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De Vere Care - Southend on Sea

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

The Inspection took place between 2 and 10 May 2018 and it was unannounced.

De Vere Care – Southend is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to adults who may be living with dementia, a physical disability and/or mental health conditions.

At our previous inspection on 20 November 2017, we rated the service Good overall but needing improvement in Safe.

The registered manager left the service in November 2017 and although there was a manager in post they had not applied to be registered. 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.

At this inspection, we identified that the service failed to provide all the people it served with safe care and treatment. Staff have been continually paid late or incorrectly which had resulted in care workers and office staff resigning. People's calls had been late, missed or shortened due to a lack of care workers. There had been a 39% reduction in staff since December 2017 and existing staff had been attempting to cover all of the necessary calls. Because of this people had missed their meals and medication placing them at risk of harm.

Recruitment practices required improvement to ensure that care workers were safe to work with vulnerable people. Although people had been protected against the risk of infection improvements were needed because requests for personal protective equipment, such as gloves, had been delayed.

Although care workers told us they felt supported and well trained, improvements were needed because they had not received supervision as often as required within the service's own policy. Training records showed that care workers' training had not always been updated regularly.

Where people had regular care workers, they were well supported to eat and drink and they felt they were kind, caring and compassionate and knew them well. However, some people had either missed their meals, or had them very late in the day due to missed and late calls. This placed them at risk of dehydration and/or poor nutritional intake. The recent staffing problems also meant that people without regular care workers often felt rushed despite their care workers kindness.
The manager had carried out monthly audits of systems and practices; however, improvements were needed as the action plans they devised did not include clear timescales for action to be taken.

The provider had not taken action to improve the situation therefore their lack of oversight, understanding and management of the service has had an impact on a large number of vulnerable people. The provider

failed to identify and address concerns and breaches of regulatory requirements. This has led to risks to the quality of care and to people's health and wellbeing.

There were policies and procedures in place for safeguarding people. Care workers were trained and knew how to apply the training, and safeguarding matters had been dealt with appropriately. Although people told us they felt safe with their care workers, the impact of missed and late calls had made some people feel unsafe.

Care workers had received health and safety training and had an understanding of how to manage risk. People's care plans contained risk assessments and management plans. People's needs had been fully assessed and their care plans reflected this. The service had regularly reviewed and updated care plans and risk assessments to ensure they continued to meet people's needs.

People received appropriate healthcare support when needed. The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. Care workers had been trained and had an understanding of how to support people to make decisions.

People had been fully involved in the assessment and care planning process and their care plans met their needs. Complaints had been dealt with appropriately and were discussed at team meetings to enable lessons to be learnt.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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 Commission took urgent action after the first day of inspection to ensure people remained safe, and were not placed at continued risk. We served an urgent notice of decision to impose a condition that the provider must not provide personal care to any new service user from De Vere Care - Southend without the prior written agreement of the Care Quality Commission.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Although there were systems and processes in place for safeguarding people from the risk of abuse, the missed late and shortened calls often caused people anguish and distress.

There were not enough suitable skilled care workers to meet people's assessed needs, which resulted in people having late, missed and shortened calls.

We were not assured that medication management was effective or that people received their medication as prescribed.

Risks were assessed and monitored and care workers had a good knowledge of infection control procedures

Is the service effective?

Requires Improvement

The service was not always effective.

Care workers had received training but had not had regular updates to refresh their knowledge and they had not always had regular support and supervision.

Although people were supported to eat and drink, and their healthcare needs were identified, missed, late and shortened calls had an impact on these areas of care.

The manager and care workers had an understanding of the Mental Capacity Act (2005).

People's care and support needs was assessed and reviewed.

The service worked well with others.

Is the service caring?

Requires Improvement

The service was not always caring.

People without regular care workers felt rushed as they had experienced missed, late and shortened calls.

People with regular care workers received a positive, caring compassionate service.

Care workers were kind, caring and respectful and encouraged people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people did not get a responsive service due to late, missed or shortened calls.

People contributed to the assessment and care planning process. Care plans were regularly reviewed and they provided care workers with sufficient information to meet people's needs.

The complaints system was effective, as the complaints recorded were dealt with appropriately.

Is the service well-led?

Inadequate

The service was not well led.

The registered manager had left in November 2017 and the new manager had not received an induction, a contract, or adequate support.

Training and support for care workers was not provided as frequently as stated in the service's own policies.

People with regular care workers received a good service; others experienced a poor one due to late, missed or shortened calls.

The quality assurance system was not effective as the issues we found at this inspection were not identified and rectified. There was a lack of oversight from the provider.

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De Vere Care - Southend on Sea

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 was partly prompted because we received some concerning information, which had a serious impact on people using the service. We were told that people had missed, late or shortened calls resulting in them being rushed, missing their meals and their medication. We were also told that many care workers had left the service recently due to their pay being paid late or were underpaid. This had a direct impact on people's care as the remaining care workers were covering people's calls resulting in late, missed and shortened calls.

This inspection took place on 2 May 2018 and 10 May 2018, it was unannounced and carried out by one inspector. An additional two inspectors spoke with people on the telephone on 3 May 2018.

Before the inspection, we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 22 people who used the service, one of their relatives and one of their representatives. We also spoke with the manager, the care co-ordinator, the monitoring officer and six members of staff. We reviewed six people's care files and six staff recruitment and support records. We also looked at a sample of the service's medication management, quality assurance systems, training records, staff duty rotas and complaints records.

Inadequate

Is the service safe?

Our findings

At the last inspection in November 2017, we rated the service as requires improvement. At this inspection, we found there had been deterioration in staffing levels, call times and medication management and therefore, this key question has now been rated inadequate.

Although there were systems in place to safeguard people from abuse, people told us they felt at risk of harm because their care workers were either very late or did not turn up at all. One person said, "Call times can be variable, you can have one good week, then for the next few weeks care workers turn up at all different times. This is not very helpful when you are waiting to go to bed." Another person told us, "I never know when staff are going to turn up. The care workers have just left for my morning call at 12.45. I can't eat anything in the morning until I take my tablets as I get an upset tummy. I have rung the office three times this week because I am sitting here hungry and I need my tablets."

One person's representative said, "[Name of person] receives four calls a day to help them to get up, go to bed, washing and dressing and preparing meals and snacks and administering their medication. [Name of person] has had nine missed or late calls between December 2017 and April 2018 resulting in them missing meals and taking their medication late. On another occasion, the care worker arrived at 9.15 and left at 9.50 for a 60-minute call. The care worker was trying to rush [name of person] and asked them to wear the previous day's clothes, to which they refused."

Other people also had concerns about their bedtime calls being extremely late. For example, one person's bedtime call was scheduled to take place between 19.30 and 21.00 but had been as late as 23.45. Records confirmed that a bedtime call had taken place as late as 23.51- 00.21. Another person told us they could not sleep until they had their sleeping pills. They said that their bedtime care workers were often late, between 22.00 and 23.00 and that this had a detrimental effect on their quality of life. Another person said, "I didn't get my teatime call one day and the care worker turned up for my bedtime call and I had to have my food in bed. I don't like eating in bed." People told us that care workers sometimes did not turn up at all. One person said, "I have gone three nights in a row without a call and this really upsets me as it is very difficult for me to manage." A person's representative told us, "[Person's name] has not had a breakfast call on several occasions lately. They [care workers] come at lunchtime so [person's name] does not have any breakfast and their medication is administered late."

During our visit on 2 May 2018, we heard office staff attempting to cover calls for the teatime visits. They asked a care worker, who came into the office, if they could help. The care worker said they were too tired and they had already covered more than 10 calls that day so could not do any more. The manager told us that the only option was for office staff to cover the calls, which they had frequently done in addition to their office duties.

There were not always enough staff to support people to stay safe and to meet their assessed needs. People who had regular care workers were satisfied with the care received. They told us that their calls were regular and that if their care workers were going to be later than normal they would telephone to let them know.

They also said that they never had missed calls. The manager explained that these calls were regular rounds where the same care workers attended people. However, this was not everyone's experience. People without regular care workers told us calls were frequently late, missed or shortened. The manager told us that 22 care workers had left the service recently, mainly due to their pay being late or under paid. For many care workers this presented financial problems such as standing orders not being paid, no money to fuel their cars and as a result, not being able to work. This meant that other care workers were taking on more calls than they could manage to ensure they were covered. After the first day of our inspection, the manager relinquished 24 care packages to the Local Authority to help alleviate the staffing problems. The manager said, "We are constantly recruiting but the pay issues are making it very difficult to retain care workers. Since returning the care packages things have improved and care workers are more settled."

Although there were systems in place to manage medication, we could not be assured of the proper and safe use of them. People told us they had missed medication that was very important to them due to late and missed calls. For example, medication used to prevent the onset of further complications including sleeping pills, medication for stomach problems and medicines that need to be taken with meals to prevent side effects. There were Medication Administration Record sheets (MARs) that had been returned to the office for auditing to ensure people had received their medication correctly. We found many gaps in the records, so could not clarify if the medication had been given or not.

The manager told us that the medication co-ordinator had left the service in March 2018 and due to lack of office staff they were unable check the returned MARs for any errors or omissions. Although care workers had been trained during their induction, there was no evidence they had received updates to refresh their knowledge. Care workers spoken with could not say when they last had an update. However, the records showed that care workers had their competency to administer medication regularly checked at the three monthly monitoring visits in people's homes. Although these competency checks were taking place, they had not been effective, as the problems with medication management had persisted since our last inspection.

Although people were protected from the risk of infection by care workers' practice of using personal protective equipment (PPE) such as gloves and aprons, there had been delays in acquiring PPE. The manager told us that orders came very late and there has been times when they really had to 'scratch around' collecting part packs of disposable gloves to ensure the prevention of the spread of infection. They said they received PPE but not always when it had been ordered. Care workers had been trained in infection control and demonstrated a clear understanding of how to minimise the risks of the spread of infection. People told us that staff used gloves and disposed of them appropriately.

Although risks to people's health and safety were assessed and monitored, there were no risk assessments or management plans in place for managing the risk of missed and late calls. This had resulted in several people not receiving the care they needed when calls were late or missed and had impacted negatively on people's wellbeing.

These failings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with their care workers. One person said, "I have regular care workers and they are all nice people. I feel very safe when they are here." Another person told us, "I am very happy with the service, I do feel safe with my care workers. They are the same ones and are generally here on time. They have missed a couple of visits but it is not a problem as my family live local." There were policies and procedures in place for safeguarding people and records showed that investigations were carried out

appropriately. Care workers had been trained in safeguarding people and had a good understanding of procedures, and how to report any concerns to the Local Authority and CQC.

There were whistle blowing, safeguarding and complaints procedures in place and care workers described how they would use them. One care worker said, "I would report anything of concern straight away. I know I can call the council or CQC if I need to." Another said, "We have a handbook that gives us information about whistle blowing and safeguarding people and we learn more about it at our induction."

Care workers had received health and safety training during their induction and were able to demonstrate their understanding of health and safety procedures. One care worker told us, "There are risk assessments in people's homes and they describe the actions we need to take to minimise the risk."

There were recruitment processes in place where the manager had obtained Disclosure and Barring Service checks (DBS), the right to work, evidence of fitness and some references. Improvements were needed as three of the six care workers files viewed contained one written reference only. Although second references had been requested, they were not followed up when not received.

The manager and care workers understood their responsibility to report safety incidents and near misses. The manager monitored these and shared information with care workers at team meetings to help limit the risk to people's health and safety.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in November 2017, we rated the service as Good. At this inspection, we found that care workers had not received updates in essential training and they had not had the same level of support and supervision as they did at the last inspection. We have therefore rated this as requires improvement.

Care workers had received an induction that consisted of three days training and three shifts shadowing a more experienced member of staff. The care workers' files viewed contained certificates of their induction. The induction training included, understanding your role, duty of care, person centred care, nutrition and hydration, effective communication, dignity, respect and privacy, health and safety, infection control, first aid, medication and safeguarding people. In addition to this, the manager and care workers told us that they also had training in moving and handling during their induction. However, there was no evidence in the care workers' files to confirm this. The manager said that they used to have a training matrix, which enabled them to keep a track of care workers training. They told us that they no longer had this due to a change in the computer servers. Care workers said they could not remember when they had updates to their initial training. The manager was unable to tell us how they monitored training and it was not possible to tell from the records viewed who, had and had not received updates in their training.

Care workers told us they felt supported by the manager. One said, "The manager is very good and is always there if I need to ask anything." Another told us, "I have supervision and we have team meetings. We have got one today to discuss our thoughts and opinions. We will also talk about the pay issues." The records showed that supervision had taken place but not as frequently as stated in the service's policy. For example, one care worker had received two supervision sessions in December 2017 and April 2017. This meant that they had not received a supervision session since April 2017, which is over one year. There was evidence that some care workers had spot checks while they were working in people's homes. However, we did not see this on four of the six care workers files checked.

Improvements were needed to ensure that all care workers receive regular supervision as stated in the service's policy. Improvements were also needed in relation to updates in training.

People's physical, mental health and social needs were assessed and reviewed by the service at three monthly intervals or sooner if required. The service had copies of the local authority assessment and their own initial assessment on the care files viewed. The assessments showed the frequency of visits and how people were to be supported and they informed the care plans. People told us that they had an assessment by the service's office staff.

Care workers told us that when they supported people with meals and drinks, it was generally by heating microwave meals, preparing sandwiches, and making hot and cold drinks. People who had regular care workers told us that they were well supported with their meals. One person said, "I have four calls a day, and they [care workers] are always on time, they make my breakfast and my lunch. I am very happy with the service." A relative told us, "[Person's name] has a medical condition so the care worker ensures they have eaten and taken their medication. I can't fault them." Although care workers delivered support to people to

the best of their ability, the shortage of staff meant that at times people did not receive the mealtime support they needed.

The manager told us they worked closely with other organisations such as the local authority, GP's, pharmacies and the equipment service. One health and social care professional said, "The manager communicates well and is doing a good job of managing the service." Care workers told us that the office staff liaised with GP's and pharmacies on people's behalf to ensure people received appropriate support.

People told us that their friends and families generally supported them with their healthcare needs. Care workers said they would contact the office if they had concerns about people's health and the office would arrange an appropriate visit such as from the GP or the district nurse. The care records identified the level of support people required to help keep them healthy. However, missed and late calls meant that some people may have taken their medication too late which may have a negative impact on their health.

Care workers had been trained in effective communication during their induction. Most of the people we spoke with said that their care workers communicated well with them. The only exception to this was when calls were going to be late or missed, some people were not always informed of this. This caused worry and concern to people as they were not sure whether or not their care worker would arrive. As explained earlier in this report missed and late calls had taken place more frequently recently due to lack of care workers. This had created problems with communication, which may not have been as effective as it should be.

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. We checked whether the service was working within the principles of the MCA. The manager told us that where people were unable to make certain decisions their social worker would carry out mental capacity assessments. They said that an advocate was accessed in the past to support a person who had no living relatives.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in November 2017, we rated the service as Good. At this inspection, we found that care workers were still caring, however, the impact of missed, late and shortened calls had changed some people's views. We therefore rated this key question as requires improvement.

People who had regular care workers were very positive about the service they received and they told us they felt all of their care workers treated them with dignity and respected their privacy. However, improvements were needed because people without regular care workers did not always feel the same when they had missed, late and shortened calls. They told us they had felt rushed and that their call times had been shortened because their care workers had many other calls to make. They said this meant their care workers did not always have the time to provide them with a dignified, respectful and caring service. However, care workers spoke about people in a respectful way. Care notes were written in a way that showed people's privacy, dignity and choice was respected. For example, one entry mentioned how a person was, "woken gently." Other daily notes made reference to people's ethnicity and religious needs. The 'How I Like My Care' documents also included details on people's religious and individual preferences.

People who had regular care workers were full of praise and repeatedly told us that their care workers were kind, caring and compassionate. One person said, "I know the girls [care workers] are busy so I would never rush them, because they don't rush me when they are here and they always make sure I have everything I need before they go." Another person told us, "My care workers know me well and they always do their best. I can't fault them."

Care workers were very positive about the job they do. One said, "I love my job, all of the people I care for are very nice and I have got to know them well." Another told us, "I have a regular round, so I get to know people. I enjoy what I do and think that the most important thing to remember is that the people I care for come first."

People had signed to confirm their involvement in their care plans, where they were able to and there was clear information to say when they were unable to sign. People told us that they were kept involved and that the office staff visited them regularly to make sure that care workers were treating them with kindness and respect.

Some people had received a reablement service to support them to regain their independence after surgery or illness. The manager told us that this service had been reduced due to the staffing issues. People's views on whether or not they felt rushed varied. This depended on if they had regular care workers, where people said they never felt rushed. However, those people that did not have regular care workers frequently told us they felt rushed. They said this hampered their recovery and independence, as they needed time to carry out routine tasks, such as washing and dressing.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in November 2017, we rated the service as Good. At this inspection, we found that the service was not always responsive due to the number of missed, late and shortened calls.

Where people had regular care workers they told us that they received personalised care that was responsive to their needs. As stated throughout this report, other people who had experienced late, missed or shortened calls felt the service was not as responsive as it should be. Several people had not been supported to meet their physical and wellbeing needs because of these shortfalls, including missing meals, having to stay in their beds, missing medication, and failings in supporting other personal care needs appropriately. Improvements were needed to ensure that all of the people using the service receive responsive, personalised care.

Due to the acute situation of staffing problems and care calls not being covered effectively and staff being under pressure, the complaints process was not being managed in a responsive way at the time of our inspection. Comments were mixed about how complaints were being managed as demonstrated by the voice of people earlier in this report. Many people had experienced continued late and missed calls which had gone unaddressed and had only been highlighted as part of our inspection. Other people did have positive comments. One person told us, "It doesn't make any difference to me if they leave a little early. The main thing is they do what they have to before they leave." Another person said, "I have absolutely no complaints. I have regular care workers and would phone the office if I had any issues." There was a clear policy and procedure in place, which provided response times and the contact details of CQC, the local authority and the Local Government Ombudsman. Records showed that previous complaints had been dealt with appropriately. The manager told us, and care workers confirmed, that they discussed any concerns or complaints at staff meetings to help them to learn how best to improve the service.

People told us that they contributed to the assessment and care planning process. Care plans were developed from the initial assessments and contained sufficient detail to enable care workers to provide the support people needed. People told us their care plans met their needs. One person said, "My care workers do all that I need them to do and I am very happy with the service and don't want to make any changes." Another person told us, "I have four calls a day and they [care workers] do everything that I want." Another person said, "The service was very responsive when I had an emergency recently, they came quickly to help me."

The care plans showed people's likes, dislikes and preferences including whether they preferred a male or female care worker. There was information recorded in relation to people's ethnicity, faith, sexual orientation, age and gender. The 'How I Like My Care' document was written together with people to ensure it captured their thoughts and feelings about the service they wanted to receive. The manager told us that care plans were reviewed at three monthly intervals or sooner if required. We saw the care plans and risk assessments had been regularly reviewed and updated to meet people's changing needs.

Inadequate

Is the service well-led?

Our findings

At the last inspection in November 2017, we rated the service as Good. At this inspection, we found that the registered manager had left and the provider had not been supporting the manager to enable them to lead the service appropriately.

The registered manager had left in November 2017. There was a manager in post since December 2017; however, they have not yet applied to be registered. The manager has not received a contract for their appointment and has not had an induction into the role. There have been occasions over recent months where the manager has had to deal with staffing issues without support from the provider. As stated earlier in this report, care workers have not been paid on time and have been under paid at times. This had resulted in care workers leaving the service in recent months, which has had a substantial impact on people's care and support. People had missed meals and medication causing them significant distress and placing them at risk of harm.

Although people and care workers were positive about the manager, they were less positive about the senior management of the service. Care workers were unhappy as the pay issues affected their ability to carry out their role. They told us they did their best to fit in all of the additional calls but felt rushed and put upon to do more work than they felt able to do. In addition to the pay issues and lack of care workers, the manager said the delays in acquiring essential equipment placed increased pressure on office staff and care workers in an already difficult situation.

Although care workers told us they felt supported by the manager and had received training, there was limited evidence to support this. Supervisions had not taken place as often as required in the service's own policy. There was limited information available about care workers' updates in training and care workers were not able to tell us when their training was last updated. Lack of monitoring meant that the service was not ensuring staff received the required support to complete their roles safely and effectively.

The loss of the medication officer had led to a lack in medication monitoring. The gaps and omissions found in the returned Medication Administration Record sheets (MARs) and the failure in providing care workers with appropriate updates in medication training meant that people were at potential risk of harm. The service had not considered the potential risks and impact on people because of the apparent omissions and lack of updated medication training. This led to continued failings in the quality of medication management.

The manager had carried out regular quality assurance surveys to obtain people's views, and monthly audits on people's care files, health and safety, and care worker's files. They had developed action plans when shortfalls were identified. However, they did not always have clear timescales for actions to be completed. For example, the analysis of a recent quality assurance survey had identified the action needed but did not detail, when or who would be taking the action. This meant we could not be confident that timely action was taken to ensure people's issues were addressed. Improvements were needed to ensure that any actions were completed within a reasonable amount of time.

The provider had not carried out any monitoring visits since the manager took up their post, therefore had not identified all of the issues found at this inspection. Although the manager was doing the best they could to provide a good quality service, the lack of governance and oversight did not support them.

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

People with regular care workers were positive about the service. They were satisfied with the care and support they received and felt that communication was good. However, those people experiencing missed, late or shortened calls felt that something should be done to improve the service. The manager made the decision to reduce the number of care packages to enable them to meet people's needs with the reduced numbers of care workers. At our second visit on 10 May 2018, they had achieved this and told us that the service to people had now improved. Calls were nearer to the agreed times and they had not missed any further visits.

People's personal records were stored securely in a locked cabinet when not in use but they were accessible to office staff, when needed. There were policies and procedures in place for dealing with confidential data and care workers demonstrated a good understanding of its meaning. However, it was not possible to tell if care workers had received training in the Data Protection Act as there were no certificates on file and the manager could not access training information.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were not enough care workers to meet people's needs safely. Some people went without meals and other people did not receive their medication as prescribed.

The enforcement action we took:

Notice of Decision to impose a condition.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes to assess, monitor and improve the quality and safety of the service were ineffective.

The enforcement action we took:

Notice of Decision to impose a condition to restrict the service from providing the regulated activity to any new service users without the prior written agreement of the Care Quality Commission. .