Care Quality Commission

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Welcome Home

Inspection report

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Date of inspection visit:
06 September 2016
07 September 2016

Date of publication:
08 December 2016

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

The inspection took place on 6, 7 and 9 September 2016. The inspection was unannounced.

Welcome home is registered as both an accommodation based care home and a community based domiciliary care agency (DCA) which delivers personal care to people in their own homes. The domiciliary care agency is run from an office at the care home.

The care home provides accommodation, care and support for up five adults, either male or female. People had complex needs, including mental health and physical health needs. At the time of this inspection five people were living at the home. The DCA service provides home care services to people within the local area. Some people are living with some degree of memory loss and need a range of support including care, prompting and monitoring. Visits range in number and time to suit individual need. At the time of the inspection 34 people were receiving personal care from Welcome Home. This DCA service is run from a separate office within the grounds of the care home with a separate staffing group, although on occasion staff working at the care home carried out visits to people in the community and vice versa.

We have reported on the services provided by the care home and the DCA separately under the evidence sections of the report, unless the evidence related to both services when we combined the reporting.

We last inspected the service on 12, 13 and 18 August 2015. At that inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation12, Safe care and treatment; Regulation 17, Good governance; Regulation 18, Staffing and Regulation 19, Fit and proper person's employed. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. The provider said they would complete the actions in the plan by March 2016.

At this inspection we found that the provider had not taken action to address the breaches from the previous inspection and had made few improvements to the service provided. Improvements had been made to people's care plans within the DCA service and people now had regular reviews of their care. Individual risk assessments had been improved within the DCA service.

Care Home
Risks to people's safety and wellbeing were not managed effectively to make sure they were protected from harm. The care home did not have all associated individual risk assessments in place to identify and reduce risks that may be involved when caring for people in the home.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff were trained in the Mental Capacity Act 2005 and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks. Where people lacked the mental capacity to make decisions the registered manager had not always been guided by the principles of the Mental Capacity Act

(MCA) 2005 to ensure any decisions were made in the person's best interests. Mental capacity assessments had not been undertaken with people living in the care home before care planning decisions had been made. There was no evidence of best interest's decisions within the care home to make sure people's rights were upheld.

There was plenty food and snacks available in the care home based around people's preferences. Staff were aware of special diets people were advised to follow and factored this in when choices were made.

People living in the care home were clearly happy and relaxed within their home. Feedback from relatives was very positive about their loved one's safety and welfare. The home had a pleasant atmosphere where people were at the centre of everything the staff did.

People living in the care home had many activities and each had their own car so they could access their interests outside of the home. People also took part in activities and interest within the home. Activity plans were not available to evidence the busy lives people led and to make sure new staff had a clear idea of people's plans. We have made a recommendation about this.

DCA
DCA staff recorded informal, or verbal, complaints on contact sheets and dealt with these straight away. However, they were not logged as complaints and therefore not analysed in order to learn from mistakes and make improvements to service delivery. We have made a recommendation about this.

People were very positive about the care and support they received from the DCA staff. They all said they felt safe with the staff and always received the care they needed. The office staff knew people well and most of them spent some time supporting people.

Care home and DCA
The provider did not follow the appropriate guidance to make sure the recording of the administration of medicines was safe and the information required was available. However, medicines were managed well in some areas within both the care home and DCA service.

The provider did not follow safe recruitment practices. Essential documentation was not available for all staff employed in either the care home or the DCA. Gaps in employment history had not been explored to check staff suitability for their role. Appropriate references were not always requested.

Staff were not supported appropriately. Individual one to one supervision meetings and appraisals had not taken place with staff working in the care home. Some supervision meetings had taken place with staff in the DCA service although not often or regular. Staff had not had the opportunity to attend regular staff meetings to receive information, updates and support.

The provider did not have effective systems in place to enable the registered manager to assess, monitor and improve the quality and safety of the two services or identify and manage all the risks to people's safety. Shortfalls had not been identified by the provider or registered manager and actions had not been taken in a timely manner to improve the quality of both services.

The provider asked people and their relatives for their views in both services. Feedback was mainly positive. The provider did not analyse the feedback and comments received in order to improve the quality of the services.

There was a registered manager based at the service. The care home and the DCA service had a combined registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

There were sufficient numbers of staff in both services to deliver the care and support required. Staff enjoyed their work and said they were not rushed, always had time to chat to people and assist people with enjoyable personal activities.

People's health needs were well looked after in both services with close communications with health and social care professionals.

People, their relatives and staff all thought the registered manager was approachable and always put people first. Staff were happy in their role and felt confident to raise concerns with any of the management team at any time.

During this inspection, we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The care home and DCA service were not always safe.

Risks to people's individual safety and welfare were not properly assessed.

Some aspects of the medicines administration was managed well, but administration records were poor.

There were sufficient staff to meet people's needs. However, safe recruitment procedures had not been followed

People and their relatives felt they were safe living in the home.

Is the service effective?

Requires Improvement

The care home and DCA service were not always effective.

Staff received appropriate training to carry out their role, but had not received regular supervision and appraisal from their manager to ensure they had the support to meet people's needs.

Mental capacity assessments had not been undertaken with people and best interests decisions had not been recorded in the care home.

In the DCA service, staff supported people to make decisions by ensuring the right support was available from health and social care professionals.

The food provided offered variety and choice and provided people with a balanced diet. In the DCA service people had assistance with food preparation and eating and drinking when required.

Care home and DCA staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Is the service caring?

Good

The care home and DCA service were caring.

The care home had a pleasant and relaxed atmosphere. There were good relationships between people and staff, built on knowing each other well. People were very positive about the care provided by staff in the DCA.

Independent advocates supported some people with the important decisions they had to make when living within their own home.

People were supported by staff to maintain and increase their independence where possible. People were treated with dignity and respect by staff.

Relatives visited regularly in the care home with no restrictions.

Is the service responsive?

Good

The care home and DCA service were responsive.

People living in the care home each had their own car and were able to enjoy many activities and interests.

Care plans were person centred, focussing on the individual. People and their relatives were involved in developing their care plans.

People were visited in their own home on a regular basis by DCA staff to have their assessed needs reviewed.

People living in their own homes were made aware of how to make a complaint to the DCA service and there were systems in place to respond to them.

Is the service well-led?

Requires Improvement

The care home and DCA service were not always well led.

A system was not in place to regularly assess and monitor the quality of service people received through an auditing process.

Records relating to people's care had not been completed effectively. There were gaps in records.

Although the views of relatives had been sought, these were not used to improve the quality and safety of the services

People and their relatives were very happy with the service provided. Staff were happy working at the service and found the registered manager to be approachable and committed.

The provider had invested in an electronic recording system in the DCA service that was spoken about very positively by staff as it improved communication and gave them more time to chat to people.

Care Quality Commission

Welcome Home

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 6, 7 and 9 September 2016 and was unannounced.

The inspection team consisted of two inspectors on 6 September 2016 and one inspector on 7 and 9 September 2016. A third inspector made telephone calls to people who received personal care from the domiciliary care agency part of the business to gain their views.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spent time observing the care provided and the interaction between staff and people within the care home. We spoke to two relatives of people living at the care home to gain their views and experience of the service provided. We also spoke to the registered manager, two senior care workers and two care staff who work in the care home. We looked at three people's care files and five medicine administration records, three staff records as well as staff training records, the staff rota and staff team meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems.

We spoke to seven people who received personal care within their own home. We also spoke with the domiciliary care manager, two office staff, two senior care workers and three care staff who work in the DCA service. We looked at four people's care files and medicine administration records, five staff records as well as staff training records, the staff rota and staff team meeting minutes. We spent time looking at records,

policies and procedures, complaints and incident and accident recording systems.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 12, 13 and 18 August 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to; Regulation 12, safe care and treatment. People's medicines were not being safely managed and risks to people's safety were not being assessed or mitigated effectively. This was for the regulated activity that governed the care home. Also Regulation 19, Fit and proper persons employed. Safe recruitment practices were not being followed for either the care home or care agency.

Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the Regulations by March 2016. At this inspection we found that the registered provider had not implemented their action plan and improvements had not been made to the safe management of medicines, the management and assessment of risk or safe recruitment practices.

Care Home
In the care home we saw that people were safe living at Welcome Home. They were relaxed and smiling. People became more animated and engaged when staff sat and chatted with them. When staff were supporting people, for example to walk around their home or to go out in their car, people were noticeably pleased and happy. Relatives told us they thought their loved ones were safe living at the home, where they had lived for many years. One relative told us, "I do think she is safe". Another relative said, "We go often to visit and there has never been a problem, nothing that we have been concerned about".

Some risk assessments in the care home were available in people's care plans, however those that were available were out of date and did not clearly identify individual risks or record how to reduce the risks. The risk assessments we saw were dated15 March 2015 and had not been reviewed since. General risk assessments were filed in people's care plans that were not individual to the person. For example some people's care plans included a challenging behaviour risk assessment but the document did not have the person's name on and gave standard guidance only, not individual to the person. People's care plans included a risk assessment for travelling in the car but care plans did not cover the risks to the individual person. In one instance the measures to keep people safe while driving in the car were not appropriate for the individual. The advice of health and social care professionals had not been recorded in the care plan and risk assessments were not undertaken or reviewed.

One person at risk of malnutrition was being weighed six to eight weekly even though the dietician had raised concerns in a letter about their weight loss and low BMI. The registered manager said the dietician had advised to check the person's weight six to eight weekly. However this was not recorded anywhere in the care plan and was not included in the dietician's letter to the person. An individual risk assessment had not been undertaken to reduce the risks identified. The speech and language therapist (SALT) had written a letter with specific guidelines advising how to cut a person's food up to ensure safe eating. This guidance had not been incorporated in to a specific care plan or risk assessment. The registered manager told us people's individual risk assessments had been stored away during an office move. However we were told the office move had been two months previous to the inspection date and they were not made available to us in

the three days we were at the service. People had clear risk factors and individual risk assessments were not available for staff to follow to ensure people received safe care.

A separate 'falls folder' had been set up in the care home by the registered manager to enable the easy monitoring of falls people had within the home. However, nothing had been recorded in this folder since April 2015 even though there had been instances of people falling over.

People living in the care home did not have a personal emergency evacuation plan (PEEP) in place. This would set out the individual assistance people required to evacuate the building safely in an emergency situation. A fire evacuation drill had been carried out in January 2016 but a drill had not been undertaken since then. Staff had recorded the list of staff who had evacuated the building in the fire drill record in January 2016. People had not been evacuated during the drill. We asked the registered manager about this and they told us the fire evacuation policy stated that people stayed put in the building during a fire. We looked at this procedure with the registered manager and this was not stated. PEEP's would guide staff what action to take with each person in the event of an emergency evacuation.

The failure to assess the risks to the health and safety of individual people to keep them safe was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Environmental risk assessments had been carried out to ensure people, staff and visitors were kept safe from hazards around the care home. For example, hazards in the kitchen, slips, trips and falls and safety in the bathroom. Health and safety checks of the premises had been carried out every week. Action required was recorded and evidenced that these had been completed. Maintenance issues found were highlighted and acted upon. A fire alarm test was undertaken each week. However, when the member of staff who was responsible for this task was on leave, the fire alarm test was missed. We spoke to the registered manager about this who said they would make sure a second member of staff was given this responsibility also.

The equipment in the care home had been serviced at the appropriate regular intervals. All the required maintenance checks had been carried out such as electrical installation, portable electrical appliances and gas safety checks.

DCA
People said they felt safe receiving care from the staff from the Welcome Home DCA service. Everyone we spoke with told us the staff were good and they had no concerns with the care they received or the staff providing the care. One person said, "The staff are so good I do feel safe when they are caring for me". Another person told us, "I do feel in safe hands when the carers are here".

Individual risk assessments were carried out to identify risks and measures put in place to help prevent people living in their own homes coming to harm and to keep them safe. Adaptations and equipment required to support people when moving around their home were documented. The types of risks identified included where people required support with moving and handling. Where a hoist was needed to support people to move safely, risks had been identified and safety measures documented for staff to follow. For instance, safety measures stated; two staff needed at all times, read the care plan to understand the step by step guidance required and check the correct equipment is in place. However, some people's individual risk assessments had not always been updated regularly. One person's moving and handling risk assessment was dated 17/03/2015 and recorded a review due date of 18/03/2016, however no review had taken place. We spoke to the registered manager about this who said the move over to the new electronic system had meant some of these had been missed. Measures were put in place to review all individual risk assessments during our inspection.

Environmental risk assessments of people's homes were undertaken to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as poor street lighting, driveways, or outside steps. The inside of the property was looked at to check it was free from obstacles. Important safety information was checked for the benefit of staff, such as if people had pets and safe escape routes in case of fire. The whereabouts of fuse boxes, water stop cocks, smoke alarms etc. were also identified and recorded so staff had the information to help keep people safe.

Care Home and DCA
In both the care home and DCA service people were not always supported to receive their medicines safely. Within the care home, medicines were stored securely and arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff had been trained to administer medicines safely, and they knew how people liked to take their medicines. However, the medication administration records (MAR) in the care home did not always confirm that people received the medicines as prescribed. Three people's MAR charts we looked at in the care home showed gaps in the recording of medicines administered. For medicines prescribed 'as and when necessary' (PRN), protocols advising staff when to give these medicines and why were not available in four out of the five people's records. One person living in the care home was prescribed a medicine they needed to take with them whenever they went out. Staff were required to sign to say they had taken the medicine out and to sign when returning it. There were long gaps in this recording chart where nothing had been recorded even though the person had gone out many times in this period.

One person living in the care home had their medicine given to them covertly as they were at risk of not accepting their important medicines without this intervention. They had been assessed as not having the capacity to make the decision to refuse their prescribed medicines. A best interests meeting had taken place to discuss how to support the person to take their medicines. However, this meeting had taken place in July 2009 and there was no evidence the decision had been reviewed since then. The registered manager told us there had been a further best interests meeting to review the decision, however they did not have a copy of the minutes of this meeting. We asked them to access a copy of the minutes and send it to us within a timescale. However, we did not receive this. This meant there was no evidence the person's right to refuse medicines had been reviewed to check if anything had changed in the seven years since the decision had first been taken in their best interests.

Within the care home, care plans for people's medicines were well set out with good person centred information. The individual detail required to enable staff to administer people's medicines in the way they preferred was clear and easy to read. Information about each prescribed medicine and what it was for was detailed to inform staff what they were administering and why. For example, describing why a topical cream was prescribed, the importance of administering it as prescribed and exactly where to apply the cream. Descriptions of where to find the gloves and what to do next in step by step detail gave staff the guidance they required to administer prescribed medicines.

The registered manager had recently switched pharmacists to order and deliver people's prescribed medicines within the home and was now using a different pharmacy service. The registered manager said this was going well so far. The pharmacist from the new pharmacy had been to visit the service and had given advice as well as discussing how the system would work for Welcome Home.

Within the DCA service, most people either took care of their own medicines or a family member or friend assisted with this. Risk assessments were undertaken when people needed the assistance of staff to administer their medicines or to prompt or remind them. Staff received training to make sure they were competent to take on the role of administering medicines. Close liaison with GP surgeries was maintained

where people did require support with their medicines to ensure the prescribed medicines were always available. However, there were gaps in people's MAR charts where staff had not signed to say they had given people their prescribed medicines. For example, on 02 June 2016 one person's medicine that should have been taken at lunchtime had not been signed for. Staff had recorded in the person's daily record medicines had been given. On 05 June 2016 there was another gap at lunchtime and the daily record was not completed at all for the lunchtime care visit. On 10 June 2016 there was another gap in the MAR chart and again staff had recorded in the daily records the medicine had been given. Gaps and poor recording were also seen in other people's MAR documentation. Staff had recorded the code 'o' which means 'other' reason for not administering one person's prescribed cream. There was no recording what the 'other' reason was for not applying the cream which meant it was unclear for other staff to know why the cream was not applied and if there was a reason they should not apply it.

We found no protocols in place for 'as and when necessary' (PRN) medicines within the DCA service records. This meant people were at risk of not receiving the medicine when they required it as the correct guidance was unavailable for staff. Staff had not had regular administration of medicines competency or observational spot checks to make sure safe practices were being used when administering medicines in people's own homes.

The failure to carry out safe administration of medicines was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Care Home and DCA
In both services the provider did not always operate safe recruitment procedures. There was a recruitment policy which had not been followed. We looked at three staff recruitment records for staff working in the care home and five staff recruitment records for staff working in the DCA. Staff recruitment records were not always complete. A full employment history had not been obtained for three staff. There were no interview records for five staff. There was no proof of identity in one of the care home staff recruitment records. Two staff had no references on file, one staff had only a character reference with no reference from a previous employer and one staff had two references from close family members only.

The failure to carry out safe recruitment practices was a breach of Regulation 19(1)(a)(b)(2)(a)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were checked against the Disclosure and Barring Service (DBS) before they started work. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable. Staff confirmed that DBS checks had been undertaken.

Care Home
A safeguarding procedure or a copy of the local authority safeguarding protocols were not available for staff to refer to in the care home. The registered manager had a file of policies and procedures but this important procedure was missing. However, staff had a good understanding of their responsibilities in keeping people safe and reporting any concerns they had quickly. They said they would have no qualms in raising concerns if they had any. Staff could describe the signs of abuse that would lead them to suspect if someone had been a victim. Staff had received safeguarding vulnerable adults from abuse training. We spoke to the registered manager about the missing safeguarding procedure and they located one and added it to the policies and procedures file during the inspection.

There were suitable numbers of staff to care for people living in the care home safely and to meet their assessed needs. We looked at the staff duty rotas for the care home. The rotas showed there were sufficient

staff on shift at all times. The registered manager said if a member of staff telephoned in sick, the person in charge would ring around the other staff to find cover. Staff from the DCA service would often help out in the care home too. This showed that arrangements were in place to ensure enough staff were made available at short notice. As this was a small home, the care staff carried out all the duties required to support people within the home. This included the cleaning and cooking. An extra person was employed to cook one day a week, when they would make the meals as well as making cakes for people to enjoy. One member of staff said, "I think it's always been ok here for staffing, there has never not been enough staff".

DCA
The registered manager helped to keep people safe by having a safeguarding procedure in place in the DCA service office for staff to follow if they had concerns or suspicions of abuse. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe. The DCA manager had raised concerns with health and social care professionals when they had concerns about people's safety in the community. Staff had a good understanding of their responsibilities in safeguarding vulnerable adults. All staff were able to describe what they would do and who they would report to if they had concerns about people. They knew the appropriate agencies to report to outside of the organisation if they needed to. For example, one person who had no relatives did not answer their door when staff arrived for a care visit. After exhausting all other ways to check if the person was safe and well, staff contacted the police to assist. One staff member said, "I would always be happy to raise concerns with the managers in the office, they have always been responsive".

People living in their own home told us that staff were sometimes not on time and they were not always informed if staff were going to be late. One person told us, "The time I requested was 08:30 but they do not come at that time and it has got later and later". Another person said, "They are reliable they always come but the time they come is getting later than I would like". Travel time was allocated between care visits. Some staff reported this was not always enough as they had quite long distances to travel between care visits, however the majority of the time there was enough time allocated.

There were suitable numbers of DCA service staff available to be able to meet people's assessed care and support needs within their own home. An electronic system was used to plan people's care and support visits and create a rota for staff. A domiciliary care manager was employed to manage the day to day running of the DCA service. Three office based staff supported the planning and management of the DCA service. The registered manager said if a member of staff telephones in sick, the DCA manager would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. Staff told us that weekends and school holidays can sometimes be difficult to cover as all staff had every other weekend off duty and some staff were not able to work weekends or school holidays. However, all staff were happy to work extra hours if needed to make sure people received their care visits. The registered manager worked 'hands on' when needed to ensure that care visits in the community were covered. The registered manager said that there had been an occasional missed call although this was not often. The new electronic recording system would alert office staff immediately if a staff member did not arrive at an allocated visit. This would ensure that people received their care visits as agreed in their plan of care.

A health and social care professional told us the people they were involved with who were supported by the agency had not reported any issues with staff arriving late and they felt people received safe care and support.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 12, 13 and 18 August 2015 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to; Regulation 18, staffing. Staff had not received the appropriate support, supervision and appraisal necessary to carry out the duties they were employed to perform. This covered both the care home and DCA service.

Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the Regulations by March 2016. At this inspection we found that the registered provider had not implemented their action plan and improvements had not been made to the support, supervision and appraisal of staff.

We saw examples throughout the care home of staff showing their skills when interacting and supporting people. Staff used their knowledge and skills to give choice to people in the way they would individually understand.

People receiving support from the Welcome Home DCA service told us they thought the staff had the skills and training to support them with their care needs. One person said, "The staff know what they are doing, they always ask me how I am as sometimes I need more help than others". Another person told us, "Generally the staff are very good they know what I need them to do, if they are not sure they ask. They never mind doing something extra if I ask they are accommodating".

Care home and DCA
In both services the staff had not been supported through individual one to one meetings and appraisals. Staff also told us that they had not had regular individual one to one meetings. In the care home there were no written records to show that regular supervision had been undertaken with staff. Some one to one supervision meetings and observational checks of staff had taken place in the DCA service, however these were not regular and few had been undertaken in the last 12 months. Of the five DCA service staff files we looked at, three staff had only one supervision meeting in the last 12 months, one had no observation checks and three had either one or two observation checks in the last 12 months. Individual supervision provided opportunities for staff to discuss their performance, development and training needs. This showed the registered manager had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they were employed to perform.

A staff meeting had taken place in July 2016. Meeting minutes were available recording the discussions held. However this was the only staff meeting that had taken place. We asked the registered manager about this who confirmed there were no other staff meetings. They said they met with staff in small groups for coaching sessions. However there was no evidence for this as these were not recorded and staff did not speak about them. Staff told us they would like to have more staff meetings as they felt communication was poor particularly regarding staff issues. For example, staff told us that there was often an issue with annual leave as too many staff had the same weeks off making it difficult for those left to cover all the work. Some staff said they were communicated with and others said they were not. This meant that, together with the

absence of supervision and appraisal for staff there was a lack of formal support and direction by the registered manager. There was also no formal mechanism for the registered manager to be sure staff understood their responsibilities and continued to uphold the values expected.

There was no evidence of new staff receiving induction training, which provided them with essential information about their duties and job roles. Although the registered manager told us that new staff shadowed an experienced worker until the member of staff was assessed as competent to work unsupervised, there was no record of this.

The failure to provide appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff told us they had training specific to the needs of people who lived in the care home and DCA service such as diabetes. Staff received refresher training in a variety of topics such as moving and handling and food hygiene. The majority of staff training was delivered through online training courses. Most staff we spoke to said they were happy with the online training and felt they had enough training to be able to perform well in their role. Staff said they had the opportunity to progress within the care home or the DCA by being promoted to senior support worker. One staff member told us they had started a 'train the trainer' course to provide them with the skills to train other staff. They said they were very excited about this and pleased to have the opportunity to progress.

Care home
The Mental Capacity Act 2005 (MCA) applied to people in the care home. This 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Statements were made within people's care plans to inform staff where it was thought people did not have the capacity to make particular day to day decisions. For example, it was recorded that people were not able to understand the importance of taking medicines at a certain time or why they were taking their medicines. It was therefore felt people were unable to make the decision to self-medicate. Another example included support with financial decisions. Family members sometimes made these decisions on people's behalf, for instance, holding appointeeship with the department for work and pensions to manage their relative's welfare benefit entitlements. However, mental capacity assessments had not been undertaken to determine people's capacity to consent to the care plan even though it was stated that people lacked capacity. There was also no record of best interest's decisions being made to make sure the care and support in people's care plans was agreed to be in the best interests of the individual.

The registered manager had not had the correct level of training required to ensure the care home was

working within the principles of the Mental Capacity Act 2005. They had only had the first level of training.

The failure to ensure an assessment of people's capacity to consent to care and treatment within a care home and to evidence acting in people's best interests was a breach of Regulation 11(1) (2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

DCA
People's capacity to agree to their support within their own home was established when the DCA service care plan was developed. People signed to say they agreed and this was reviewed regularly. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how it applied to their role supporting people in their own home. There was good evidence in one person's care plan and daily records how staff had worked closely with other agencies to support them with choices and decision making. People told us that staff always checked with them before they did anything. One person told us, "The staff do talk to me about what they are going to do, they basically check it's alright with me first".

Care home
People in the care home were supported to have a balanced diet. There was a variety of food people could choose from. The staff told us they knew people well and offered choices of what to eat. Some people could say what they liked when looking at a picture and staff observed body language or actions to determine their choices. Records showed that there was a variety and choice of food provided. Staff offered people hot and cold drinks throughout the day. People were involved in decisions about what to eat and drink as staff offered options.

Some people living in the care home required special diets. For example, one person had type one diabetes so staff needed to check food labels before including foods in the person's diet. Two people had been recommended specific diets by dieticians. Staff were aware of what was required for each individual when cooking meals and offering snacks to maintain their health.

The relatives of people living in the care home told us their loved one's health care needs were looked after by staff. One relative said, "She sees all the people she needs to and is well looked after". The expertise of healthcare professionals had been sought to make sure people's health needs were considered. For example, referrals had been made to a dietician and a speech and language therapist (SALT) when people were at risk of malnutrition. People regularly attended routine health appointments for review or to have regular tests such as blood or eye tests. A detailed plan of people's routine appointments was well set out with the information required to make sure the appointments were organised through the year. However, recording was messy and not always in the right place so documentation was not always clear. For example, letters inviting people to routine appointments were kept in people's care files but documentation to confirm people had actually attended the appointments was either not available or recorded in a different part of the file and therefore not easy to monitor. This meant that it was not always clear that people had actually attended those appointments.

We recommend the registered manager ensures staff file all documentation relating to people in the appropriate places within their care plan files, checking regularly to monitor the orderly and safe keeping of people's personal information.

DCA
Staff in the DCA service ensured people's nutritional needs were assessed and when risks were identified these were reflected within peoples care plans. People who were identified at risk had their weight monitored with consent and food and fluid charts were used when required. Staff monitored what people

were eating by checking the food in their home. If problems were identified these were raised with the DCA manager to address with relevant family or health and social care professionals.

DCA service staff ensured close liaison had taken place with health and social care professionals to maintain good communication to keep people safe. Staff had concerns about one person's capacity to be able to manage their money and shopping. They were concerned about the person's vulnerability when out shopping with money on their person. The person's care plan showed the DCA manager and staff had asked for a mental capacity assessment to be undertaken by the health and social care professional involved in the person's care. This would enable staff to support the person to adjust their care plan in the most appropriate way to make sure they received suitable safe support. There were many further examples of contact made with health and social care professionals to keep them informed of concerns and to ensure people received the support they required.

People's health and well-being were observed by DCA service staff who reported any concerns they had to the office staff. Most people looked after their own health care needs such as hospital appointments or they had family members who helped them. However some people need the assistance of staff to help. Records showed the manager worked closely with health professionals such as the GP or district nurses regarding people's health needs. One person's health contact sheets showed many contacts made with the GP to assist the person to obtain the professional advice required to maintain their health and well-being. One health and social care professional told us, "The team is quite good at reporting any changes that have an impact on the service user's wellbeing". People's health needs were recorded in the care plan to ensure staff were aware of the support people required. For example how type one diabetes or epilepsy affected the individual person and what staff should do if they had concerns when visiting people in their home.

Good

Is the service caring?

Our findings

People and relatives were happy with the service provided by Welcome Home. All the people we spoke to who received care and support in their own home said they were very happy with the staff who supported them. People who lived in the care home could not verbally tell us they were happy with their care due to their varying communication needs. However it was evident from how people responded to staff and the relationships they had that people were relaxed and happy. The relatives of people who lived in the care home told us they thought the staff were caring and cared for their loved ones well. One relative told us, "The staff know her really well so know what she likes". Another relative said, "The staff are very caring and always do their best for her".

Care home
In the care home there was an emphasis on encouraging people to be as independent as possible. Time was given to people to do as much as they could for themselves without rushing. People were able to do things in their own time. One person had a daily living care plan documenting their abilities and how staff should support them to maintain and increase their skills. One person was able to make their own salad for their lunch box when going out for the day and they could make their own drinks, with support. We saw the same person go out in their car with a staff member to a local farm shop to choose their salad items. People's personal care plans, detailing how to support them when taking a shower for example, recording what people could do for themselves and what they needed assistance with. One staff member told us, "There is a lot of one to one time. I get time to do things like blow drying people's hair to make sure they look nice".

Staff who supported people living in the care home were aware of the importance of respecting people's dignity and privacy. Staff gave people time to respond and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. One member of staff said, "I always explain what I am about to do and ask if it is ok. We always shut doors and knock on doors before entering". People were comfortable and happy in their surroundings and obviously knew the staff well. Staff supported people in a patient manner and treated people with respect. Staff interactions with people were observed to be patient and kind. A member of staff said, "I get a reward out of how the service users feel, I get satisfaction from them being happy". Requests for help or attention were responded to promptly by staff as they were always close by and ready to assist people. People were treated as individuals and staff clearly knew people very well. One member of staff told us they had worked in other care homes previously and said, "You see how it's really meant to be done here".

Where people were known to practice a religion this was recorded to make sure staff were able to support people with their cultural and spiritual needs. One person's religion was documented, however they did not attend a place of worship. The reasons why were explained through their personal and family history.

People's family members visited the care home regularly and were encouraged to spend time with their loved ones. Relatives told us they were welcome any time they turned up and often called in. All the relatives we spoke to said they were sure their loved one was very happy living at Welcome Home. One relative told us, "It's lovely as they are always pleased to see us but always pleased to go back too". Another relative said,

"I would know by their demeanour if they weren't happy".

DCA

People receiving support from the DCA service in their own homes told us they were happy with the staff who supported them. All the people we spoke to thought the staff were kind and caring and gave them plenty of time, treating them respectfully. One person told us, "The staff are lovely and I do feel my wishes are respected". Another person said, "I find the staff extremely nice, they do anything I ask them, we have a laugh, I look forward to their visits, they definitely treat me with respect", and another person told us, "Staff are very patient with me, I like to do what I can, it would be easier if they did it all for me, but all the time I can do things then I want to. For example if they get the flannel ready and I do my face and that. I can't reach my back or my feet so they do those for me".

We heard conversations on the telephone where DCA service staff had called in to ask advice or to update and share information. One staff member telephoned the office to ask for guidance about an incident they had found when arriving at a person's home. The office staff rang around the person's relatives to resolve the situation. They then rang the staff member back to update them on the plan agreed with a relative.

Where people were living alone in their own home with no close relatives staff had engaged other agencies to make sure people had the right support and assistance with all their support needs. For example, some people required help with welfare benefits and financial support. One staff member said, "Some people don't have family so they love to have a chat and a cup of tea. We always give time for this". Another staff member told us, "I think we give good quality care as people are in their own home and we get to know people well".

Staff worked closely with independent advocates to support people to make choices about their care and support. One person living in their own home who had no close relatives to help them to make decisions had the opportunity to meet with an independent advocate to assist with specific decisions they were facing. Staff liaised closely with the advocate to make sure the person had the support necessary to be able to engage with the advocate, making sure they got the independent assistance they needed.

There were many examples in people's care plans and daily contact records where staff had behaved in a caring and compassionate way. One DCA service staff member said, "I always think of my own parents and would I be happy with the care given if it were them". Staff had often worked outside of their normal working hours to make sure people were safe. Staff often picked up shopping for people and delivered it on their way to another visit if they knew people were short of an item. A health and social care professional said, "One of my service users talks about the good caring and trustworthy staff from the agency. The service users appear to be cared for by regular staff".

People living in their own homes were supported to maintain their independence and this was clear from people's care plans. One person we spoke with told us, "The staff always ask me what I want them to do, they don't rush me and they encourage me to do what I can for myself". Time was given to make sure people were able to do as much as possible for themselves. One member of staff said, "I was trained to always give people choice and time to make decisions and do things for themselves".

All contact by DCA service staff with people's relatives was recorded. Contact sheets were kept by the telephone in the office so if people or their relatives rang, staff kept a note of the conversation and actions taken to ensure good communication across the team. Contacts to the office were often to change support times as people or their relatives were making other plans. Changes to care visit times were seen to be accommodated whenever possible.

DCA service staff told us they worked well as a team and supported each other. One member of staff said, "We all work really well as a team. Everyone cares and we all have people's safety at heart".

Good

Is the service responsive?

Our findings

People in the care home could not tell us verbally about their care. However, we observed people going out frequently over the time we spent at the home. We saw people excitedly getting ready to go out. One person was walking to the door to go out and we heard a member of staff say, "No not yet, you have to have breakfast and get your shoes on first, then we will go". The person turned around to get their breakfast. We then saw the person going out with staff a short while later.

Care home
People living in the care home took part in individual activities throughout the day, inside and outside of the home. People had their own mobility cars so they could go out individually whenever they wished. Staff who had a full driving licence were able to drive any of the cars. People had many individual activities outside of the home that were planned and regular. Such as swimming or attending day resource groups to meet others. There were also many activities decided on the spur of the moment such as driving to a new place to go for a walk, going shopping or going for a picnic. People's relatives told us their loved ones had lots to do and were always out and about. One relative told us, "They go out most days, even if it's just for a walk", and, "We have to ring up and make sure she is in before we visit because she is out such a lot". People also took part in activities together if they shared the same interests. A relative said, "Having their own car is really good as it means if one wants to go home before the other then they can, neither person misses out". One member of staff said, "Going out is brilliant, they go out a lot".

Although it was clear people went out a lot and were involved in many activities, this was not recorded in people's care plans. There was therefore no written evidence of the interactions that had taken place. There was no comprehensive planning of people's regular activities to make sure new staff knew people's preferred activity routines so people did not miss out on their enjoyment.

We recommend the registered manager seeks advice and guidance from an appropriate source to develop activity plans for people to ensure clear recording in order to monitor people's continued enjoyment.

People and their relatives had been involved in the initial assessment of their care needs before moving in to the home. People had lived at the care home for many years. A range of care plans were recorded well with person centred step by step guidance to enable all staff to support people in the best way. For example, a 'goals and activities' care plan described goals that had been set to increase people's independence. One person had goals recorded to help in the kitchen and to put their laundered clothes away into their wardrobe and drawers. We observed the person helping out in the kitchen when the meal was being prepared. One person had a mobility care plan as their ability to get around independently outside of the home had deteriorated and a wheelchair was now required at these times. The care plan was person centred, detailed and comprehensive saying, 'You will know if you are going the wrong way as I will most likely start to cry'. Staff had used their knowledge of people to develop the care plans.

DCA
People receiving care and support from the DCA service in their own homes told us they were involved in

their assessment where they discussed what support they needed. Most people said their care plan was reviewed and they were involved in this process. One person told us, "We talked through what I needed them to do. Currently that is fine, I don't want to change anything. They have asked me though". Another person said, "I did talk to them about the care I needed and since then (staff name given) comes round every now and again and goes through it with me. I do need a bit more from the staff now".

The provider had invested in an electronic recording system to record everything to do with people's care and support. This was a new addition and had only been introduced to the DCA service in recent weeks, however all care plan records had been successfully transferred to the new system. The new system was proving to be a beneficial addition to the efficiency and monitoring of the service provided. Staff were very happy with the new system and said it was already making a difference to their working day as recording visits was far easier, more accurate and quicker to record on. One staff member said, "I like the new system so much more. You can't move on if you haven't completed the task correctly", and, "It gives you extra time to sit and talk to people". Staff were also pleased that communication would be better as the electronic recording system meant all staff would be completely up to date with changes to people's care needs. Changes were visible on the electronic system as soon as staff input the information.

A member of the DCA service office staff was responsible for carrying out all initial assessments and reviews with people. All assessment information was available for staff to see on the electronic system. The assessment involved finding out what people's personal care needs were and any health conditions people had that staff needed to be aware of. People's assessed care was recorded in their individual care plan to provide the guidance and direction to staff in how to meet their individual care needs. People were able to say how they wanted staff to support them. People's relatives were involved in describing their care if people needed help to do this. For example, people's morning routine was described, 'I will be in my bedroom still in bed, I would like you to say good morning when entering my room', and, 'I am now ready to have my shower, could you ask me if I would like a hair wash'.

Staff told us if they noticed something needed to change in people's care plans they would contact the office staff and ask them to change it. Staff said requested changes always happened quickly to make sure people's actual care and support needs were properly reflected.

Reviews were held every six to eight weeks with people in their own homes. The member of staff responsible for carrying out reviews visited people at home to make sure they were fully involved with the review process. People's relatives were included in the review if people wanted them to be. Everyone involved signed the review to agree the discussion and the content

People's views of the DCA service were sought at the same time as their review was held. Questions were asked about the quality of care received. For example, asking how well the staff do in; understanding care needs, if they are friendly, helpful and polite and if they arrive on time. People were also asked on the questionnaire how satisfied they were, what the overall quality of the service was rated as and if people would recommend Welcome Home care agency. The questionnaires showed that people and their relatives were generally very satisfied with the service they received.

Most of the people we spoke with who used the DCA service told us they knew how to make a complaint and who to. One person said, "I was told how to make a complaint if I was not happy. I would ring the office and speak to the manager". Informal complaints were captured on contact sheets used by DCA service office staff when people rang in to the office. One such verbal complaint was from a relative who said they did not want a particular staff member to visit them again as the staff member did not perform the support tasks well. The outcome was recorded that the staff member was spoken to and they did not support that person

again. People were advised how they could raise a complaint within the handbook they received when they started to receive care and support from Welcome Home. Staff checked they still had this information during their regular reviews.

Comments sheets in people's homes were completed by staff each day, recording what support had been given and how their health and wellbeing was during the visit.

Care home and DCA
No complaints had been made about the care home. Complaints about the DCA service were recorded, including an investigation with action taken to address the concerns raised. Correspondence was sent to the complainant within the timescales of the provider's complaints procedure to inform them of action taken, where appropriate. However verbal complaints were not recorded as complaints and so not dealt with as the complaints procedure stated. As verbal complaints were not logged appropriately, the opportunity to learn lessons from people's concerns was lost. The DCA manager gave an example of a verbal complaint recently taken on the telephone. The concern was raised by a relative and the relative said they did not want to raise a formal complaint. The concern was dealt with appropriately and to the satisfaction of the relative, however, the conversation was recorded as a telephone conversation. This meant the concern could not be included in figures for analysis of complaints.
We recommend the registered manager seeks appropriate advice and guidance to develop a system to include informal and verbal concerns or complaints within the formal recording of complaints.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 12,13 and 18 August 2015 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to; Regulation 17, good governance. Auditing systems were not in place to regularly assess and monitor the quality and safety of the services provided. This covered both the care home and DCA service.

Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the Regulations by March 2016. At this inspection we found that the registered provider had not implemented their action plan and improvements had not been made to the auditing and monitoring of the services provided.

People who received support in their own home from the domiciliary care part of the service told us they thought the agency was well run. One person told us, "I do think they do a wonderful job really and I know it can't be easy making sure everyone is looked after". Another person said, "Yes considering how many people they look after".

The relatives of people living in the care home told us they were happy with how the home was run. One relative said, "I think the manager works very hard". Another relative said, "We have no concerns with how the place is run".

Care home and DCA
At this inspection we found that the provider had continued to breach Regulation 17. Quality assurance systems to regularly assess and monitor the quality of the service were not in place. For example, the quality monitoring documentation we asked to see such as medicines audits, care plan audits and people's personal finance audits were not available. The registered manager told us these were either with the provider or stored away with no access available so we were unable to evidence that audits had taken place. There were no effective systems for identifying shortfalls and identifying and managing risks to make sure people were safe and their wellbeing was promoted. We found that quality assurance and governance systems were not in place to enable the provider to drive continuous improvement at the service. Improvements were needed around record keeping to ensure that all information was available and up to date to make sure people received safe care. Quality and safety were compromised by not having the monitoring systems in place to pick concerns up quickly. The problems we identified could have already been acted on by the provider if the appropriate oversight of both the care home and DCA service had been in place.

The registered manager was responsible for the management and leadership of both the care home and the DCA service. A manager was employed to manage the day to day running of the DCA service. The provider of both services had very little involvement in either the day to day management or the strategic direction of the service. The provider did not ensure the registered manager had the support necessary to make the improvements expected following the previous comprehensive inspection. We discussed this with the registered manager. They told us they had spoken to the provider and were considering a new structure

within the care home and DCA. The registered manger said their plan would enable them to concentrate on providing the leadership necessary to make the improvements required.

The registered manager had purchased a complete set of policies and procedures from an external organisation following the previous CQC comprehensive inspection. Although they were all in date and had the name of Welcome Home on each of them, many were not relevant to the care home or the DCA service. The registered manager had not ensured they were in the order they were meant to be and indexed as in the contents sheet at the front of the file. This meant some important policies, such as safeguarding vulnerable adults and complaints were either missing or not in the right place and we were unable to find them. The registered manager could not find the policies and procedures we asked to see. Staff would not be able to find what they were looking for should they need to refer to a procedure to follow.

The registered manager had gained the views of people who received care from the DCA in their own homes when the review of their care plan was undertaken. They had also sought the views of the relatives of people living in the care home. However the questionnaires used were not intended for relatives but for people who use the service, therefore many questions could not be answered by relatives. The questionnaires used in either service were not collated and analysed, copies were held in individual care files only. The opportunity was lost to gain the views of people and their relatives in order to identify shortfalls in quality and make improvements.

Staff meetings had not taken place regularly nor had the provider carried out staff surveys to gain feedback from staff about their views of the service and the support provided. In the absence of regular supervision and appraisals the provider did not have any way of gathering the views of staff in order to improve the quality and safety of the service provided.

The registered provider failing to have systems in place to regularly assess and monitor the quality of the service is a breach of Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Welcome Home had received an overall rating of requires improvement following the previous comprehensive inspection, published on 20 October 2015. During this inspection we found the provider had not displayed their rating of the previous inspection at the premises of Welcome Home. This meant that people were not given the information they needed about the service provider's performance at Welcome Home.

The registered provider failed to display the rating of their previous comprehensive inspection at the premises where the service was provided. This is a breach of Regulation 20A (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were clearly happy within their role and put the people using the service at the forefront of everything they did, providing a person centred service. Staff consistently said they found the registered manager approachable, they knew the people using the service very well and always put them first. One member of staff told us, "They are very open, I can go to the registered manager any time". Another staff member said, "I love it here". Another staff member told us, "There is not one staff member I wouldn't go to. All the staff who work here want to help out. I think it's great here. Staff support each other".

We spoke with staff about their roles and responsibilities. They were able to describe these and were clear about their responsibilities to people. One member of staff said, "We are a good strong team". Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with

them.

Concerns had been raised prior to the inspection by staff who had informed CQC they were not being paid on time and were considering leaving because of this. The staff we spoke to said that being paid on time had been a problem for most staff and that this had gone on for some time. We were concerned about the safety of people if staff left as this would leave the service short staffed. The registered manager confirmed late payments to staff had occurred due to outstanding invoices for fees, however this was now resolved so they did not expect this to be an issue in the future.

The registered manager had introduced a new communication system for the DCA service. All the DCA staff we spoke with were very happy with the new electronic recording system. They all found it easy to use and said it added value to the support they gave as communication was instant, saved time, so they had more time to spend with people.

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
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager failed to support people to make decisions within the principles of the Mental Capacity Act 2005. Regulation 11(1) (2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager failed to carry out the safe administration of medicines by poor recording in medicines records. The information was not available to ensure safe administration of medicines by staff. Regulation 12 (1)(2)(g) The registered manager failed to assess the risks to the health and safety of individual people to keep them safe. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have systems in place to regularly assess and monitor the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and

personal care Personal care	proper persons employed The registered provider failed to carry out safe recruitment practices. Regulation 19(1)(a)(b)(2)(a)(3)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The registered provider failed to display the rating of their previous comprehensive inspection at the premises where the service was provided. Regulation 20A(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager failed to provide appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform. Regulation 18 (2)