

Goodhands Commcare Ltd

# Goodhands Commcare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Goodhands Commcare Ltd is a domiciliary care agency registered to providing personal care. At the time of the inspection six people were receiving care.

### People's experience of using this service and what we found

Medicines were not managed safely. Medicine administration records were unclear and incorrectly completed. There were no audits of medicine administration records, so the provider was unaware of these records being completed incorrectly. Care plans lacked people's medicine needs and risk assessments. There were no risk assessments about people's health conditions or concerns. This meant people were not kept safe as staff did not know about risks to them. Incidents and accidents were recorded but the provider did not inform the local authority to safeguard people involved. There were gaps in staff employment histories.

There was no oversight of staff training and the management team were unable to tell us what training staff had completed. We saw one staff member had only completed one mandatory training. Staff were not receiving supervision, which we had made a recommendation about at our previous inspection.

Care plans were not up to date. We previously made a recommendation about following best practice around care planning due to a lack of clarity around people's involvement with care reviews. The provider had not acted on this and we saw care plan reviews were not being held regularly and when they were, it was unclear people and or their relatives were involved as there were no signatures to indicate their consent.

Quality assurance measures were inadequate. Spot checks and reviews were not being completed regularly. There were no medicine administration record audits. There were no surveys being completed. The provider had not completed an action plan they were supposed to following the previous inspection. The provider had not notified us about the departure of the registered manager. Meetings were infrequent and were not recorded properly. The service needed to improve their ability to work with other professionals. They did not attend forums or conferences and were not part of any local forums that might assist to improve their service offer to the people they worked with.

There were sufficient staff working at the service. Staff told us they knew how to report abuse. Staff understood the importance of infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed before they began using the service. People were supported to eat and drink. People were supported with healthcare where necessary. Staff communicated with other agencies on behalf of people where necessary.

People and their relatives told us staff were caring. The providers documentation supported equality and human rights. People's privacy and dignity was respected, and their independence promoted.

People's communication needs were recorded, and people were supported to receive communication in a way they wanted. There had been no complaints since the previous inspection and people and relatives told us they knew how to complain.

#### Rating at last inspection (and update)

The last rating was requires improvement (published 02 February 2019) and there were multiple breaches of regulation. The provider failed to complete an action plan that we requested after the last inspection to show what they would do and by when to improve. At this inspection we found no improvements had been made and the service had deteriorated.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified continued breaches in relation to safe care and treatment, protecting people from abuse, fit and proper persons employed, staff training and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our Caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our Well-Led findings below.

# Goodhands Commcare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. During our inspection the registered manager ceased to work for the provider and we were told a new registration would be applied for.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one of the directors of the service. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included speaking to two people and four relatives about their experience of care. We spoke with two care staff. We asked the new owner of the service to provide an action plan as to how they would meet the shortfalls we identified at the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

At the previous inspection the provider hadn't taken steps to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Whilst people and relatives told us the service administered medicines well, we found that medicines were not managed appropriately. One person told us, "Yes, they do [administer medicines well], I get [offered] water." However, although people told us this, we found unexplained gaps in the recording of people's medicines on their Medicines Administration Record (MAR) sheets. There was no information in the person's notes to indicate whether or not they had taken their medicines and the director could not tell us why there were gaps. This meant people were at risk of harm as it was impossible to tell whether they had taken their medicines or not.
- The service was not following their own medicines administration policy which stated people should have people's medicines needs and risk assessments. These assessments would provide beneficial information to support people with their medicines.
- There had been no medicines audits completed at the time of the previous inspection. We had asked the management team about this at the time of the inspection and they told us they would begin doing them. At this inspection we saw that although medicine audits were being completed, MAR sheets were not being audited. The medicine audits we saw focused on stock, ordering and storage but not medicine administration. This meant the provider did not know whether staff were administering medicines or not and whether there were any medicines errors; this placed people at risk of harm.

We found no evidence that people had been harmed however, medicines were not being managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At the previous inspection the provider hadn't taken steps to fully assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 for Safe Care and Treatment.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 due to their risk assessment and safety monitoring.

- Risks to people were not recorded. We looked at three people's care plans and saw there were only environmental risks assessments about people's properties in place. There were not risk assessments for people's health conditions. For example, one care plan stated a person had a progressive condition that caused pain whilst another stated a person had cardiovascular disease. Neither of these health conditions had risk assessments associated with them. This meant that people were not kept safe as staff may not know what to do if situations of risk occurred and how best to work to ensure risky situations did not occur.

We found no evidence that people had been harmed however, the provider had not assessed the risks to the health and safety of service users of receiving care or treatment. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

At the previous inspection the provider had not learned lessons when things went wrong. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 because they hadn't made improvements when things had gone wrong.

- The service did not always act upon incidents and accidents appropriately. We were initially told by the director that there had been no incidents or accidents since our last inspection. We looked at the record of incidents and accidents and saw there had been three recorded since our last inspection.
- The provider had not involved professionals when they should have. Staff's initial response to these incidents had ensured the person was safe on each occasion and where necessary they had sought emergency health support. However, the provider should have contacted the local authority and shared the information about these incidents with them. If the provider had involved these other professionals, subsequent further injuries could have been avoided.
- Lessons were not learned as a result of the occurrence of these incidents. There were only three staff meetings held since our previous inspection. These were poorly recorded and poorly attended. These incidents were not discussed at the meetings.

the provider had not involved other professionals in a person's care and therefore the provider placed this person at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Staffing levels

- Recruitment practices were not robust. There was some improvement on the previous inspection, but this area still required improvement. At this inspection, we found gaps in people's employment history and application forms that had not been completed correctly with required parts left blank. This meant the provider had not assured themselves whether employees were suitable to work with people.

The provider had not ensured staff provide a full employment history, together with a satisfactory written



explanation of any gaps in employment. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed identification checks on all employees and also completed Disclosure Barring Service (DBS) checks on them. The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- People and relatives told us there were enough staff and that they were punctual. One person told us, "Yes they do [arrive on time]." A relative told us, "[There are] enough staff. Never not had a carer in 18 months." We saw the staff rota and saw all calls were covered. We saw office management provided care when cover was needed.

Systems and processes to safeguard people from the risk of abuse

- We found three incidents which should have been reported to the local authority as safeguarding alerts. A person had fallen three times in a period of ten days and was at risk of harm. The provider had not notified the local authority. Had they completed a safeguarding alert after the first fall incident. Subsequent falls could have been averted. We spoke with the director and they were unable to tell us why they had not reported these incidents to the local authority. This meant people were potentially placed at risk due to the inaction of the provider.

People had not been protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safeguarding users from abuse.

- People told us they felt safe when being supported by staff. One person we spoke with said, "Yes I do [feel safe]." Some staff had received safeguarding training though we could not verify that all had done so as the provider was unable to provide this information. However, staff we spoke to understood what to do if they suspected abuse. One staff we spoke to said, "Let's say we have a client who has bruises. I see to it that it is reported to the manager in charge on that day and they will investigate."

Preventing and controlling infection

At the previous inspection the provider had not ensured there were infection prevention and control measures in place This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 with respect to infection prevention.

- Staff told us they understood infection control. One staff member said, "Last year we had some infection control training. We always wash our hands and use gloves and would use certain containers for contaminated things." Staff had completed infection control training and completed competency tests specifically about infection control. We saw there were supplies of gloves in the office at the time of our inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Staff skills, knowledge and experience

At the previous inspection the provider hadn't taken steps to ensure their staff had the knowledge and skills they needed to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation.

- There was no oversight of staff training. As with our previous inspection, the management team at the service did not know whether staff had completed all their training or not. We looked at one staff file and saw the staff member had only completed medicines administration training.
- We made a recommendation at our previous inspection for the provider to follow best practice around the supervision of staff. At this inspection we found staff had no supervision recorded in their staff files. The director told us staff had not received supervision. They said, "We did not do any supervision because people [staff] would leave before we did." Staff told us they were able to talk to the management team when they wanted. The provider's policy stated supervision should happen and when it does it should be recorded, though frequency was left to the discretion of the provider. This meant people did not always receive care from staff who were supported in their roles.

Management had not ensured all staff were competent and skilled to complete their roles. Staff were not supported with their development. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

- People and relatives thought staff skilled at their jobs. One person told us, "Yes they do [know how to do their jobs]." A relative said, "When they have a new staff member, I inform them about [person's] needs. The manager trains them." Staff received inductions to learn about their roles when they began working. These involved training and shadowing staff. Staff files indicated some staff received competency tests about different subjects to ensure they knew about different areas of their job. For example, they completed competency tests for risks assessments, abuse and health and safety.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection the director told us no one receiving care had dementia or had issues which would affect their capacity. We saw nothing in care plans to contradict this. We saw there were consent agreements in people's care plans and people told us staff asked permission when providing care. There was a policy in place to support people with capacity issues. Staff understood the need to seek consent. One staff member said, "We are always thinking the person has capacity to make decisions and we always ask them before we do some actions."

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

- People's needs were assessed before they started receiving care. One relative said, "We had an initial meeting when they assessed [person] and we laid the foundations of what they needed." Assessments recorded people's needs and determined whether the service could meet those needs. There was a focus on health needs such as people's mobility, communication skills and continence as well as other areas. People's protected characteristics were also sought to ensure the service could provide care in line with the law.

Supporting people to eat and drink enough with choice in a balanced diet

- People and relatives told us they were supported to eat and drink. One relative told us, "They might do them a bit of brekkie [breakfast] in the microwave." People's care plans recorded their dietary requirements and whether they had allergies with food. At the time of our inspection, no one had any special requirements. This meant that where necessary people received support with their diet and eating and drinking.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when necessary. One relative told us, "They take [person] to blood tests." People's care plans contained information about their health care needs and we saw examples where staff supported people with accessing health care. For example, we saw the service communicated with an occupational therapist on behalf of someone. We also noted ambulances were called when necessary. A staff member told us, "If we need to call the ambulance we will. If they ask for support to go to medical appointments, we will do that." This meant that people were supported by staff with their healthcare care needs.

- Relatives told us staff there was effective communication with staff. One relative said, "We have a communications book." Staff recorded information in daily notes and the communication book so other staff and relatives knew what care had been provided.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We made a recommendation at our previous inspection that the provider follow best practice guidance around care planning. However, at this inspection we found care plans were not reviewed regularly. This meant people and their relatives were not provided the opportunity to express their views and or be involved with care decisions. We saw two care plans had not been reviewed since 2018. We were unable to tell whether people's needs had changed in that time. Reviews were not signed by people or their relatives and therefore we do not know what input they had with the reviews.
- People and relatives told us they were involved in the planning of their care and treatment. One person told us, "Yes I was [involved in planning my care]." A relative told us, "I am happy with their planning of the care and I have constant contact with them." When we spoke with people and relatives, we were informed by them they had received calls from the new owner of the provider, and were invited to have their care reviewed the week following our call.

Ensuring people are well treated and supported

- People and their relatives told us that staff were caring. One relative said, "They know how to care. I am so happy with them." One person said, "Yes they are very caring." People and their relative's views were also recorded in quality review reforms and spot checks the service had completed. Comments we read were generally positive.
- The service sought to ensure people's rights were protected. Policies cited relevant laws to ensure documentation the service used, and the staff using them, were aware of people's rights. These rights focused on equal opportunities and protected characteristics. For example, there was an equality and human rights policy and procedure. The policy stated how everyone had a right to life, liberty and freedom of movement as well as citing numerous other rights. Documentation, such as care plans and assessments, recorded details about people faith and sexuality, so they could support people with them where necessary. Staff told us, "The care is equal, no matter whatever [person's] sexuality."

Respecting and promoting people's privacy, dignity and independence

- People's and their relatives told us their dignity and privacy was respected. One person said, "Yes they do [respect my privacy and dignity]." A staff member gave us an example of treating someone with dignity. They said, "When we give a full body wash, we make sure we cover them and they feel they are not being exposed too much. We will always cover the upper part before doing the lower part." The service had a service guide which sought to promote people's dignity. For example, the guide stated, "Your dignity is matter of the utmost importance to us" and highlighted how people are called by names or titles they prefer. Information

the service held about people was kept in locked offices or on password protected computers.

- Importance was placed on promoting people's independence. One relative said, "They try to motivate and encourage [person]." One staff member told us, "We always support them to be independent. If they are going to eat we try to help to encourage them." People's care plans recorded information about people's independence, what they were capable of and how they wanted to be supported. This meant that people were supported to remain independent as possible.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us they were happy with the care they received. One person said, "They do seem caring and ask the right questions." Care plans recorded people's needs and preferences. Areas covered included general state of health, mobility and continence, as well as other topics. Focus was placed on people's health needs and there was clear instruction for staff to follow. For example, one care plan we read stated, "Check the commode and empty if needed. Soak both feet in warm water and apply cream." However, as care plans reviews were not being completed regularly it was impossible for us to tell whether they were up to date or not. The provider's policy was not specific about time frames for review other than stating at the discretion of the provider or as and when people's needs changed. We saw care plans which had not been reviewed for a year.

The provider did not maintain up to date records of people's care needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Care plans had personal profiles so that staff knew about the lives of people they were working with. Staff told us this was one of the ways they got to know people and was important to them. One staff member told us how they got to know people and said, "I see to what is in the care plan and see what they want. We will ask them what they want and see what they need. I need to know how they need to be cared for." We saw personal profiles that highlighted what people liked. For example, one profile we read highlighted the person's fondness for cruises, how they wanted their home kept tidy and they disliked spicy food. This meant staff knew what people liked and disliked and how to provide care for them in ways they liked.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service sought to meet people's communication needs. People's communication needs were assessed when they began using the service. We saw care plans had enlarged text to assist people with visual impairment. We were also told by the director, and had it confirmed by a relative, that some carers were able to speak the same language as people using the service. This meant that people were supported with their communication needs.

Improving care quality in response to complaints or concerns

- People told us they would complain if they had concerns. One person told us, "I [would] talk to the manager." A relative told us, "I would go straight to the manager and complain. We have an open dialogue." The provider had a complaints policy which was reflected in their service user guide. The director who supported our inspection told us they had received no complaints since our last inspection. They told us if they were to receive any complaints, they would follow their policy and investigate complaints.

#### End of life care and support

- At the time of inspection the provider was not working with anyone who was at the end of life. However, there was a policy to support end of life as well as an end of life care plan template should it be required. The director told us end of life training was available should staff need it.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

### Continuous learning and improving care

At the previous inspection the provider had not ensured there were sufficient quality assurance measures to assess, monitor and improve the quality of care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- We found quality assurance processes were not being completed regularly. Spot checks, quality reviews and medicines audits were the quality assurance systems being used to assess the quality of care at the service. We saw the most recent spot check completed was in June 2019, some seven months before our inspection. Similarly, the last quality review was completed in July 2019. The medicines audits were not completed regularly and did not cover MAR sheets, where we found concerns.
- There were no audits or quality checks of care plans or staff files. We told the provider about this at our previous inspection and therefore they had not acted on what we told them. The management team might have found the issues we found such as gaps in employments or out of date reviews if they had completed these audits and checks. Similarly, they did not have governance systems in place that identified the various breaches of regulations to the Health and Social Care Act 2008 that we found on inspection including managing medicines safely, assessing risks to people, employing fit and proper staff, safeguarding people from abuse and ensuring staff are properly trained.

The provider did not ensure there were sufficient quality assurance measures to assess, monitor and improve the quality of care provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

We have sent the provider a Regulation 17.3 letter requesting they provide us with an action plan detailing what improvements they will make to the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff

- The service had a registered manager but during our inspection we were told they had ceased being the registered manager. However, we received no notification of this change prior to our inspection. Providers



must notify CQC when there are changes to their registration. The company who owned the provider was sold, which we were informed of at the inspection. We contacted the new owner of the company following the inspection and they told us they will apply to be the registered manager.

- Following our previous inspection, the service was rated requires improvement and as such they were asked to send us an action plan as to how they were going to improve. They failed to send an action plan and failed to make improvements. This meant the management of the service was not effective.
- During our inspection we asked to see minutes of meetings held. We were provided with three records of meetings held in April 2019. We were told those were the only meeting records available. Meeting records were merely agendas and were not an accurate reflection of any meeting discussion.
- There were no surveys to find out what people thought of the service. We had reported on the lack of surveys at the previous inspection and had been told by the provider they would ask people and relatives to complete some. They had not done so.

The provider had failed to maintain accurate records in relation to the management of regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- At this inspection, we were told the plan for the service was the sale to the new owner which subsequently occurred whilst we were completing our report. Following the inspection, the new owner of the service contacted people and relatives to meet with them to review their care, which we view positively. However, given our findings at this inspection we will arrange to meet with the new owner and discuss how they will improve the service.

Working in partnership with others

- The service's professional links in the community required improvement. Although we informed the management team during our previous inspection that people using the service could benefit from their forging community links, they had failed to do so. They had not attended forums and conferences to learn from to help and improve the service and they had not joined networks or organisations also. This is something we will discuss with the new owner when we meet with them. We have also discussed our findings with the local authority, and this will be an area where they may be able to support the service.

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>People who used the service were not kept safe; medicines were not managed safely. Risks to people were not assessed. Safeguarding alerts were not sent to the local authority. There were gaps in staff employment histories.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(g)(i)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who used the service were not protected from abuse; We found instances where the provider should have raised safeguarding alerts for people and did not do so placing them at risk of harm.</p> <p>Regulation 13 (1)(2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service was not being governed well. Quality assurance measures were inadequate. The provider had failed to notify us of a change in registration.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(3)(a)(b)(c)</p>

Regulated activity	Regulation
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Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not ensured persons employed had the competence, skill and experience necessary to do their work.

Regulation 19 (1)(a)(b)(c)(2)

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Oversight of training was insufficient and staff had not completed training the provider deemed mandatory.

Regulation 18 (1)(2)(a)