

Gain Healthcare Ltd

# Gain Healthcare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Gain Healthcare Ltd is a domiciliary care and supported living service providing the regulated activity of personal care. At the time of our inspection there were 15 people receiving the regulated activity of personal care.

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 and what we found

The provider's systems and processes had not been effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. The provider had some quality monitoring processes in place, but these had not always been effective as they had not enabled the provider to identify and address the issues we found during the inspection as well as the previous inspection. This placed people at risk of harm.

The provider had not always followed the required safe recruitment practices to help ensure suitable people were employed.

We had concerns from relatives that staff were often late or visits shorter than expected which impacted at times on people receiving the medicines they required.

The provider had failed to ensure there were accurate and complete records in respect of each person, to evidence the care and treatment provided to them was in line with their assessed needs. Records held conflicting information and did not always reflect current best practice of care planning. This meant people were at risk of not receiving the care and support they required.

We have made a recommendation about the provider referring to current guidance about best practice in end of life care planning.

Relatives told us they felt their family members were provided with safe care. They also felt that staff were kind, caring and patient.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

We last inspected this service at the previous premises (inspected 3 February 2021; published 9 December 2021). The service was not rated but there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the provider's registration to submit information regularly to the Commission.

Since the last inspection the service had moved offices and was registered by CQC at the new address on 14 October 2021. We have used the previous inspection findings to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was the first inspection of the service under the new office registration. Although the address for the service changed following our previous inspection the provider remained the same. They had had full knowledge of the service's inspection history and were responsible for maintaining and improving the service, including addressing any issues from the last inspection. The inspection was prompted in part due to the concerns identified at the previous inspection with the same provider.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, 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 report.

### Enforcement and recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to regulations 12 (safe care and treatment), regulation 17 (good governance) and regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have made a recommendation about the provider referring to current guidance about best practice in end of life care planning.

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 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Gain Healthcare Ltd

## 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 was carried out by two inspectors and an Expert by Experience made calls to people and their relatives. 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, flats or specialist housing. This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. The provider informed us that no people were being supported under the regulated activity of personal care during this inspection, so we did not review this area of the service.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 17 May 2022 and ended on 9 June 2022. We visited the location's office on 17 May 2022.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

### During the inspection

We visited the location's office and met with the registered manager who is also the nominated individual and provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included five people's care records and four staff files in relation to recruitment. A variety of records relating to the management and oversight of the service, including staff training, auditing and monitoring and the providers policies and procedures were also reviewed.

### After the inspection

We telephoned one person who used the service and six family members of people using the service to seek their feedback about their experience of the service. We sought feedback from a commissioner who worked with the service. We sought feedback from care staff. We continued to seek clarification from the provider to validate evidence found. However, we did not receive a response from the provider in order to validate all evidence gathered during the inspection.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had failed to ensure there were accurate and complete records in respect of each person, to evidence the care and treatment provided to them was in line with their assessed needs. Records held conflicting information.
- Risk management plans had not been consistently developed for specific healthcare conditions, such as diabetes. Care plans were ineffective at providing guidance to staff, exposing people to the risk of harm. For example, we saw one person with diabetes had information in their care plan about them liking fruit juice, sweets and chocolate. There was no information or risk assessment to reflect whether the risks of eating sweet foods had been assessed. There was no guidance about how staff were to identify when people's blood sugar may have become unstable, and how to monitor any symptoms or when to seek health advice. This meant there was a risk of symptoms not being identified in a timely way to reduce the risk of harm.
- Information about how care staff should support repositioning to reduce the pressure on people's skin was not in care plans, such as frequency and other information to ensure this was done safely. One person required assistance with repositioning but there was no information about how often care staff should undertake this task and checking for pressure damage. Another person's care plan stated they needed help with moving but the moving and handling care plan was not completed.
- One care plan stated a person had a pressure sore that was healing. Information stated, 'Please apply barrier cream'. The body map did not mention this and was not dated. There was no record of how the healing of the pressure sore was being tracked and who was responsible for identifying and reporting any concerns to health professionals to ensure people's skin would not deteriorate.
- Another person's care plan was also unclear and contained contradictory information about their mobility, such as stating the person could not get out of bed. Further on in the care plan it stated the person mobilised with the help of equipment and support of staff. Again, it was not clear what support needs the person accurately required and the risks relating to their care.
- The deployment of staff was not always effective in ensuring people got the support at the times needed. This impacted on the level of support they received. We had feedback from relatives and comments included, "Staff are often late, and visits can be rushed. [Person's] visits should be 45 minutes long, however, very often staff will rush off after 10 to 15 minutes", "We do have a few hiccups. There have been a few occasions where staff were running late, and we did not receive a phone call" and "Visits are a bit erratic; staff are often late and sometimes you get a phone call, sometimes you don't". They went on to say that sometimes by the time care staff arrive the tasks have been completed and staff were then sent away. This was of particular concern when people needed support with medicines as this impacted upon them receiving these medicines at the correct time.

Not all risks had been appropriately assessed, monitored and mitigated to ensure the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks were reduced as staff we spoke with were knowledgeable about people's needs. Risks were further reduced as health professionals worked in conjunction with care staff on a regular basis.

#### Using medicines safely

- Medicines were not consistently managed safely, although no one had come to harm as a result of this.
- Information was unclear regarding what support care staff were expected to provide in respect of medicines administration. For example, we saw a care plan that stated a person's relative supported the person with medicine but there was also information in the care plan stating the person would like support with their medicines. The care plan contained no information about any medicines the person was receiving. This conflicting information was not clear about who was responsible to provide medicines and increased the risk of errors occurring.
- Another care plan referring to medicines stated, 'Assist when required'. There was no other information in the care plan about when and what assistance may be required.
- One person needed certain medicines at the last visit of the day. This task was not clearly specified as one of the tasks to be completed at this visit. This lack of clarity proposed a risk that care staff did not have clear guidance on their responsibilities, which could lead to harm occurring. A relative stated, "I do [person's] medicines now, because the carers don't always come on time to do this."
- Topical medicine administration records (TMAR) charts were not always clearly documented. One body map showed a prescribed cream to be applied. However, this cream was not on the TMAR chart and there was a risk that it might therefore not be applied.
- Care plans stated a person needed creams applying but it lacked information on where this was to be applied. This meant the provider could not be assured people were having their prescribed creams applied.
- We asked the provider to send us evidence of completed body maps as these were not available on the day of inspection. We received one of these but they did not evidence who they were for so we could check if they were accurate. We requested more information, but this was not received.

Medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We saw concerns had been raised by a health professional about a member of care staff administering medicines they had not been deemed competent to do so safely. The provider had responded to these concerns and we saw evidence that future risks were mitigated with measures taken.

#### Staffing and recruitment

- The service did not ensure appropriate staff recruitment checks were obtained prior to employment. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that certain information must be obtained in respect of people employed. This includes a full employment history, with a satisfactory written explanation of any gaps in employment. None of the staff files we checked had evidence of a full employment history as required. The provider had a recruitment checklist. A section of this stated, 'Completed application form (full with no gaps)'. Two staff files had this section signed and dated by the provider as completed but we found significant gaps in their employment. However, there was no written explanation of the gaps in employment.
- Schedule 3 also states that satisfactory evidence of conduct in previous employment be sought, where this involved working in health and social care or with children and vulnerable adults. If the employment

involved work with children or vulnerable adults, then information should be obtained why the position ended. Not all references in line with this requirement had been undertaken.

Recruitment procedures were not always operated effectively to ensure staff employed were of good character or suitable for the role. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Preventing and controlling infection

- Staff told us they had completed infection control training. However, staff told us that at times they were short of gloves for personal care tasks.
- We received feedback from one relative that staff did not always use the correct personal protective equipment (PPE).

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

- Staff had received training and understood their responsibilities to report concerns to the registered manager. However, we were not assured that the registered manager understood what concerns should be shared with the appropriate bodies.
- We saw concerns had been raised in relation to how a person was being supported by their family in respect of nutrition. The registered manager said therefore they had asked care staff to ensure the person received nutrition. However, the care plan was unclear about care staff responsibilities and any associated risks regarding nutrition and end of life care. The provider said they were concerned about potential neglect of the person from their family. We asked the provider if they had reported this or sought guidance. The registered manager stated they had not considered this.

#### Learning lessons when things go wrong

- The provider explained learning from a recent incident. This concerned a member of care staff incorrectly filling in a medicines administration record (MAR). The provider took steps to adopt a clearer form to limit future mistakes. Training was provided to care staff on completion of this and refresher training was also provided to the care staff involved.

# 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.

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

- One person at risk of dehydration did not have this detailed on each call visit. There was also no detail of where to record fluids and how to measure catheter output. This lack of information for staff meant the person's condition was at risk of not being adequately monitored to ensure health professionals were made aware of any concerns.
- Guidance about nutrition and hydration support was vague and unclear. For example, records stated a person did not require support, but the care plan later stated the person could not provide this themselves. There was a section under nutrition likes and dislikes. This stated 'biscuits'. It was unclear whether the person liked biscuits or disliked them.

Records were not always accurate and complete for each person. This was a continued breach of Regulation 17 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

- At the time of the inspection, the provider was only providing end of life care and support to people, in conjunction with other health professionals. We reviewed care plans and did not find they fully reflected up to date guidance in respect of end of life care planning.
- There was limited information about the person's interests, wishes and any spiritual needs. Undertaking a holistic needs assessment ensures that a person's concerns and needs were identified so that support can be provided to address them. This type of assessment also ensured that the person's wishes were respected both before and after their death.
- Support with tasks was unclear and vague. Care plans contained terms such as 'freshen up'. We asked the provider whether that was clear enough for staff to provide the care the person required. The provider said this could be 'wiping people down if they had a temperature'. The term was used in most care plans and did not accurately reflect what tasks 'freshen up' meant.

We recommend the provider refers to current guidance about best practice in end of life care planning.

Staff support: induction, training, skills and experience

- Most relatives told us they felt staff were adequately trained to support their family members.
- The provider informed us that staff induction was a three-month period. E-learning on 57 modules was completed before starting work and that staff undertook three days shadowing but this could be extended if needed. The provider said face to face moving and handling training was provided. They stated when

people were recruited from overseas, they had a police clearance in their country and when they arrived the provider did a DBS check.

- The provider informed us that they had attained a Certificate of Sponsorship license from the Home Office and had in excess of 4,800 applicants. The provider said they recruited people to do five year's work undertaking 40 hours of work a week. They said they arranged their rotas four to six weeks in advance. Company cars had also been purchased.
- The provider sent us a training matrix and we saw that care staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff comments included, "Training was completed online. I had an induction and on first day met with my manager and told about what my job will entail. Had manual handling training. Have been in care previously so felt confident".

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

- People received personal care from the provider and their health needs were met by other professional agencies. Care records were not always clear about care staff's responsibilities in respect of personal care tasks.
- Staff did not support people to access health care services unless it was specified in the person's care plan. Staff were not currently supporting people to access healthcare. There was limited detail in care plans to guide staff how to respond in an emergency. However, most people had the support of relatives involved in their day to day care which reduced the risks.

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

- We did not see that people, or their legal representatives, had always signed to consent they agreed with how support and care would be provided to them. However, relatives told us that verbal consent was always sought from care staff before any support was undertaken.
- Staff had received MCA training and showed an understanding of their duties under the Act. Comments included, "Have to treat and assume that a person is able to make their own decisions unless proven otherwise. When providing personal care or changing client's clothes, ask them what they want to wear, give them options. Let them choose" and "Some clients can make decisions for themselves and have full capacity. Would prompt them to make decisions. Give them options. For example, [person] can be shown different colours. Can still point, smile to let you know preferred option".

# 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 good. This meant people were supported and treated with dignity and respect by care staff; and involved as partners in their care.

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

- Despite care plans not always containing information about people's relevant history, staff showed a good awareness of people's needs and how to support them with kindness. For example, "[People] are all different. Need to treat [people] individually and provide person centred care. Don't compare with others", "It's always about the individual. My needs and beliefs do not matter; we respect their wishes and support their decisions" and "I would comply with what it is they want done and respect any religion or dietary preferences".
- Relatives we spoke with told us that staff were kind and patient. Comments included, "They are very kind, they take their time with her, they are lovely" and "They are very gentle and understanding and compassionate".

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- An external professional stated there had been an issue with sending a male care staff alone instead of with a female. This had been raised and a female carer provided.
- Feedback from relatives was that privacy and dignity was respected. Comments included, "They close the curtains and door when they help her get washed and dressed" and "Oh yes, they are very good like that, they respect her privacy".
- Staff understood the importance of encouraging independence. One member of staff said, "[Person] wants to do things themselves so we are supporting them to be independent; does take a bit of a time to complete things themselves but we are patient".

# 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; End of life care and support

- People's care plans were inconsistent. Whilst we saw some care plans were person-centred others were not, they either lacked detail or were incomplete.
- Care plans were not personalised. We looked at five care plans and found the wording was the same in certain sections of care plans.
- People's preferences were considered in relation to what they 'liked' however, not all care plans highlighted people's 'dislikes'.
- People's care plans were not always updated with current information when people's circumstances changed. Due to people's care plans not being up to date, staff were not given accurate information relating to people's needs. We could not be assured care given to people was sufficient and met their preferences.
- The service supported people during the end of their lives, however, people did not have end of life plans in place which considered their wishes and preferences.

Care records were not always accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Some care plans contained preferences such as a person making choices about what to wear and for staff to show patience as the person had memory lapses.

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.

- There was information in care plans about communication. However, this was quite limited with information such as, 'They (care staff) need to pay attention to any sound and facial expressions I may make when moving me'. There was no description of what body language the person may present with such as what facial expressions may mean or any sounds they may make which may indicate pain being experienced during personal care.
- There was limited information when a person had dementia. For example, one care plan said, '[Person] will not remember much'. There was no information gathered so a member of care staff may know what to talk to the person about from their past to prompt discussion.

- Some relatives felt that their family members sometimes struggled to understand care staff accents and felt this caused a barrier with having to explain certain things. For example, one relative said, "I know it's only silly, but for example they don't know the difference between [described two different items of clothing], so [person] gets frustrated".

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedures. This stated a complaints log would record each complaint and actions taken.
- Two relatives said they experienced late calls and raised a complaint about this, although there was no record of this on the complaints log we were provided with.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems and processes in place to assess, monitor and mitigate risks and to improve the quality and safety of the service were not always effective.
- The provider had not identified the issues we highlighted during the inspection, such as those relating to conflicting and inaccurate information in people's care plans.
- The provider had developed audits in other areas of the service, but these contained limited information in providing an oversight of any actions following review of information and any actions that may be required. For example, the need to improve care plan accuracy and completeness.
- The provider's call monitoring electronic system showed timings and call lengths inconsistent with scheduled information. On reviewing this there were multiple entries which reflected late calls and short timescale of visits. These had not been scrutinised by the provider to ensure visits were happening when they should. We asked the provider for clarification of this, but we received no response.
- The provider had not always ensured that all requirements of legislation were met to ensure staff were suitable to deliver the regulated activity. For example, not investigating a person's full employment history or seeking satisfactory verification of reasons care staff previous employment ended when the post had involved working with vulnerable adults.
- The provider had full knowledge of the service's inspection history. They had addressed some of the shortfalls from the last inspection and we found they had made improvements regarding staff training and updating the information in their Statement of Purpose. However, they had failed to make sufficient improvements in relation to fully assessing risks to people, safe management of medicines and having robust safeguarding processes to ensure people were cared for safely. We also found the provider's quality management systems were still not fully effective in identifying areas where the service needed to improve.

Not all systems and processes were effective in assessing, monitoring and mitigating risks to the health, safety, and welfare of people using the service and to improve the quality of the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) 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

- We received mixed feedback from staff in relation to the support they received from the provider and senior care staff.

- Following the inspection, we asked the provider for further evidence. This was not always provided, or requests responded to.

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

- We had different accounts of whether staff felt involved in how the service was run. We asked staff if they had opportunities to meet or provide feedback. Some said there were online meetings weekly and some said they were once a month or once every two months.
- Feedback about the quality of the service was checked during spot check visits by supervisors. There was no evidence of how feedback was used to make improvements or develop the service.

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 Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. We do not identify any incidents that needed responding to in line with this duty.

Working in partnership with others

- The provider worked in partnership with others. At the time of the inspection, this was primarily with the local NHS Trust and health professionals who supported individuals with end of life care.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not always operated effectively to ensure staff employed were of good character or suitable for the role.

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>Risk assessments were not always accurate and up to date to ensure staff were supported to deliver the care in line with people's assessed needs.</p> <p>Medicines were not always managed safely. Information was not always clear about care staff's responsibilities in respect of administering medicines.</p>

### **The enforcement action we took:**

We served a warning notice on the provider in respect of Regulation 12 not being complied with. This states the timescales of when this regulation must be compliant by.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always accurate and complete for each person.</p> <p>Not all systems and processes were effective in assessing, monitoring and mitigating risks to the health, safety, and welfare of people using the service and to improve the quality of the service.</p>

### **The enforcement action we took:**

We served a warning notice on the provider in respect of Regulation 17 not being complied with. This states the timescales of when this regulation must be compliant by.