

Big Hearts Recruitment Ltd

Big Hearts Recruitment Ltd

Inspection report

Wessex Suite Union House
7 Union Street
Andover
SP10 1PA

Tel: 01264351519

Date of inspection visit:
13 March 2023
20 March 2023

Date of publication:
16 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Big Hearts Recruitment is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 97 people receiving personal care. Four of these were receiving a live in care service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People were not always 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 did not support this practice. Staff had not consistently completed comprehensive assessments of each person's needs. Staff had not followed effective processes to assess and provide the support people needed to take their medicines safely.

Care was not consistently person-centred, and staff had not consistently assessed, monitored and managed risks. People did not consistently receive a reliable service that met their needs. Staff recruitment processes did not promote safety. Staff used personal protective equipment effectively and safely. Staff understood how to protect people from abuse.

Staff had not adequately evaluated the quality of support provided to people. Staff had received relevant training and underwent an induction which helped to ensure they understood their role and responsibilities. Staff spoke of a positive culture within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 August 2021, and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not previously been inspected.

Enforcement and Recommendations

We have identified breaches in relation to risk management, safety of medicines, governance and

recruitment at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Big Hearts Recruitment Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their

service, what they do well, and improvements they plan to make. We also sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We visited the provider's office where we spoke with the registered manager and 2 directors of the business. We also spoke with a care coordinator and met with 7 care workers with whom we held a group discussion. We also reviewed a range of records. Following the inspection, we spoke with 10 people and another 18 people's relatives about their experience of the care provided. We also received feedback from a further 10 care staff. We sought feedback from 8 health and social care professionals and received a response from 1 of these.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks were not consistently assessed and planned for.
- There was a lack of information about how risks associated with conditions such as epilepsy and diabetes might impact on the care being provided. Catheter care plans lacked detail or did not reflect best practice guidance.
- Care plans were not clear about how risks relating to skin integrity and falls were being managed and other risk assessments viewed either lacked detail or were not reflective of people's needs and some care plans described risk reduction measures which were not happening in practice.
- Staff did not consistently maintain a clear record to provide assurances that new risks had been escalated to relevant healthcare professionals. A health care professional we spoke with also raised concerns about this.
- A healthcare professional also raised concerns about staff not always being mindful of ensuring walking frames or drinks had been left in people's reach. They were concerned about the potential risks this raised.
- Whilst the provider's digital care records allowed missed medicines, or late or missed calls, to be monitored, this was not always happening reliably.
- We received mixed feedback from people as to whether they felt safe when being supported by staff. Some people did feel safe, with 1 person saying, "I'm quite impressed, yes, I feel safe with them". However, others raised concerns about the reliability and effectiveness of the care which they felt led to them not always feeling safe, for example, 1 relative said, "Generally yes, [person feels safe] but staff are not consistent so I would not like to say that my [family member] is safe all the time".

Risks management systems were not robust and placed people at risk of unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared detailed feedback with the registered manager regarding our specific concerns and they were taking action to ensure care plans are updated to include clear information about risks and about how these are to be mitigated.
- Staff completed accident and incidents records and there was some evidence these had been reviewed to ensure any necessary remedial actions had been taken.
- Moving forward the registered manager is going to ensure these events are reviewed intermittently to identify possible themes and trends and are more effectively used as opportunities to identify learning and reflect on this with staff.

Using medicines safely

- Staff were not always following safe systems and processes to administer and record medicines.
- The level of assistance people needed from staff with their medicines was often ambiguous.
- Best practice is that care workers should make a record each time they provide medicines support. This includes when administering medicines, but also when reminding people to take their medicines. A record should be in place for each individual medicine, on every occasion.
- The daily notes viewed showed staff were administering or prompting a number of people with their oral medicines, and / or applying a range of topical creams, but there was often no suitably detailed record in place to document what specific medicines and topical creams had been prompted or administered. We could not therefore be assured people had received their medicines as planned.
- We identified a medicines' error the providers own checks had not identified.
- Some people and their relatives raised concerns about the management of their medicines. A relative told us, "[Family member] is diabetic and his needs his medicines regularly and on time, it rarely happens".
- Concerns were raised by 2 relatives that staff did not always communicate effectively with them regarding their family members medicines, for example, letting them know in good time when they were running out, so they did not go without.

The provider had not ensured that staff were maintaining accurate and up to date medicines records for each person receiving medicines support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment processes needed to be more robust.
- We were not assured the provider had taken sufficient action to verify verbal references to ensure these were from referees who were in a position to provide an informed professional reference.
- A number of the references contained irregularities in relation to the names of referees and the periods employed. In 1 case, a verbal reference appeared to have been verified on a date prior to the date the reference was provided, and, in another case, we were not able to identify a referee had worked for any of the staff members stated previous employers.
- In the case of 3 workers, a full employment history had not been recorded.
- For staff recruited as part of the Home Office Sponsorship Scheme, an overseas criminal record check had been undertaken, however, it is also recommended that UK Disclosure and Barring Service (DBS) checks are completed as soon as the staff member is recruited. For 2 staff their UK DBS check had not been completed until between 1 - 2 months after they had started work for the provider. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Interviews took place and the questions asked were suitable, but the interview record only contained a scoring. There was no further information about the responses given or the rationale for awarding the scoring or for reaching the decision that the prospective staff member was suitable.

The provider had not ensured safe and robust recruitment processes were in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The majority of the current staff team had been recruited via a Home Office Sponsorship Scheme. The provider told us it could be difficult sourcing timely references for these international recruits. To address this, they were planning to start using an online reference checking service which would address the above concerns.
- We received mixed feedback from people and their relatives about the consistency and reliability of the

service and we have reported on this further in the responsive domain.

- We also received mixed feedback from staff about whether their schedules were realistic and allowed them sufficient time to make sure people received their planned care without feeling rushed or visits being cut short. For example, 1 staff member told us, "No, three quarters of the time this is really a challenge, and it puts a strain on me as a carer trying to make up for lost time travelling in-between the clients when there is no travel time allocated."
- A review of staff rotas confirmed there were occasions when no travelling time was allotted between calls and call logs also showed staff were on occasion leaving calls early without it being clearly recorded why.
- The provider told us it was within their contract with the local authority that visit times could be within a 1-hour window either side of the planned visit time and people using the service had all been made aware of this.
- They told us the visits to people with more complex needs or time specific medicines were prioritised, however, they acknowledged there was more that could be done to improve the scheduling of calls and understood this contributed to people having confidence in the service.
- To address this, the registered manager told us there were plans in place to review rotas with staff to ensure their feedback and knowledge was being used to make these more achievable. The registered manager told us they planned to put in place additional audits to ensure this was happening in practice.

Preventing and controlling infection

- Staff had undertaken training in infection control and were provided with updates to guidance and information on best practice via a secure messaging App.
- Spot checks were also used effectively to identify and address shortfalls.
- However, some people told us some staff still needed to pay more attention to regular hand hygiene, cleaning of equipment and to disposing of PPE correctly. We have fed this back to the registered manager so they can monitor this and address with staff as required.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse and there was evidence the leadership team had worked alongside other agencies to investigate and learn from safeguarding concerns.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed when their care first started and there was some evidence care planning was focused on people's individual needs and preferences, and this informed the daily plans which provided information about the tasks staff needed to perform at each visit and how the person liked these to be completed. There was scope though to develop this further.
- When assessing people's needs, staff had not always ensured people's unique personal histories and cultural or spiritual beliefs were explored.
- Our conversations with the registered manager and other staff highlighted that not all of the knowledge staff had about people and their needs was included in the care plans and this was a missed opportunity to make the care plans more holistic.

Staff support: induction, training, skills and experience

- Staff received an induction and undertook a shadowing period when they started working for the service.
- Spot checks and regular supervision were completed, and we could see these had resulted in performance concerns being addressed where necessary. We noted the supervision records needed to be more comprehensive. The registered manager had already identified this and is taking action to address this.
- Staff told us the training provided was good and equipped them with the skills they needed.
- Staff had completed an introduction to supporting people with a learning disability training during their induction and were in the process of undertaking more comprehensive classroom-based training in this area along with working with autistic people. We were advised all staff would have attended these with the next month.
- There was a framework of competency assessments in place for medicines administration, catheter care and moving and handling. These were undertaken to ensure staff could put their theoretical learning into practice. A number of these competency assessments were outstanding. The registered manager assured us these would be completed by the end of April 2023.

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

- Where this was part of their assessed needs, people were supported to eat and drink in their preferred way.
- Care plans would benefit from including more personalised guidance on people's dietary requirements and preferences.

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

- Care plans needed to be more detailed about people's health conditions, how these affected them as well as the potential signs of deterioration that care workers needed to be observant for.
- Records showed care staff had identified 1 person was experiencing a medical emergency and had taken appropriate action in response which had resulted in a more positive outcome for the person.
- Other health care related concerns had been raised as an alert to the management team who told us how in response, they had liaised with a range of health care professionals, including, GP's, community nurses and occupational therapists, however, there was not always a record in place to evidence this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager told us people currently using the service were able to provide consent to their care and most support and care plans contained signed consent forms.
- In some cases, the information available in people's support plans indicated the person might lack capacity to make decisions about their care, but there were no mental capacity assessments in place.
- In several examples the consent form had been signed by a third party without it being clear they had a relevant legal authorisation to do so.
- The registered manager told us it was sometimes difficult to obtain copies of legal authorisations from people using the service and / or their relatives, but they were taking action to try and obtain copies of Lasting Powers of Attorney and were in contact with the Office of the Public Guardian regarding this.
- Where it became apparent there was no relevant legal power in place, the registered manager assured us they will, where people lack capacity to consent to their care, follow the principles of the MCA 2005 and complete mental capacity assessments and organise best interests' consultations.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Overall people told us their care workers were kind and caring. Comments included, "They are kind and respectful", "They are all kind" and "They are unfailingly [Kind] my [Family member] finds that reassuring". A relative told us, "They are confident and reassuring, especially if my wife becomes distressed".
- The service had a culturally diverse workforce and the registered manager ensured rotas and working patterns were adapted where necessary to ensure staff were able to follow the tenets of their faith.
- One person did not have English as their first language, to limit the impact of this, the registered manager had reduced the number of staff involved in their care, so the team supporting the person were able to develop a good understanding of the person's needs and wishes.
- In another example, the registered manager had arranged for staff from the same culture to visit and cook for 1 person who was not eating well. This was having a positive outcome for the person.
- However, despite these positive examples, we found not everyone's cultural or religious preferences had been explored and this is an area where improvements could be made.
- Care workers completed a record of the care and support provided during each visit. Some of the language used in a small number of these records was not fully person centred. The registered manager was aware that some staff would benefit from additional support and training in this area. They told us this was due to the largely international staff coming from a range of different cultures and not having English as their first language. To address this, the registered manager was seeking additional training for their overseas staff on culturally appropriate language and practices.

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

- Overall, there was evidence people, and their relatives were appropriately involved in making decisions about the care provided. Most people said they had seen their care plan and had been involved in drafting of this.
- Staff had clearly explained to 1 family their role was to support and enable and not force people to accept their care. This showed a commitment to people remaining in control of how their care was delivered.

Respecting and promoting people's privacy, dignity and independence

- Overall, staff understood the importance of meeting people's needs in a dignified manner. For example, 1 staff member told us, "Care with dignity supports the self-respect of the person, recognising their capabilities and ambitions and does nothing to undermine this. It includes respect for what they can do, who they are, and the life they have lived".
- Most people felt they were treated with dignity and respect and staff did respect them as a person and asked for their consent before providing care.

- If a person could undertake aspects of their care independently, then staff promoted this. For example, 1 staff member told us, "I help people to be as independent as they can be offering person centred care and offering active involvement for example, washing their own face or washing their front while I assist them with their back."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Improvements were needed to ensure that people receive consistent, personalised, and coordinated support that met their individual needs.
- Concerns were raised with us about carers turning up late, failing to carry out the tasks required and often just doing the minimum required. One person told us, "I never know what time, they are going to turn up" and another said, "They normally come late even though we have asked for an early call". A third person said, "They [Staff] don't have enough time, they tried to rush me". A relative told us, "They are never on time, its hit and miss, sometimes [Person] gets fed up and we get them up and dressed before."
- Concerns were also raised about the lack of consistency of the staff sent which impacted upon people being able to form trusting relationships with their care worker.
- We also heard about a small number of examples where people felt staff could be better at conveying their warmth and regard. Comments included, "The good ones are really good but some of them are only just adequate" and "They [Care staff] are very mechanical in what they do, it seems like a job, not providing care."
- Two people's families raised concerns about a small number of carers not always being sufficiently gentle when providing moving and handling, although the families felt the registered manager had taken action to address this.
- A small number of people did not feel their voice was always heard and felt some care staff could ignore / did not seem to understand their requests.
- In 1 example, a person told us they had requested female only carers, particularly on the days they had a shower. The person told us they had got used to male carers now but had felt their views had not been listened to.
- A healthcare professional reflected these views saying, "Patients complain [Staffs] listening skills are poor and patients report they do not feel heard".
- However, other people told us their care workers were patient, helpful, hardworking, competent and completed tasks well. For example, comments included, "They are a stable presence, kind gentle and supportive" and "The carers work well as a team, reassure [person] and are very careful. They are great with washing and dressing her."
- A relative told us, "My [family member] is not really able to communicate, or respond, but by her body language and attitude, she responds, and they can read her, they are patient with her" and another said, "We've never had a bad experience with them...they will do what [family member] wants or needs... [family member is becoming forgetful, and her cognition is not as sharp as it was. The carers recognise this and have shown patience in meeting her needs, even with these issues, they treat her as intelligent human being."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the importance of providing information to people in ways they could understand and overall, people's communication needs had been assessed and documented.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and information about how to raise a complaint was recorded in the service user guide.
- Most people had not needed to raise a complaint. Most of those that had complained felt these had been dealt with effectively.
- Whilst a healthcare professional raised some concerns with us regarding the effectiveness of the care provided, they were more confident the concerns were addressed promptly by the registered manager. They told us, "I had to feedback poor care to the Manager of Big Hearts, and she acted very appropriately, listened to what I had to say and immediately took steps to sort the problem and risk. She has good listening skills and understanding and makes effective and prompt changes when needed. She is also very polite."

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- It was clear however, that the registered manager understood the important of ensuring people had a comfortable and pain free death.
- On the day of the inspection, staff were receiving end of life care training led by a palliative care consultant who told us staff had been really engaged in the session.
- Not all care plans included information about whether people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place and the location of this within the home. There was little evidence of advance care planning being in place and this was 1 of the areas where people's care plans could be further developed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst there were a range of governance systems in place, we were not assured, these were being fully effective at holding staff to account, keeping people safe and providing consistent, good quality, care and support.
- This inspection identified breaches of the legal requirements in areas such as risk management, medicines and the completeness of documentation relating to recruitment and to people's care and support. The provider had not, identified all of the shortfalls prior to our inspection and therefore prompt action had not been taken to make improvements.

Systems to monitor the quality of the service and oversee risk to people's health and safety and medicines were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In light of our feedback, the registered manager assured us a range of actions were being taken to address our concerns. This demonstrated their commitment to deliver improvements.
- We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.
- We received mixed feedback from people and their relatives about how effective the leadership of the service was. Some people felt they received a good service, that communication was satisfactory, and calls answered/ returned promptly. These people felt they would recommend the service.
- Others were less satisfied telling us, they had no idea who the registered manager was, that calls were not always answered, and that care delivery could be disorganised at times.
- Comments included, "I've cancelled the care and they have still turned up", "A few times on a Sunday, they have missed the call altogether" and "The management are very remote".
- The registered manager met with a mentor on a monthly basis for peer support and supervision to help ensure their own skills and knowledge remained current.
- Staff spoke positively about the registered manager with 1 saying, "The registered manager is a good leader... She frequently enquires about my wellbeing and that of the service user" and another telling us, "[Registered manager] listens and is always ready to help". A third staff member said, "I think the care coordinator and manager do a fantastic job in every situation".
- The registered manager had instilled a positive work culture where staff felt valued. One staff member said, "I feel appreciated as a worker because I am encouraged anytime I accomplish something well which

keeps me motivated" and another said, "I feel valued as an employee by being listened to and by having action taken as I feedback, the manager is responsive to my needs as a staff member.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements were needed to ensure people consistently received person centred care that achieved good outcomes.
- Our findings throughout this report have indicated that people's individual needs and preferences were not always met in a person centred manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager encouraged an open and honest culture at the service and understood their responsibilities in line with the Duty of Candour.
- When care had fallen short of expected standards, we saw the registered manager had investigated, apologised and given the affected person honest information about what happened and what remedial actions were being taken in response.

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

- Surveys were used to seek feedback from people and their relatives. Those seen were positive, although this did not correspond with some of the feedback we received. The approach would benefit from being further embedded to ensure it provided a diverse range of views and feedback to develop the service.
- Reviews took place which provided an opportunity for people and their relatives to give feedback about their care and for their care plan to be adjusted to reflect their changing needs.
- Staff meetings took place, and these provided a forum the leadership team to share important information with staff, but there was evidence these were used to seek feedback and ideas from staff.

Working in partnership with others

- The registered manager engaged in local forums where they worked with other organisations to develop and share information and knowledge.
- Staff had undertaken reviews with relevant healthcare professionals as people's needs had increased and made referrals to occupational therapists, community nurses and GPs.

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>Risks to people were not adequate assessed and planned for. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor the quality of the service and to oversee risk to people's health and safety and medicines were not always effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured safe and robust recruitment processes were in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.</p>