

Kamino Homecare LTD

# Kamino Homecare 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was a comprehensive unannounced inspection that took place on 2 and 8 August 2017. Kamino Homecare Limited is a domiciliary care service registered to provide personal care to people in their own homes. At the time of inspection, the service was providing personal care to over 70 people living with dementia, mental health condition and physical disabilities, older people and younger adults.

This service was last inspected on 12 May 2016 where it was rated Requires Improvement. At the last inspection breaches of legal requirements were found. This was because the service did not carry out mental capacity assessments for people living with dementia and cognitive impairment and thereby did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. The service did not assess and mitigate individual risks identified as part of the care and support plan and followed unsafe and improper management of medicines. We also made recommendations in relation to organising MCA staff training and assessing staff knowledge and competency, and developing and implementing effective management systems to assess and evaluate care provision. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At this inspection, we found that the provider had not fully followed their plan which they had told us would be completed by the 26 June 2016 and overall, we found that the provider had not addressed the breaches of the abovementioned regulations and there were repeated breaches in relation to safe care and treatment.

The service had a registered manager who has registered with the Care Quality Commission (CQC) to manage the service. At the time of inspection, the registered manager was out of the country and had submitted us with the required notification of their absence. The provider had appointed a new manager in June 2017 who was undergoing registration process with CQC and was managing the service in the registered manager's absence. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made some improvements since the last inspection but they were not sufficient and there were on-going concerns in relation to providing need for consent and safe care and treatment. We also found the provider had not met recommendations made in relation to staff training and good governance.

The provider had not identified and assessed all the risks involved in supporting people and providing safe care. The risk assessments and associated care documents did not give staff comprehensive information on how to support people safely whilst meeting their individual health and care needs. The provider did not maintain accurate medicines administration records (MAR) for people who were supported with medicines administration and prompting.

Not all staff received adequate induction and role specific training before they started working with people. Staff received supervision and appraisal but the records showed that these were not always regularly completed.

Complaints and safeguarding records did not give full details regarding how they were resolved and the investigation outcomes. The data management and monitoring systems to assess the quality and safety of care delivery was ineffective. The provider was not auditing systems and processes related to care delivery including daily care logs and MAR. Some staff recruitment checks were not verified as per the provider's policy. People's care plans did not make reference to their mental capacity to make their own decisions.

People and their relatives told us staff were kind and helpful and treated them with dignity and respect. People were mostly happy with staff's timekeeping and generally received care from the same team of staff. People were provided with companionship services as and when required. People were happy with nutrition and hydration support and received support accessing health and care services when requested.

Staff told us they enjoyed working with the provider and were well supported by the management. They knew types and signs of abuse and the importance of reporting concerns of abuse and neglect. Staff understood people's right to make decisions; they asked their consent before providing care and gave them choices.

The provider sought feedback from people on the quality of care on a quarterly basis. The feedback mainly had been positive and the provider used the negative comments and feedback to improve their service such as informing people when staff were running late.

We found the registered provider was not meeting legal requirements and there were overall three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, staff training and supervision, and for systems and processes to improve the quality and safety of the services including accurate records.

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

## 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 consistently safe. The provider was not identifying and assessing risks associated with people's health and care needs. The risk assessments and corresponding care plans did not always provide sufficient information to staff on how to provide safe care. The provider did not maintain accurate information related to medicines administration. Staff recruitment checks had some gaps.

People were happy with medicines management support and told us they felt safe with staff that mostly attended care visits on time. The provider met infection control requirements and provided staff with necessary personal protective equipment.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. Not all staff received appropriate induction and role specific training before they started working with people. Although staff felt supported and received supervision, we found some gaps in supervision records.

People were happy with nutrition and hydration support. People's care plans did not always make reference to people's capacity to make decisions. Staff asked people's permission before providing support. When required the service supported people in accessing health and social care services.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People and their relatives told us staff were kind and caring. People mostly received same staff team and their gender specific care needs were met. People told us staff listened to them and treated them with dignity and respect.

Care plans gave information on people's religious and cultural background and needs. Staff understood the importance of confidentiality.

**Good** ●

### Is the service responsive?

The service was responsive. People's changing needs were met

**Good** ●

by the staff who had a good understanding of their likes and dislikes. People were involved in care planning process and received regular care reviews. Care plans were reviewed and gave information on how people were to be supported.

People were happy with the way complaints were addressed. However, the service did not always maintain complete records of complaints and it's resolution.

### **Is the service well-led?**

The service was not consistently well-led. The provider lacked effective management oversight of the service delivery. The service did not carry out audits and checks to monitor the safety and quality of care delivery. The data management systems and recordkeeping was not always effective.

Staff told us they felt well supported by the management. People and their relatives told us they the service was good and had seen an improvement since the new manager's appointment.

**Requires Improvement** ●

# Kamino Homecare Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 and 8 August 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us.

The inspection was carried out by one adult social care inspector and one expert 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. We phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. We looked at the information sent to us by the provider in the Provider Information Return (PIR), this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were over 70 people receiving personal care support from the service and 50 members of staff, at the time of our inspection. During our visit to the office we spoke with the manager, one field supervisor, one care coordinator, human resources officer and four care staff. We looked at eight people's care records including their care plans and care delivery records, and seven staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's safeguarding, accidents / incidents and complaints records. Following the inspection we spoke to nine people using the service and four relatives, and liaised with the registered manager via emails.

We reviewed the documents that were provided by the manager (on our request) after the inspection. These

included reviewed training matrix, new risk assessment and medicines administration templates, policies and procedures and care records for some people.

# Is the service safe?

## Our findings

At our comprehensive inspection on 12 May 2016 we found that the provider to be in breach of Regulation 12 in relation to safe care and treatment. They did not identify and assess people's personal and individual risks associated with their care and did not provide guidance to staff on how to support people and mitigate or reduce any risk to ensure their safety. The provider did not consistently assess risks associated with providing medicines management support. The provider did not assess staff's competency to administer medicines. The provider maintained a form which staff ticked if they had prompted or administered medicines but did not maintain accurate records of what medicines and the dosage that was prompted or administered.

At this inspection we found the provider had made some improvements however these were not sufficient and the action plan they had written to meet shortfalls was not achieved. The provider continued to fail in identifying, assessing and mitigating risks involved in people's care and support, did not assess staff's competency to administer medicines and did not maintain accurate records of medicines administration. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not follow safe practices and procedures in mitigating and reducing risks associated to people's care. We found the provider carried out detailed external and internal environment, medicine and mental health risk assessments but was not identifying and assessing risks associated to people's health and care needs. The risk assessments and corresponding care plans did not give sufficient information and instructions to staff on how to support people safely or minimise risks. For example, one person who had two pressure sores and at high risk of falls due to reduced mobility required two staff to support them with all daily living activities. This person also used bed rails for safety and was on catheter. There were no risk assessments in place for pressure sore, moving and handling or the use of bed rails to instruct staff on how to safely support the person whilst meeting their needs. The person's care plan did not provide guidance to staff on how often the person should be repositioned, how they should manage the person's catheter needs such as emptying, flushing, and safely meet their moving and handling needs. This put the person at risk of unsafe or inappropriate care and treatment, because risks associated with their care were not adequately assessed.

Another person who used a wheel-chair required support from one staff member with their personal care needs. Their moving and handling risk assessment stated, "The person required support by one staff with hoisting." It did not include what type of hoist to be used or how staff should use the hoist thereby minimising the risks involved. When we asked the staff member who carried out the risk assessment they said the person had access to ceiling and standing hoists but preferred using ceiling hoists. We asked the manager about their policy on using ceiling hoist; they told us two staff were required to use a ceiling hoist. They further said that this person was not being supported using a ceiling hoist but with a standing hoist. We spoke to the staff member who supported this person on a daily basis and they confirmed that they only used the standing hoist to support the person. Hence, the risk assessment did not give accurate information to staff on what aids were to use in supporting this person and how to use those aids to provide safe care



thereby putting the person at risk of harm.

People were provided with medicines management support including prompting and administration. However, the provider did not maintain accurate medicines administration records (MAR) for the medicines that were being prompted and or administered. People's homes had a form in place where staff ticked and signed to confirm they had prompted or administered medicines and that the person had taken them but did not give information on the dosage of the medicines that were prompted or administered. Therefore, we could not be confident that people received their medicine as prescribed.

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

People using the service and their relatives told us they felt safe in the company of the staff. One person said, "I feel safe, absolutely." Another person told us, "I definitely feel safe."

Most people and relatives were happy with medicines support. One person told us staff provided timely medicines support and measured out the medicine for them. One relative commented that the staff always asked consent before administering medicines.

The manager told us there had not been any accidents; we looked at the provider's accidents and incidents records and confirmed that there had not been any accidents or incidents. People and their relatives told us there had not been any accidents, and that they trusted staff and the provider to act promptly and appropriately in case of any accidents.

Staff demonstrated a good understanding of their role in identifying and reporting abuse. They were able to describe types and signs of abuse, and told us they would immediately report any concerns of abuse and poor care to the management. They said if they had any concerns during non-office hours they would contact out of office hours contact for staff on-call. We looked at the safeguarding records that confirmed there had been one safeguarding case since the last inspection which we were notified of. Although, the records had detailed the safeguarding case there was no information regarding the safeguarding investigation and the outcome. During the inspection, the manager could not locate information on the safeguarding case. Following the inspection, the registered manager emailed us stating the person's care package had ended and hence, they had not updated the safeguarding case file and the person's care records. The registered manager assured us moving forward they would keep safeguarding records up-to-date.

Most people and their relatives were happy with staff's timekeeping, and told us usually staff or office informed them if and when they were running late. They further said staff generally turned up on time and stayed for the agreed period. Two people told us they had "one or two" missed visits but the provider had rectified the problem very quickly. The provider had started using an electronic system to produce reports of missed and late visits since June 2017. The registered manager told us they maintained a monthly log of missed visits so that they could spot trends to effectively deal with any recurring issues. However, during and following the inspection, the manager provided us with missed and late visit logs for July and August 2017 period. We found there had been eight missed visits in the month of July and records were in place demonstrating the trends and measures to address the issues. We looked at the records of staff disciplinary hearings, verbal and written warnings to staff who were late at care visits and missed care visits.

The care coordinator told us they tried their best to allocate staff based on their preferred geographical locations to reduce travel time. Staff confirmed they had sufficient travel time to attend care visits on time.

The manager told us they had introduced a new system where any changes in the care visit allocations were first discussed and confirmed with the staff and then allocated so as to avoid any potential missed care visit.

We reviewed staff recruitment files and found most files had the required staff application forms, identity and verification checks. However, two staff Disclosure and Barring Service (DBS) criminal record checks were from previous employment, and three staff reference checks did not have sufficient information to confirm they were verified in line with provider's recruitment policy. This meant provider was not always following safe recruitment practices.

Staff told us they had access to sufficient quantities of personal protective equipment including gloves and aprons to enable them to safely assist people with their personal care. People and relatives confirmed staff used gloves and other appropriate protective wear whilst providing personal care.

# Is the service effective?

## Our findings

At our comprehensive inspection on 12 May 2016 we recommended that the provider organised refresher training on the Mental Capacity Act 2005 (MCA) and assessed staff's knowledge following the training to ensure staff acquired clear understanding of the principles of the MCA.

At this inspection we found the provider had not met the recommendation and there was no evidence that staff had been assessed around MCA principles.

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

At the time of inspection, we found people's care plans did not make reference to their mental capacity to make decisions around care and treatment and the service did not carry out mental capacity assessments for those people who lacked capacity. However, we found signed consent forms to care and treatment in people's care plans. Following the inspection, the provider sent us four completed mental capacity assessment forms. People and their relatives told us staff always asked their consent before supporting their relative and gave them choices. Staff told us they always asked people's permission before providing support and care.

We looked at the provider's induction policy and procedure and found that they had not followed this in relation to staff induction and training. The provider's policy stated all the new employees would be provided with a training and induction programme to ensure they had required knowledge and competencies before starting work. And new members of staff would be required to successfully complete an induction programme to the standard of the Care Certificate, within 12 weeks of appointment.

We found not all new staff were provided with induction training before they started working. In addition to this not all existing staff received annual refresher training in mandatory areas such as safeguarding, moving and handling, and health and safety as per the provider's induction policy. For example, one staff member who had started working in June 2017 told us they had not received any induction training as they had all the necessary training done with their previous employer and that they had given copies of those training certificates at the time of starting employment with the provider. We reviewed this staff member's training certificates and found only one certificate; it was for mandatory training dated 31 March 2017 which was valid for a year. This meant the certificate was not valid at the time they started working with the provider. The training matrix provided by the new manager did not include this staff member's training details and their personnel file had no information regarding their induction programme. Hence, the staff member was not provided with appropriate induction training before they started working with the people they cared for.

Another staff member who started working with the provider in June 2017 in a role that required them to carry out needs and risk assessments told us they had not received an induction and role / job specific training and there were no training records for them. As per the provider's training matrix, the staff member had started Care Certificate course on 27 January 2017 which did not correspond with their start date in June 2017. This staff member had no previous health and care sector work experience and had not received training in safeguarding and MCA. This meant this staff member was carrying out needs and risk assessments including moving and handling risk assessment without being trained in those areas and qualified to do so. This put people receiving care at a risk of harm. Out of seven staff we spoke with three told us they had not received any induction training and the rest of the staff told us they had carried out an online training

We found that all the training was delivered online and via videos including MCA, medication administration and moving and handling. The provider had not assessed staff competency in medicines administration and moving and handling. Staff were required to complete workbooks which were being evaluated, however; there were no records to confirm this was taking place. The management told us they did not mark and signed assessed workbooks but would do so in future.

We looked at staff supervision records and although most staff received regular supervision we found some gaps. One staff member who had started working in April 2017 had not been to the office in the last three months and had not met anyone in the management for one-to-one progress meeting. This meant staff member may not have received initial support and supervision to do their job effectively. We could not evidence all staff's appraisal records as the human resources officer told us during the moving of the office they had lost appraisal records for some staff.

We concluded the above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had scheduled moving and handling train-the-trainer course for the new manager and the field supervisor so that they could provide in-house moving and handling training to all staff. The new manager told us some of the office staff were booked onto the local authority's training around carrying out risk and needs assessments. However, we were not provided with any records confirming training courses had been booked.

People and their relatives told us staff fully understood their individual health and care needs. They further said staff knew how to support them and their needs were appropriately met. One person commented, "My carer is very competent." A relative commented that staff looked after their relative, "very well."

Staff told us they felt supported by the new manager and the care coordinator, and were able to get help and assistance as and when required.

People and their relatives told us their nutrition and hydration needs were met. One person commented how a staff member encouraged and supported them in preparing food and cooking their favourite meals. Staff knew what people's likes and dislikes were and how they liked their food to be served. One staff member said, "She likes eating toast, Weetabix cereals for breakfast and Jamaican soup for dinner. I make sure she is able to access drinks and biscuits when I leave." This person's care plan included information on their nutrition and hydration needs and their preferences, and this correlated with what the staff member had said.

The service made referrals to health and social care professionals as per people's request. We saw records of

correspondence from hospitals and doctors. The service worked with health and care professionals in providing individualised care to people in relation to their health.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring and treated them with kindness. One person said, "They are very much kind and caring, particularly when I am in pain; they treat me like my mother." A relative commented, "The new carers are very good, very caring." The service asked people for their gender care preferences and people told us their gender specific care needs were met. We looked at staff rotas that confirmed people's gender specific staff requests were met.

Staff told us they shared positive relationships with the people they supported. One staff member commented, "I have great relationships with my clients [people using the service]." We looked at staff rotas that demonstrated a small staff team was allocated to people to ensure continuity of care. People told us they knew staff well and mostly received visits from the same staff team. One staff member told us they worked as a main carer for three people and had worked with them for two years. Staff told us as they supported the same people they understood their needs well and enabled them to provide individualised care.

At the time of assessment the management asked people and their relatives where necessary about people's background history, wishes, preferences and dislikes, people and their relatives confirmed this. People's wishes, likes and dislikes were recorded in their care plans and care plans seen confirmed this. People and their relatives told us they were involved in the care planning process and voiced their wishes and expressed their views about their care.

People's care plans also included information about people's religion, ethnicity, and cultural backgrounds and spiritual needs. For example, one person's care plan stated "I am a religious person. My church is quite important to me, even though I am not able to go out to church."

People and their relatives told us staff listened to them patiently and treated them with dignity and respect, their responses included, "Definitely respect me" and "Absolutely treat me with dignity". They further said staff respected their privacy and were sensitive towards their needs. People told us staff maintained confidentiality and never discussed other people's matters. Staff were able to describe the importance of confidentiality. We saw people's personal information and records were stored securely in lockable cupboards.

Staff told us they treated people with dignity and respect, and gave examples of how they provided a caring service such as "Ask people how they like to be supported", "Give them choices", "Listen to their needs" and "Treat them how I would like to be treated". Staff demonstrated good understanding of providing people care in a dignified way and respecting people's privacy and their rights.

Staff understood the importance of encouraging people to do things by themselves to maintain their independence. One staff member told us, "I assist [name of the person using the service] out of bed with a standing hoist to the bathroom and he showers himself and I dry him. I assist him with putting his trousers and shoes but he can put his shirt on himself."

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs and were accommodating of requests for changes in care packages, including care visit times and staffing. One person said, "They are very flexible about the timing of my visits." The care coordinator told us they matched staff with people from similar cultural backgrounds and languages to ensure people's individual needs were met.

The service met with people and their relatives at the time of referral to identify and assess their needs, likes and dislikes and ensure the service was able to meet their needs. This information was then translated into care plans. Out of eight care plans seen, six detailed information on people's care needs, background and medical history, nutrition and hydration needs, likes and dislikes. We found those care plans provided comprehensive information on people's individual needs and preferences and the support staff were to provide. For example, one person's care plan stated how their mobility had affected their ability to carry out daily living tasks and the exact support they required from staff to enable them to lead an independent life whilst meeting their care needs. The care plan stated, 'I try to do as much for myself as possible, I will require your support mainly with transfers which I cannot do. I require support heating up my meals. I require support with washing and dressing the lower part of my body.'

Staff were able to describe people's likes and dislikes and they correlated with people's care plans. For example, a staff member told me the person they had been working with was close to their cat, enjoyed reading the bible and enjoyed visits from their church friends. People's care plans were stored in their own homes and a paper and an electronic copy were kept in the office for staff reference. People and their relatives told us that care plans were in place and were regularly reviewed. Most of the care plans seen barring two in the office had been regularly reviewed. People and their relatives commented they were involved in care planning process, and care reviews and records seen confirmed this.

People were supported with social care needs when requested such as going to shops, cafes and walks. One person commented, "I am very happy with them. They take me to the shops." A staff member said, "I take [name of the person using the service] out shopping and give him companionship, we have a chat and a laugh."

The service encouraged people and their relatives via telephone calls, and care reviews to raise concerns, issues and complaints. People and their relatives told us they were happy with the service and most people told us they never had a reason to formally complain. However, those who had raised concerns were very positive about the way the management had responded to their concerns. One person said, "I did complain. The Company sorted it out quickly." Another person commented, "The Company was very positive in responding to my concern." A relative told us, "They were really good. Did it [addressed the concern] immediately."

We looked at the complaints logs and found although there were records of complaints made by people, information on how and when complaints were resolved and the outcomes were not always recorded. The new manager reassured us they would be update the information and moving forward maintain detailed

complaints log including date of complaint resolution and the outcomes.



## Is the service well-led?

### Our findings

At our comprehensive inspection on 12 May 2016 we recommended that the provider developed systems to monitor, assess and evaluate the care delivery to ensure they learned, developed and improved the provision of care and support.

At this inspection we found the provider had not made sufficient improvements.

The provider lacked effective monitoring and auditing systems to ensure the quality of the service. They did not identify gaps in the records that were detected during our inspection. For example, although people's care plans and risk assessments were updated and reviewed, the provider had not identified gaps in people's risk assessments. The manager told us they were not auditing staff personnel files, MAR and daily care logs. Spot checks where office staff visit people's homes with their permission to check on the staff member without the staff member knowing in advance were not carried out regularly. The management told us there had been interruptions in spot checks due to changes in the office staff team but had scheduled spot check dates to ensure they were regular moving forward.

The provider did not assess and mitigate risks relating to health and safety of people using the services. People's risk assessments and care plans did not give adequate information for staff on how to provide safe and personalised care. Risk assessments associated to people's specific on-going health condition and care needs were not being completed for example pressure sores, moving and handling, and bed rails.

People's care plans did not make reference to their capacity to make decisions. People's daily care logs had some gaps in them and there were no reasons recorded for the gaps. Those daily care logs did not always detail how people were being supported and daily entries were repetitive. The provider was not maintaining accurate MAR for people where staff were prompting or administering medicines. The provider failed to maintain accurate, complete and contemporaneous records relating to care delivery.

The provider did not maintain accurate records around people's complaints, safeguarding cases, and in relation to staff employment. Complaints and safeguarding records did not detail investigation and outcome information. Some staff recruitment security checks were not up-to-date, and some staff reference checks were not verified as per the provider's policy.

The service had only recently started seeking feedback formally from people using the service and their relatives that meant people had not been asked for their feedback on an ongoing basis to continually evaluate and improve the service.

The provider lacked effective management oversight and did not maintain an improvement action plan that enabled them to learn, develop and improve the service delivery.

The provider failed to make sufficient improvements since the last inspection and did not have efficient record keeping, data management systems and processes to assess, monitor and improve the quality of

care service delivery, and accurate, complete and contemporaneous records.

We concluded the above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had recently changed the way they sought feedback from people and their relatives because the feedback form return ratio was low. They further said the new manager had introduced a new system where the field supervisor visited people on a quarterly basis to complete the feedback form. We looked at the completed feedback forms and they were mainly positive. The management told us they had not received any negative feedback but if they did then they would contact those people and identify improvement areas and create an improvement action plan to address those areas.

The service had a registered manager in post. At the time of inspection, the registered manager was out of the country and had submitted us with the required notification of their absence. The provider had appointed a new manager that was undergoing the registration process. Everyone knew who the registered manager was and how to reach them. Most people, their relatives and staff were aware of the new manager and told us they found them helpful and approachable. A number of people commented that they thought a new manager had recently been appointed, and the efficiency of the service had improved. People and their relatives told us they were happy with the service. One relative commented, "I would definitely recommend this service to someone else." The management was aware of their regulatory responsibilities including submitting notifications and raising safeguarding alerts. The service worked with the local authority contract and quality monitoring team in delivery quality services.

Staff told us they liked their job and enjoyed working with the provider, and found the management helpful. One staff member said, "I do get support when I ask. The manager is approachable, she does listen." Another staff member said, "I feel supported by my agency and the manager. I am with my job and [feel] comfortable to talk to the manager." The manager told us they had regular staff meetings. We asked for the staff meeting minutes but we were not provided with them during and following inspection.

The manager told us they had recently hired services of an independent audit team who were in the process of reviewing and updating the provider's policies and procedures.

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>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. The registered persons failed to ensure that care of people was provided in a safe way.</p> <p>This included failure to:</p> <ul style="list-style-type: none"><li>* assessing the risks to the health and safety of service users of receiving the care or treatment;</li><li>* doing all that is reasonably practicable to mitigate any such risks;</li><li>* ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;</li><li>* the proper and safe management of medicines;</li></ul> <p>Regulation 12(1)(2)(a)(b)(c)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive appropriate and necessary support, training, professional development, supervision and appraisal to enable them to carry out their role effectively.</p> <p>Regulation 18(2)(a)</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to:</p> <ul style="list-style-type: none"><li>* assess, monitor and improve the quality and safety of the services provided;</li><li>* assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others;</li><li>* accurately and completely maintain records in respect of each service user, and evaluate and improve their practice in respect of the processing of the information;</li><li>* maintain securely such other records as are necessary in relation to persons employed in the carrying on of the regulated activity;</li><li>* evaluate and improve their practice in respect of the processing of the information in relation to the above points</li></ul> <p>Regulation 17(1)(2)(a)(b)(c)(d)(f)</p>

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

The provider was served with a Warning Notice.