspection site visit activity was carried out on 11 March 2020. We visited the office location to see the provider, registered manager and staff, and to review care records and policies and procedures. We made phone calls to people and relatives on 10, 11 and 13 March 2020.

#### What we did

We looked at information we held about the service including notifications they had made to us about

important events. A notification is information about events that by law the registered persons should tell us about. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. 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. We used all this information to plan our inspection.

Before and after we visited the provider's office, we spoke with two people who used the service, and five relatives. During our office visit, we spoke with the new care manager, the registered manager and the nominated individual from the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with five care staff over the phone following the office visit. We reviewed five people's care records, policies and procedures and records relating to the management of the service and three staff recruitment files.

After the inspection, we requested additional evidence that could not be supplied on the day of our visits, such as some updated care plans and copies of some policies and procedures.

# 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.

Staffing and recruitment; Learning lessons when things go wrong

- We could not be sure staff were always recruited safely. Application forms were of poor quality; they did not ask applicants to provide their employment history or details of their references. Employment history is necessary to ensure people have the skills and experience necessary and used to verify who staff say they are.
- References were not always available for staff. References are a useful way of checking if staff are suitable for the role. When we asked the registered manager about this, they said, "We've not been up to date with that [references]. I'll admit that." The registered manager admitted; "I would say more staff haven't [got references] than have [got references]."
- Verification of some staff members identity was also not always evident, so we could not be sure this had been done.
- We reviewed the recruitment records for one staff member and found the process for checking their criminal background had not been completed before they commenced working. The registered manager had misunderstood the system they were using to check staff criminal records.
- The provider could not be sure staff were of a suitable character to support people who used the service.

The above constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, steps were taken to ensure all the necessary information was gathered to complete the recruitment process and ensure staff were safe and suitable to be supporting people who used the service.
- There were not always enough staff to ensure the service ran smoothly. There had been a period of time when a number of staff had left at a similar time so calls were having to be covered. Whilst staffing levels had improved since then, the nominated individual and other management staff were still having to cover some calls, impacting on their availability to effectively manage the service.
- Lessons were not always learned when things went wrong.
- Despite the service previously experiencing staffing difficulties, no specific plans had been developed in response to this to ensure it would not happen again or to know what action they could take in future to know how to respond.

Using medicines safely

- People's medicines were not always safely managed.
- We could not be sure people were always receiving their medicines as prescribed. For medicines that were

needed 'when required' (also known as PRN medicine) there was no additional guidance for staff to help them know when a medicine should be administered. This put people at risk of not always receiving their medicine when needed.

- One person needed support from staff with their medication. However, there may have been specific times when it may not have been appropriate to give their medicines, but the provider had not sought additional advice or risk assessed this. This meant there was a risk the person may not receive their medicines safely.
- One person needed a topical patch to be applied, however systems had not been implemented to ensure it could be recorded where the patch had been applied. The manufacturers guidance stated the patch needed to be rotated and not re-applied in the same place for three to four weeks due to side effects that could be experienced on the person's skin. If the place the patch has been applied is not recorded, there is a risk it could be applied in the same place within the timeframe.

#### Assessing risk, safety monitoring and management

- Risks were not always assessed and planned for.
- Some people could display behaviours that may challenge staff. There was limited detail in people's plans about how they may display these behaviours and how best to calm the person down. Staff we spoke with were aware the person could become agitated, however there was a lack of instruction to ensure staff could keep the person and themselves safe.
- One person potentially had a condition which meant staff would need to quickly respond if the person became ill. There were no risk assessments and plans in place around this condition. When we questioned the registered manager about this, they did not know where the information about the condition had come from and there was confusion about the support the person needed. Staff we spoke with did not always know how to recognise potential symptoms. Therefore, there was a risk the person may not be supported appropriately should they become unwell.
- Some people needed support with their mobility, however there were not always moving and handling risk assessments or plans in place. There was also confusion over what equipment one person used. The person and staff confirmed some equipment was in use, however this was not written anywhere, so there was a risk the person may be supported inconsistently.
- Some people had experienced falls or had been found on the floor by staff. The provider had a system in place to monitor people using a monitoring chart following these incidents. However, we found these were not being used and people were not always being monitored following these incidents. People's care plans were also not always reviewed or updated following this to reduce the ongoing risk.

The above constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes generally, they're [staff] very friendly and warm." People did not raise any concerns with us.
- Not all staff knew about the different types of abuse or what signs to look out for to indicate someone could be abused. Staff all knew to report concerns; they said they would report concerns to the management team or the police. Not all staff knew they could report concerns to the local safeguarding authority directly, if needed.
- Due to staff not all being clear on types of abuse, signs or the different organisations they could report to, we could not be confident all concerns would be identified and reported.

#### Preventing and controlling infection

- There was mixed feedback about whether staff always followed infection control procedures, such as



wearing personal protective equipment (PPE) like gloves and aprons.

- One person said, "Staff wear gloves and aprons. They wash their hands after they've done something." A relative told us, "Staff definitely wear gloves, I've not seen aprons." Another relative said, "Staff always wear gloves, there aren't any aprons."
- This meant there was a risk of cross infection if aprons were not always worn as staff would visit multiple people but may not always protect their clothes when supporting people with personal care.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 provider was not working within the principles of the MCA. People were not having their decision-specific capacity assessed and representatives or relatives of people were not having their legal right to make decisions on behalf of people verified as required by law. If decisions were made in people's best interests the rationale for this was not documented.
- One person had recently started being supported by the service and we were told they did not have capacity. When we asked how they knew the person did not have capacity they said, "I think it is us that have made that assumption."
- When we asked the registered manager why they were not assessing people's capacity, they said, "I didn't think we had to. We've always gone to the GP, that's all we've ever done." They had failed to recognise their responsibilities in relation to the MCA and regulations.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not always have enough training and support to be effective in their role. One person said, "I think training needs an improvement." One staff member said, "I didn't really get any training."
- Staff told us the training and support was not always enough. One staff member said, "I didn't get any training. The only thing I did was medication training and that's it. It didn't feel enough." Another staff member told us, "For new staff, some would make excellent carers, but they need more support. Online

training is not enough."

- Staff did not always have training about specific health conditions or support needs. For example, staff were supporting some people with catheters but told us they had not received training in this area with Executive Care Agency. One staff member said, "Practical training is good, but other training needs to be done for more complex needs."
- Training was not always effectively monitored to ensure staff had the training relevant for their role. The registered manager explained they were in the process of engaging a new training provider and had recruited a staff member who could deliver training to improve the training they offered to staff. However, this was not yet in place.
- Staff were not receiving regular supervisions and did not always feel supported. The registered manager admitted that most staff had not had a supervision, but they were putting plans in place for them to start getting these.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- If people's needs had changed or they had specific needs, the provider had not always ensured an assessment or plan was in place to address this area of need.
- Copies of people's commissioned care, if they were referred to the service by the local authority, were not always kept in people's records. Therefore, there was not always a clear record of what the provider was being asked to support people with. When we asked the registered manager about this, they said, "If we get a detailed care plan, we save it but sometimes it's just the times and we don't save it."
- Staff were not always clear about how they should be supporting people if they had a catheter. Staff gave us different accounts of how frequently bags should be changed and they did not know how this was kept track of. People are at increased risk of infections if their bags are not changed regularly enough.
- We saw people received support from other health professionals such as district nurses and paramedics in time of emergency. However, it was not always evident that all necessary referrals were made as records were not kept or updated.
- Despite this, people and relatives told us they were kept up to date about their conditions, a relative said, "One staff member did point out an area of skin [which looked like it needed attention] and advised to get a district nurse, which I did. They [staff] constantly look over it [skin]."

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

- Most people were independent or supported by their relatives in relation to food and drinks. One relative gave us an example of staff encouraging their relative to eat and drink enough to remain healthy, as it was a risk they could become ill from not consuming enough.

# 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. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider could not be assured all staff were of suitable character, that people were always being kept safe and staff were suitably trained. This impacted upon people's care and was not caring.
- One person said, "New staff they say they've been shadowing, but I have to show them what to do. It is annoying; I lose half my time showing them what to do." Another person commented, "The problem is I am being told by staff that they are not being managed properly. Staff are stressed out. This means care staff are leaving."
- Despite this, people and relatives had very positive feedback about staff being caring. One person said, "The staff are fantastic people." One relative said, "They're [staff] very caring and they want to get it right."

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

- People were involved in making decisions about their care on a day to day basis. One person said, "Because I have capacity, I can tell them what needs to be done. I direct them." One relative said, "They ask my relative's permission and staff involve them and staff are reassuring to my relative."
- Staff were able to explain how they supported people to make decisions. One staff member said, "I ask if its ok for me to provide that support to people."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and respect. A relative stated, "Staff always take my relative to the bathroom, if there are visitors present staff are subtle how they take my relative to the bathroom."
- People confirmed they were supported to remain independent. One person said, "I do my private parts myself and they [staff] do my feet."
- Staff were all able to give examples of how they supported people to retain their dignity when assisting with personal care. One staff member said, "I cover them up [during personal care] and reassure them and make sure they know what I am doing."

# 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. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some plans lacked any detail and it was not always clear what staff should be doing to support people.
- Staff confirmed they felt that not all plans had enough detail. One staff member said, "No I don't [think the care plans have enough detail], I think they are quite basic. Staff are having to call up to find out what to do." They went on to say, "Care plans should be so detailed that you know everything about that person and how to support them. They are not updated regularly enough."
- The level of detail was inconsistent between people. For example, one person had lots of details about their routine and how they liked to be supported, whereas another person had barely any detail.
- Despite this, people told us they were asked about their needs when they started receiving support from Executive Care Agency. People generally had the same staff visiting them so people and staff could build a relationship and get to know each other.

End of life care and support

- There was no one nearing the end of their life at the time of our inspection, although some people were very ill. There were no specific care plans in place to guide staff about how they should support people at the end of their life. This meant there was a risk people may receive inconsistent support or not in line with their preferences.
- However, the registered manager was clear about their responsibilities to support people appropriately at the end of their life. They said, "We have the difficult conversation about people's thoughts and feelings, where do they want to be and if they want medical intervention. We talk a lot to the families about the end process and their expectations. We plan for relative's not being able to do it. We give just as much support to families as people. End of life is a very special time."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to raise concerns and knew how to. They felt confident concerns raised would be dealt with.
- One relative said, "Both [registered manager] and [nominated individual] have responded when I've had queries. I've been able to ring or message. Even late at night they respond quickly. It's resolved." Another relative said, "I feel able to call and [the management team] are definitely approachable. I've not had any major issues. I had one thing to ask them in first week and it was just a phone call and they sorted it."
- Details of how to make a complaint was included in the 'Service User Guide' given to people when they started receiving support.

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.

- People were supported with their communication needs. Care plans and care records were all electronic, however they could be printed if needed. People and relatives were shortly going to be able to access these records via an application (also called an 'app') on their mobile phone. One person said, "The staff can show me what they have written on their mobile phone about how they have supported me."
- Staff also had access to an app on their phone so they could write in large font for people, if needed.

# 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

- Systems were not in place to monitor and improve and the quality and safety of people's care. No audits had been completed and the registered manager and provider were not always clear about how to use their electronic systems, so they were unable to monitor it. The registered manager said, "We have not been shown how to do an official audit on the system."
- When we discussed oversight and governance with the nominated individual, they said, "We are doing a good job out there [in people's homes], but not in here [the office]. The back-office work is not being done."
- When we asked about how care plans were checked to ensure they had enough information and were correct the registered manager said, "Care plans are updated nearly every week as they are evolving so they are added to. We don't do a set audit or review." This meant omissions were not being identified and suitable plans were not always in place to keep people safe.
- Care notes were not being routinely audited and accidents and incidents were not monitored. This meant changes in people's needs were not always being identified and planned for.
- The provider was not following the policies and procedures it had adopted. A 'Falls Policy' was in place which should be followed when people had fallen. The policy states there should be an accident/incident form completed, a holistic review of the person's needs and for the manager to be made aware. We found this had not been happening.
- Medicine records were not being sufficiently checked to ensure they contained enough accurate information This meant staff may not always have enough guidance to know when to give 'as required' medicines.
- The nominated individual and other staff with some oversight and management responsibility were often covering care calls so they did not always have time to dedicate to managing and monitoring the service.
- There was a lack of effective monitoring of staff training. The registered manager was in the process of engaging new training companies to improve staff training, however in the meantime, staff had been left without sufficient training.
- The provider had failed to recognise the importance of thoroughly checking staff suitability to work with vulnerable people and systems had failed to identify gaps in the information held about staff.
- The registered manager was not fully aware of their responsibilities to notify us of specific events.
- A suitable business continuity plan had not been developed in response to previous staffing concerns and in readiness for the potential issues posed. When we asked the registered manager about this, they said, "I don't think it's good enough, it needs more work doing to it." Following our feedback, work was undertaken to improve their continuity plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were not fully engaged in the service, did not always have their protected characteristics considered. There was not always continuous learning and improving of care as there was a lack of monitoring and engagement.
- The registered manager was initially unclear why supporting people to disclose their sexuality could be important for some people. They said, "I don't agree with it. How does that affect how I deliver their personal care? I don't ask." Upon further discussion they recognised it could be very important for some people, if they chose to discuss this.
- Consideration had been given to other protected characteristics, as defined in the Equality Act 2020, such as religion. However, staff did not have any training about equality and diversity, which was a risk as some staff may not always recognise the importance this could hold for some people.
- People and relatives were not actively engaged in monitoring or developing the service. No surveys had been carried out and no meetings had been offered to check whether people were satisfied with the service. Therefore, there could be no analysis of trends or action taken to respond to feedback.
- Staff did not always feel supported in their role or engaged in the service. One staff member said, "If you don't call up for help, I think they [management] forget about you." Another staff member said, "I don't feel unsupported, but I don't feel fully supported. I do feel sometimes you're there to do a job and they [management] don't care about me as a person."
- Staff did not have team meetings or opportunity to receive updates or give feedback as a group. Staff were also not yet receiving supervisions, and some felt this was a problem. One staff member said, "They could get everyone [staff] in for a one-to-one to check how we're doing. There's no private place you can have a conversation [as the office is open plan with no side rooms]. You don't feel valued as a member of staff."
- Despite the above concerns, people, relatives and staff felt able to go to the registered manager and nominated individual. Comments from people and relatives included, "They're lovely. Absolutely I feel able to go to them" and, "Staff appear to be genuinely caring people. The two who set up and run the business [the registered manager and nominated individual] have a personal interest. I couldn't be happier. I'm so grateful we came across them."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Initially, the registered manager was unclear what duty of candour meant. Upon further discussion and prompting they said, "If a mistake keeps happening, we address it. We embrace mistakes and learn from them."
- However, the lack of systems in place meant the quality and safety of people's care was not being effectively monitored so the provider could not be sure they were identifying all potential mistakes.

The above constitutes a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider had failed to update us without delay when they had moved from their registered office location to another address. Therefore they had not complied with a condition on their registration that they had to operate from the location registered.

Therefore, this constituted a breach of Section 33 of the Health and Social Care Act (Regulated Activities) Regulations 2014.



#### Working in partnership with others

- The registered manager and nominated individual were receptive to feedback and were willing to work in partnership. They worked in partnership with community organisations to support vulnerable people and with health professionals.
- The registered manager and nominated individual recognised they needed additional support and advice and engaged an external consultant to help them make the necessary improvements.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Section 33 HSCA Failure to comply with a condition</p> <p>The provider had failed to comply with a condition of their registration to only operate from the named location and had not notified or applied to change the address.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People were not always having their decision-specific capacity assessed. The legal right of relatives or representatives to make decisions on behalf of people was not checked. Decisions taken in people's best interests were not recorded.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed and planned for. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were not in place to monitor the safety and quality of people's care.</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Evidence of staff suitability to work with people who used the service was not always checked and available.

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not always receive enough training and support to be effective and feel confident in their role.