Dravenshealthcare Ltd

Dravens Healthcare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 03 and 04 July 2017 and was announced. This was the first inspection since this service was registered in April 2017. We brought the inspection of this service forward as a local authority told us they had suspended this service due their concerns.

Dravens Healthcare is a domiciliary care service registered to provide personal care to people within their own homes. At the time of the inspection the service was providing support and personal care to seven people.

The service had a registered manager who was also the registered provider for this service. 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.

People were not supported by staff that had been safely recruited. Assessments of risk had not been completed by trained competent people and these assessments did not provide staff with detailed guidance about how to reduce and manage these risks. People were supported by a small team of staff including the registered provider. This meant she was not able to manage the service effectively. People told us they felt safe when being supported by staff providing their care.

Staff had not completed an induction with the provider but some staff had completed training in their previous employment. Not all staff had completed training in relation to the Mental Capacity Act and staff were not fully aware of the principles of the act but knew they must obtain people's consent before providing their care. Some staff supported people with their food preparation when they had not completed essential training to ensure they did this safely. Detailed information was not available for staff to refer to about people's specific dietary requirements and preferences.

The lack of systems in place had not impacted on the care people received who told us that staff were kind, caring and promoted their dignity. People and relatives were happy with the care that was provided and told us they felt involved in the way their care was delivered.

People's care plans were task focused and lacked personalised information about them for the staff to refer to. People and relatives confirmed they had been involved in the assessment and care planning process and confirmed that people's needs were met. A complaints procedure was in place and people and relatives had no concerns to share but felt confident to raise any issues.

The provider was not initially able to join us for our inspection so we gave them time to make suitable arrangements to enable them to be present. The provider failed to send us all of the required information we had asked for within the timescales we gave. The provider had not completed any audits or had effective

systems in place to enable them to assess, and monitor the quality and safety of the service provided. Staff felt supported but there were no formal systems currently in place to demonstrate how this support was provided. People and relatives told us they felt the registered manager [the provider] was approachable and they were happy with the service they received.

We found the provider was in breach of some of the Health and Social Care Act 2008 regulations. You can see what action we took in response to these breaches at the back 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 service was not always safe.

Recruitment practices at the service were not robust.

Assessments of risks were brief in detail and did not provide staff with guidance about how to mitigate these risks.

People felt safe when being supported by staff who knew how to identify and act on concerns of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported by staff who had not received an induction and who had not been assessed as competent for their role.

People's consent was sought before their care was provided.

Is the service caring?

Requires Improvement

The service was not always caring.

The provider had not ensured that the service was caring in their approach due to the shortfalls in the way the service was managed.

People were supported by staff who they described as caring and kind

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not personalised and did not include people's preferences about how they wanted to be supported.

There was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not well-led.

The provider had not ensured they had met their legal responsibilities in relation to their registration with the Care Quality Commission.

The provider failed to have the systems in place to enable them to have a clear oversight of the service through regular auditing and effective
quality assurance systems.

People and relatives were happy with the service they received and the lack of systems in place had not impacted on the care they received.

Dravens Healthcare

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.

This inspection took place on 03 and 04 July 2017 and was announced. The inspection was undertaken by one inspector. The provider had 72 hours' notice that we would be inspecting the service. This was because Dravens healthcare provides a domiciliary care service and we could not be sure that the office would be open. We gave notice of our inspection as we needed to make arrangements for the registered provider/ manager to be present, to speak with people using the service, staff and have access to records.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We had not received any notifications from the provider since their registration. We also contacted the local authority who monitor and commission services, for information they held about the service. They advised us that they had suspended this service from taking on any new care packages due to concerns raised following an initial visit they had undertaken. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with one person, two relatives and the registered provider/manager. We contacted all three staff but managed to only speak with one staff member. The provider had engaged with a management consultant who was also present for the first day of the inspection. We looked at a sample of records including seven people's care records, three staff recruitment files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Requires Improvement

Is the service safe?

Our findings

Before our inspection we had concerns shared with us about the recruitment practices at this service. We found the provider's recruitment systems and processes were not implemented effectively and safely.

We reviewed the files for the three staff members who were currently employed at the service. We found all three staff had commenced working with people before all of the required recruitment checks had been obtained. We found that a full employment history was not available for all three staff members. Where some employment history had been provided we identified gaps which had not been explored or explained. We found inconsistencies between the information staff had provided on their application form and the information received from their referees. Where there were inconsistencies there was no evidence that these had been explored and explanations recorded. For example, a staff member had recorded they had worked in a previous care setting but the name of this workplace was not recorded. The reference provided was from another care setting which had not been declared on their application form. Therefore a reference had not been sought or received from their previous employer. For a second staff member we saw that both references that had been received did not contain any information relating to the position of the person that sent the reference or their name. The registered manager confirmed that the references were not from the people identified in the application form but from alternative sources. The reasons for this were not recorded in the staff member's file. Information shared with us by the local authority demonstrated that the provider had employed a staff member that was providing care to people before obtaining a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. The provider took action and stopped this staff member from working with people when this was identified. We saw two of the three staff members currently employed had DBS checks in place and one staff member provided a DBS check from their previous employer which had been completed four months earlier. A risk assessment and additional checks had not been undertaken to record the provider's judgement for accepting this DBS. The provider advised that a new DBS had been requested for this staff member and we saw evidence to support this.

Failing to have effective recruitment processes in place is a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Relating to fit and proper persons employed.

People and relatives told us staff supported them to mobilise and use equipment safely. One person said, "They [staff] make sure I have my frame and walk with me so I do not fall". A relative said, "When they have had to use the hoist, they have done this correctly. I have been trained to use the hoist myself so I would know if they were not doing it correctly". The provider had completed the risk assessments on all seven people, but we found that she had not yet completed any formal training to ensure she was competent to do this. The provider advised that she was currently sourcing this training.

We saw that risk assessments had been completed for people and these had been reviewed and updated in response to concerns raised by the local authority. We saw that the risk assessments in place were brief and did not provide detailed information for staff to follow when supporting people. For example, for the person that used equipment a detailed protocol was not in place to support staff on how to transfer the person

safely. For another person their risk assessment did not direct staff on how to safely assist them to transfer from and into bed or their chair. A staff member told us the provider has showed them how to provide this support during their shadowing period. We found that the service supported some people that could at times demonstrate behaviours that may present challenges to staff. A relative told us, "The staff are really good at supporting [person] as she can be difficult but they are patient and follow our guidance so they are able to meet their needs". We found that information relating to the possible anxieties that people may display was not recorded in their care records. We identified that information was not available detailing the techniques to be used when a person became anxious. This meant staff did not have clear guidance to refer to when supporting people with identified risks and how to manage these risks safely.

We saw that the assessments had identified other risks to people's needs and the action staff should take to reduce these. For example when people were at risk of falls or sore skin. Guidance was provided for staff to follow for example to supervise people when they mobilised and to monitor people's skin and report any concerns. Staff we spoke with had some knowledge about how to support people to manage risks such as supervising them when they walked. However we found that staff did not have detailed knowledge about people's healthcare needs and the risk associated with these conditions in order to be able to support them safely.

People told us they received the support that they needed and at the times they had agreed with the provider. One person said, "They [staff] are usually on time and if they are running late due to the traffic they do let me know. They have never missed me and they stay the length of time they should". A relative said, "[Person] needs two staff and two staff always turn up and they are pretty much on time". We discussed the staffing levels with the provider. We found that seven people were currently being supported by three staff members and the provider was also providing care. We found one person required two staff to support them at each call. The provider told us these staffing levels were sufficient to support people's needs. However when we discussed the contingency plans that were in place to cover for telephones calls, sickness or in case of emergencies we found that as the provider was delivering care there could potentially be a delay in her ability to provide a response as she may at that time be supporting a person. The provider told us about the contingency plans currently in place to cover sickness and any emergency situations. The provider advised that she would utilise the existing staff that she had. As the team was small we had concerns about the impact this could have on meeting people's care needs especially since the provider supported people herself, preventing her from covering staff members absences. The provider told us that if they were unable to support people due to unforeseen circumstances and lack of staff cover, she would speak to their relatives or to the local authority that commissioned their care. The provider told us she was actively recruiting for permanent staff and intended to recruit bank staff with other local agencies which could be used to cover any shortfalls.

The provider told us that staff did not administer people's medicines but provided prompts where this was needed. A relative said, "The staff check to make sure [person] has taken their tablets and if they haven't they remind them to take them. They let us know if there are any issues". We saw that improvements had been made in response to the local authority's recommendations to include information about the medicines people were prescribed in their care records. Information in people's care records provided guidance to staff about the application of non-prescribed creams, but body maps were not in place to indicate where these creams should be applied. Records demonstrated that two of the three staff had completed medicines training in their previous employment, and the third member of staff had not yet completed medicines training. The provider told us that training and an assessment of competency would be completed on all staff.

People who used the service told us they felt safe when staff supported them in their home. One person

said, "I feel safe with the staff they make sure I don't fall and they always make sure the door is locked when they leave. They treat me well so there are no concerns there". A relative told us, "We have no concerns about [person] safety the staff know what they are doing and they are very respectful. I would raise any concerns if they treated [person] badly, but we are happy with the way they provide the care and think they do this safely".

Staff we spoke with told us they had received training in safeguarding people in their previous employment and knew the action to take if they had any concerns that someone was at risk of harm. One staff member told us, "I would report it to the manager or escalate my concerns to external bodies if needed". Records we looked at demonstrated that two of the three staff had completed safeguarding training in their previous employment and the third staff member was due to complete this training. The provider was aware of her legal duty to inform us about any safeguarding incidents and she confirmed there had not been any incidents since the service became operational.

Staff we spoke with demonstrated their knowledge of how to respond to any emergencies or untoward events. A staff member said, "I would seek medical attention if someone had a fall or was unresponsive I would then contact their relatives and my manager".

Requires Improvement

Is the service effective?

Our findings

People and relatives told us, they thought staff had the skills and knowledge for their role. One person said, "The staff are good and meet my needs they know what they are doing". A relative told us, "Staff appear skilled and have the knowledge we have no concerns".

Although we received this feedback we found that staff had not yet completed training with the provider. Staff had not completed the provider's induction and therefore they had not read the providers policies and procedures that were in place. The provider advised that staff had been made aware of some of these polices but there was no recorded evidence to support this. We found two staff had completed the Care Certificate or a higher qualification in their previous employment and one member of staff had commenced the Care certificate with the provider. The Care Certificate is a set of induction standards designed to assist staff to gain the skills and knowledge they need to provide people's care. The provider advised staff had shadowed her as part of their induction process and following this she felt they were competent to support people on their own. We saw no recorded evidence to support the shadowing opportunities provided to staff or of any competence assessments to demonstrate that staff had the skills and knowledge to meet people's needs. Staff we spoke with confirmed they had not received any formal training as part of their induction but had received shadowing opportunities.

We found that although staff had received moving and handling training in their previous employment is was not clear from the certificates we saw if this included practical training in the use of equipment. We did not see any evidence to support that staff had received any formal training or had been assessed as competent to use the equipment that was in place for a person they supported.

The provider told us that she had given on-going support to staff when she worked alongside them. There was no recorded evidence of these discussions or of any supervision provided to staff. The provider told us core and service specific training, competence assessments and supervision would be provided to staff in the future.

We found staff were supporting people with meal preparation. Staff records demonstrated that two of the staff members had received previous training in food hygiene. This meant one of the staff members was at times supporting people with their meals without receiving the training to do this safely.

We found that the evidence above supports that the provider was in breach of Regulation 18 (2) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Relating to training and supervision of staff.

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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People and the relatives we spoke with told us staff sought consent before providing their care. One person said, "The staff ask me if it is okay to support me and I say of course as that is what you are here for". A relative told us, "The staff do seek consent and they only provide support when [person] wants them to". Staff we spoke with knew about the importance of obtaining people's consent before providing them with support. One staff member said, "I always gain their consent first and make sure it is okay to provide their support".

We found that one of the three staff had completed training in relation to MCA and Deprivation of liberty safeguards in their previous employment. Staff we spoke with were not familiar with the terminologies Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) but knew they should not restrict people in any way and that they should ensure that people consented to their care and support. The provider advised that she had completed training in her previous role but had not yet completed a higher level of this training for managers which would be beneficial for her role. Care records we reviewed showed that most people were able to make decisions about their care. Where people had fluctuating capacity it was not clear in their care records what decisions they could make and an assessment of their capacity to make certain decisions had not yet been completed. Care plans were not written within the principles of the MCA and did not guide staff on what support to provide to people in their best interests.

People and relatives told us they were satisfied with the support staff provided to people with their meals. A person said, "I am happy with the food and drinks they provide. They give me what I ask for". A relative told us, "The staff ask [person] what they would like and they prepare this for them. They always make plenty of drinks for [person] and leave them with a drink. We are happy with the support provided". Staff we spoke with had some knowledge about people's preferences in respect of the food and drinks they liked. Records we reviewed contained some information about people's dietary requirements and the support they required with meals. There was brief information provided about people's preferences and very limited information provided for staff to refer to about what food/ drinks some people should not be offered due to their healthcare needs.

People and relatives told us that they made their own arrangements for people to attend healthcare appointments. One relative said, "We deal with all of the healthcare appointments but if staff had any concerns about [person] skin or general health they would tell us". A person said, "I arrange my appointments but I am sure the staff would help me if I asked them or if I was unwell". Records contained the contact details for healthcare professionals to enable staff to call them if needed. There was some information in people's care records about their healthcare needs but this could be expanded to ensure staff had detailed information to refer to. For example in relation to supporting people that lived with diabetes and the impact this has on people and the signs and symptoms to look out for which may mean people were feeling unwell.

Requires Improvement

Is the service caring?

Our findings

Although we received comments from people and relatives who told us that staff were caring in their approach we found examples with the way the provider was currently managing this service that meant they were not demonstrating a caring approach. For example by not ensuring staff were vetted and recruited appropriately to demonstrate staff were suitable to care for people. The provider had also not ensured there were enough trained staff deployed to enable her to reduce the time she spent delivering care so that she could manage the service effectively.

People and relatives made positive comments about the care they received from the staff and the provider. One person said, "The staff are really good, they are gentle when they provide personal care and I am happy with them". A relative said, "Compared to the previous company they are angels. They are really brilliant and we cannot fault the care provided to our family member, the staff and manager are all lovely and kind".

People told us they were involved in their care planning. This was confirmed by the relatives we spoke with who told us that staff kept them up to date with any changes in their family member's wellbeing. One relative told us, "The staff ask us for any information or guidance and they keep us informed and always listen to us". Another relative said, "Staff involve [person] in their care and speak with them about how they would like their care to be provided. The staff make sure all of [person] needs are met before they leave". Care records we looked at contained limited information about people's preferences regarding their care and support and provided staff with brief guidance about how the person wanted their care to be delivered. Staff told us they supported people to make choices with regards to their care. A staff member told us, "I talk with people and ask them about how they want their support provided".

People and relatives told us staff communicated well with people. A relative said, "The staff communicate well with [person] we have no concerns about this. They speak clearly and will repeat information if [person] has not heard them". Another relative told us, "The communication is good between us and between the staff and [person] they are patient and ensure [person] understands what they are saying". Staff told us how they communicated with people. A staff member said, "It is important to give the person time to talk and tell you what they want". Records showed that some information was recorded about people's hearing and communication needs for staff to refer to.

People and the relatives we spoke with told us the staff treated them with respect and dignity. One person told us, "Yes the staff ensure my privacy and dignity is maintained and they always talk to me with respect. They make sure they call out when they enter so I know they have arrived". A relative told us, "The staff ensure [person] is covered when they undertake personal care tasks. They never rush them and provide care in a dignified and respectful manner". Records showed that people had been asked for their preferences in respect of the gender of the staff that provided their support. Staff we spoke with told us how they supported people in a respectful and dignified manner. One staff member said, "I always speak respectfully to people and make sure their dignity is maintained when supporting with personal care by ensuring they are covered up".

People and relatives told us they supported people to maintain their independence. One person said, "The staff encourage me to do things for myself where I can and then they will assist with the tasks I cannot do for myself". A relative told us, "The staff do try and encourage [person] to wash themselves and help with personal care tasks. They also encourage [person] to walk independently which has been great and we have seen lots of improvement with [person] walking". Records however, contained very little information about what people were able to do for themselves and the level of support they required from staff.

The provider had an understanding of when people may require an advocate and knew how to refer people for this service. She advised that she did not know of anyone that currently used the services of an advocate. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Requires Improvement

Is the service responsive?

Our findings

People and relatives we spoke with told us they had been involved in the assessment process and the care plan and they confirmed this included the support that needed to be provided. A relative told us, "We were involved in the assessment and discussed the support that should be provided when staff visit and this is in the care plan". People and relatives confirmed they had a file in their home but were unsure if they had signed this. We found that the call times reflected in the care records were not always accurate with the information provided by the provider about the times that support was actually provided. The provider did make amendments to people's care records during our inspection to address this. We received feedback from a relative who told us, "The manager has been accommodating and we have asked for adjustments to the times of calls to suit [person] needs and these have been made. They have been flexible which is good".

The care records we viewed contained brief details about people's health and care needs and lacked personalised information to ensure they received care in line with their preferences. We saw that information was available for staff to refer to about the support that should be provided on each care call, but these were task focused and contained brief information about people's preferences. We found there was no information recorded about the person's life history, their interests and hobbies to enable staff to become familiar with the person they were supporting. We saw that information was provided about people's cultural and religious needs. The provider demonstrated that she had knowledge about each person's health and care needs and advised that care records would be reviewed to provide personalised information. A staff member we spoke with had knowledge of the support people required on each call but was not able to provide a detailed overview about people's preferences.

The provider told us that people's needs would be reviewed every three to six months or in response to when changes had occurred. As the service has only been operational for a short period of time, no reviews had yet taken place.

People and relatives told us they were aware that a complaints procedure was in place. One relative said, "There is a procedure in the file and if I had any issues I would speak with the manager but so far so good we have not had any reason to make a complaint". Another relative told us, "We have no concerns, and the manager told us if we had any issues to tell her. The manager keeps asking us for feedback as she wants to make sure the care provided is right and meeting [person] needs".

We saw that a complaint procedure was in place and the provider confirmed she had not received any complaints. The provider told us she had asked people and relatives to complete a quality survey to enable her to gain feedback about how people felt about the service they were receiving to enable her to make any required changes. The provider advised that a couple of these forms had been completed but they were in people's files in their homes. The provider was able to share one form with us. The following comments were made. "We are pleased with the quality of the care provided. Staff show a great deal of respect and compassion to the family. The best indicator of how the care is working is by observing how [person] responds and they are generally calmer and happier and more responsive".

Requires Improvement

Is the service well-led?

Our findings

We found that systems were not in place to enable the provider to operate effectively to ensure the service was managed appropriately and in accordance with the regulatory requirements. When we contacted the provider to announce this inspection we were advised that she was unable to accommodate the date we provided as she was delivering care to people. The provider told us that she did not have sufficient staffing in place to provide cover to enable her to join us on the inspection. We therefore gave the provider a short period of time to make suitable arrangements to enable us to carry out our inspection. During this time we asked the provider to send us information which was essential for the effective management of the service in order to provide us with reassurances that the service was being managed safely. The provider did not provide all of the required information in the timescale we gave.

The provider demonstrated her knowledge of the Health and Social Act 2008 and the fundamental standards during her interview with Care Quality Commission as part of the registration process. On this inspection we found that the provider had not managed the service to ensure that all of these regulations were being complied with.

We found staff recruitment practices were not safe and staff had not yet completed the provider's induction to ensure they were aware of the policies and procedures they should be adhering to. Although some of the staff had completed training in their previous employment there was no evidence to confirm that an assessment had been undertaken to demonstrate they were competent in their roles to deliver safe care to people. We found one member of staff was supporting people alone without having completed relevant training or being signed off as competent for their role. Insufficient staff were recruited to enable the provider to have time to implement the required systems to manage the service adequately and to ensure effective contingency plans were in place to ensure there was no impact on people receiving their care. Care plans and risk assessments were insufficiently detailed to provide guidance and information to staff about people's care needs and how to mitigate risks to their health and safety. Although we were advised that well-being records were completed following each call, we were unable to review the quality of these as they were in people's homes and not available when we completed our inspection. The provider advised that she reviewed these records when she undertook the care calls herself to ensure staff completed these to an appropriate standard.

The provider advised that although she had quality monitoring audits in place, these had not yet been implemented to assess and monitor the quality of the systems, records and service currently provided. This meant the provider was not using any formal systems to identity any shortfalls and to promote improvement.

When we asked the provider for a copy of the rotas provided to staff we were advised that these were not in place due to how small the service was and that staff followed a set route. The provider was able to provide us with a list of these postcodes which indicated the times and duration of the calls that had to be provided on that route. The provider told us that as she provided the care calls herself and as the team was small there was no formal monitoring systems currently in place to ensure people received the support at the

times agreed in their care plan. The provider advised that they had not missed any calls to people and that some people had experienced late calls a 'couple of times' due to delays with the traffic or issues with a staff member's car. On these occasions people were informed that staff would be late. Feedback from people and relatives confirmed this. There were no records completed to detail the dates and reasons for these late calls to corroborate this. The provider told us that they had signed up to an electronic monitoring system which would be able to produce detailed rotas for the staff to follow and to enable her to monitor the service provided.

We found that the evidence above supports that the provider was in breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Relating to good governance.

The provider acknowledged the shortfalls in the service that we had identified and we saw that she had engaged with a consultancy company to assist her to implement the required systems. The consultant was present on the first day of our inspection and shared with us the support and records that would be provided. The local authority had given the provider an action plan to address the shortfalls they had identified and she was currently working towards implementing these recommendations. The provider gave us assurances they would not provide a service to any new people until they had made improvements. They had confirmed this to us in writing.

Although effective systems were not in place we did not receive any feedback which indicated that people's care had been impacted. People and relatives made positive comments about the care and about the provider. One person said, "I am happy with everything I hope this service continues as the staff provide good care". A relative told us, "The manager is friendly and approachable and they all provide good care so we are happy with the service provided. We have peace of mind that [person] is being well looked after. The manager is working hard to make sure she provides a good job and good care".

We also received positive comments from a staff member who told us, "I feel supported in my role and I feel the manager is approachable. She is always on call and I have not had any issues with being able to contact her".

The provider told us that a whistleblowing procedure was in place. This was confirmed by a staff member we spoke with who said, "Yes a policy is in place and I would feel confident to raise any issues with the manager". Whistleblowing is the process for raising concerns about poor practice.

The provider confirmed there had not been any incidents or accidents. She advised that she knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (2) (a) (c) (e) (f) HSCA 2008 (Regulated Activities) Regulations 2014 Systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on this regulated activity.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 (2) (a) (3) (a) HSCA 2008 Regulated Activities) Regulations 2014 The provider failed to operate robust recruitment procedures, including relevant reference checks and a full employment history.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people received care from staff that had completed an induction programme and were assessed as competent before carrying out their role.