Lancashire Rose Care Service Limited

Lancashire Rose Care Service Ltd

Inspection report

Lancashire Deaf Service
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Date of inspection visit:
28 September 2018

Date of publication:
05 November 2018

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

The inspection visit took place on 28 September 2018 and was announced.

This inspection was the first inspection since the service was registered by the Care Quality Commission (CQC) at this location. The service was previously registered at another location.

Lancashire Rose Care Service Ltd is a domiciliary care agency. It provides personal care to people living in their own houses, flats in the community and specialist housing. It provides a service to older adults, younger disabled adults, and children. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support. At the time of the visit there were four people who used the service. Not all people who use Lancashire Rose Care Service Ltd received personal care support.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

During this inspection we found shortfalls in the systems and arrangements for staff training, and supervisions, there was a lack of robust governance, quality assurance processes and a failure to undertake robust recruitment checks. In addition, there was a failure to inform CQC of the change in management arrangements at the service. These were breaches of Regulation 17, Regulation 18 and, Regulation 19 of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014 and Regulation 15 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the registered provider to take at the back of the full version of the report.

The service had a registered manager. However, during our inspection visit we were informed that the registered manager had left the service three weeks before the inspection. The provider was in the process of finding a replacement manager. An interim manager had been appointed to oversee the running of the 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.

There were policies and procedures on how the service protected people against bullying, harassment, avoidable harm and abuse. Care staff had received training in safeguarding adults and knew how to report concerns. There were risk assessments which had been undertaken. Plans to minimise or remove risks had been recorded in line with the organisation's policy. These covered specific risks around people's care and specific activities they undertook in a person-centred manner.

There was a medicines policy in place and staff had been trained to safely support people with their medicines. However, medicines records had not been audited consistently. We made a recommendation

about medicines management.

The recruitment processes were not robust to ensure people were protected against unsuitable staff. Records we saw and conversations with staff, showed the service had adequate care staff to ensure that people's needs were sufficiently met. In majority of the cases, staff had visited people at agreed times.

Staff had received training however, they had not received regular supervision in line with the organisation's policy. Spot checks were not undertaken to observe and check staff's competence
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, knowledge and application of the mental capacity principles required further improvements.

Care plans were in place detailing how people wished to be supported however, people's care was not regularly reviewed.

People who used the service were not always aware of how to raise a concern or to make a complaint. However, the complaints procedure was available.

There were audits process and quality assurance processes however, the quality assurance processes at the service had not been effectively implemented to monitor the quality of the care delivered. Governance systems at the service were not robust.

The provider had not informed the Care Quality Commission of significant changes at the service.

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

This service was not always safe.

Staff had not been safely recruited to protect vulnerable adults and children from inappropriate staff.

People's medicines had not been safely managed. Staff had been trained and their competence tested for safe administration of medicines.

Staff had received safeguarding training and knew how to report concerns.

Risks to the health, safety and well-being of people who used the service were assessed and plans to minimise the risk had been put in place.

Is the service effective?

Requires Improvement

This service was not always effective.

Staff had received training and induction. However, supervision and spot checks had not been provided to monitor staff's performance.

There was a policy on seeking consent and staff had received training in mental capacity.

People were adequately supported with their nutritional needs. However, improvements were required to ensure consistency with the staff who supported people with meals.

Is the service caring?

Good

The service was caring.

Staff treated people treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people they supported well, and they spoke

respectfully about them. The service supported people to express their views and to make choices.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had a plan of care which included essential details about their needs. They had been written in a person-centred manner. However, people's care was not always reviewed.

There was a complaints policy. However feedback from people showed they were not aware of how to raise concerns about their care and treatment.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager was no longer employed by the service.

Policies for assessing and monitoring the quality of the service were in place. However, the systems and processes had not identified areas where improvements were required. Management had not provided adequate oversight on the service.

We found shortfalls relating to medicines management, staff training and supervision and audit systems in the service.

Improvements were required to promote joined up working with other agencies.

Staff's and people's views were sought.

Lancashire Rose Care Service Ltd

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 site visit took place on 28 September 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because it is domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 28 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures.
The inspection team consisted of one adult social care inspector and a British sign language interpreter.

Before our inspection visit, we reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Due to people's complex needs were unable to speak to people directly. We spoke to one care staff member, an administration officer, and a team leader. We spoke with the interim manager and the nominated individual who is also the director.

We looked at care records of three people who used the service, training and three recruitment records of staff members and records relating to the management of the service. We also contacted health and social care professionals and the safeguarding department at the local authority for their views about the service.

Requires Improvement

Is the service safe?

Our findings

We looked at how the provider ensured staff were recruited safely. Some recruitment checks were carried out before staff started working at the service. We looked at the personnel files of three members of staff that we were told had been recruited to the service in last 12 months. The files included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Whilst all the files contained completed application forms, we noted that two of these files contained no references. In one of the files a reference had been provided by a close friend. The service had not taken steps to ensure that references were obtained from former employers especially those employers involved in health and social care as is required by regulations. We found staff had provided employment history however, this was not consistent in all the files. The organisation's policy required that employment references were obtained and checked for authenticity. The provider had failed to follow their own policy and to ensure that appropriate checks were completed to enable them to make a decision about the person's suitability to be employed at the service.

The matter was immediately brought to the attention of the interim manager. The manager immediately commenced checks. Soon after the inspection they sent us information confirming that references had been obtained.

There was a failure to recruit staff in a robust manner. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked how people were supported with their medicines. There was an up to date medicines policy in place. People's records contained medicines care plans which gave directions on whether people were supported with prompts or staff administered the medicines. Risks around the use of medicines was explored and protective measures were put in place. For example, staff were instructed not to accept medicines that were not in original packaging. Management told us that they did not support people with medicines and that they only prompted them and reminded them to take their medicines. However, in one person's daily records, staff had recorded that they had administered medicines to the person. We checked training records and found staff had not received training or had their competence checked in the safe administration of medicines.

We saw that the service had not undertaken regular medicines audits of completed medicines administration records (MAR). The last medicines audits had been undertaken in February 2018. This meant that the provider was failing to ensure people's medicine administration was monitored and to check for any gaps in the records. While we found only two people needed assistance with medicines, the arrangements at the service were not robust to ensure existing and new people who required support with medicines will receive robust support.

We recommend the registered provider to seek best practice guidance on the safe management of medicines.

A health care professional told us; "People have been safe however, I feel that staff are not empowered to support enough within their role and don't fully understand potential risks or safeguarding concerns." We shared these views with the interim manager however, they informed us they were not able to comment as they had only returned to work following a period of absence.

The registered provider had procedures in place to minimise the potential risk of abuse or unsafe care. All staff had received safeguarding training. There was a safeguarding policy which provided guidance on how to report concerns. Safeguarding procedures had been reviewed regularly and training had been updated for staff. One staff member told us, "I have trained in safeguarding twice and I know how to raise concerns." At the time of our inspection there had not been any safeguarding incidents in the service.

There were arrangements for reviewing and investigating safety and safeguarding incidents and events when things went wrong. We saw evidence of incidents where staff sought medical advice for people following incidents such as falls. Staff we spoke with and the manager were aware of the signs of abuse and discussed the appropriate actions they would take if abuse was suspected. The staff member we spoke with told us they had no concerns about the care people received and were aware of the whistleblowing policy (reporting bad practice). We felt reassured by their level of understanding regarding abuse and their confidence in reporting concerns.

Risks to people were assessed and their safety was monitored and managed so that they were supported to stay safe and their freedom was respected. We looked at how the service protected people against risks of receiving care and treatment. There were risk assessments in people's care files which included risks of malnutrition, falls, and environmental risk assessments around people's houses. Risks had been clearly identified and staff had been provided with detailed guidance on how they could ensure risks to people were reduced. For example, in one person's records staff had been clearly guided to ensure the person wore appropriate clothing when using the stairs to avoid trips and falls. This meant that the service had identified people's risks and put measures in place to minimise them.
The service employed enough staff to carry out people's visits and keep them safe. The staff member we spoke with told us they had enough time at each visit to ensure they delivered care safely. We saw there had been consideration not to take on new people unless more staff were recruited.

During the inspection we noted that one person had raised concerns regarding staff punctuality and time keeping. They also raised concerns that staff were not staying the duration of the visits. We looked how staff logged in and out for their visit. In most of cases staff had visited as planned. There was an electronic sign in system which recorded when staff had arrived or left the property. However, not all staff used the system, in some instances staff used paper records to log in and out of people's homes. There had been no spot checks carried out to check staff's punctuality. These are unannounced visits carried out by management to monitor how staff delivered care in people's homes and whether staff visited as planned. A health and social care professional we spoke with informed us that they had been informed they could not check staff visit logs as paper records had been stopped and they were not provided access to the electronic records. This meant that commissioners of the service could not be assured that people were receiving the care they required. The team manager told us they monitored the staff log in records however not formally. A formal audit of this system would assist in monitoring staff's punctuality. Records we saw showed that the concerns were looked at and resolved with the person.

We looked at how the service minimised the risk of infections. We noted that staff assisted people with food preparation and person hygiene. There were policies and procedures for the management of risks associated with infections. However, we found staff had not undertaken training in infection prevention and control and food hygiene. We checked if staff were provided person protective equipment and if there was

any stock for replenishing gloves and aprons. We were told by the manager that there were no stocks however, gloves will be purchased if staff run out. This meant infection prevention measures in the service needed improvements.

There was no business continuity plan for the service and the location from where support was delivered. This meant that there were no plans on how the service would continue to operate in the event of a variety of emergency situations, such as flood, severe weather conditions, flu pandemic or power failure. Staff were aware of actions they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who they would have expected to be at home. There was a lone working policy which provided staff with guidance to promote health, safety and welfare of lone workers. Lone workers are staff who work by themselves without close or direct supervision and in a separate location to the rest of their team or manager.

Requires Improvement

Is the service effective?

Our findings

We looked at how the provider supported staff to ensure they had up to date training. Some staff had received training that the provider had deemed necessary for the role. Staff had received training including safeguarding adults, mental capacity and emergency first aid. Staff were also completing the 'Care Certificate'. The care certificate is considered to be best practice for staff members new to the care industry. However, there were shortfalls in other areas of training that was necessary for the roles staff were employed to perform. For example, there was no training in relation to the safe management of medicines or medicines awareness, infection control, food hygiene and health and safety. This meant people's assessed needs, preferences and choices were not always met by staff with the appropriate qualifications, skills, knowledge and experience. The shortfalls in training meant that care staff had not received or updated their training to ensure their practice and knowledge was up to date. This had an impact in some of the practices in the service for example food hygiene and medicines management.

Staff had received some supervision and appraisals. However, this was not consistent and regular in line with the provider's policy. We noted that staff had not received supervision between February 2018 and September 2018. In addition, staff had not received on site supervision also known as spot checks in the community. These are designed to monitor care staff conduct whilst they deliver care to people in their homes. This meant that the service did not have effective measures in place to monitor staff performance or to identify if any additional support may be required.

We spoke to the interim manager who informed us that they had been aware that the previous registered manager had not been completing the supervisions and spot visits however, they had now started to ensure these were completed. We could see the evidence to show recent spot checks undertaken.

There was a failure to ensure that all staff had received such appropriate support, training, and supervision, as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in community services such as people receiving services in their homes and supported living are called the Court of Protection authorisation.

We reviewed how the service gained people's consent to care and treatment in line with the MCA. We saw people's files had consent records relating to various aspects including receiving support with medicines and for other professionals to read their records.

The interim manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Records of training showed that staff had received MCA training regularly. People whose records we reviewed were able to make their own decisions and had not required mental capacity assessments to be carried out. However, a policy was in place to guide staff on how to do this if people needed to make specific decisions.

We saw people's needs and choices had been assessed and care, treatment and support delivered in line with current legislation, standards and evidence based-guidance to achieve effective outcomes. For example, people's preferences, intolerances and allergies had been recorded and shared with relevant staff.

We looked at how people's nutrition was managed. Some people required assistance with meal preparation. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. Systems and processes for monitoring people's nutritional needs were in place. However, we noted that one person had raised concerns that staff allocated to them were not always helping them with meal preparation as was required and that at times the food was not prepared to the required standard. This was addressed by the provider. Improvements were required to ensure staff who supported people with meals had received training in nutrition and food hygiene.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support. We saw that people's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions and their preferred daily routines. This helped staff to recognise any signs of deteriorating health. There were links with the local primary health services and professionals such as local doctors and social workers.

Good

Is the service caring?

Our findings

Feedback records that had been completed by people showed they were positive about the care staff and the service delivered to them. Feedback from health and social care professionals also showed staff were caring. Comments included; "Staff have good communication skills as they mainly support profoundly deaf clients who communicate in British Sign Language (BSL). They have a very good understanding of the needs of people living with deafness their society, culture and understand that as English is not first language, understand the barriers they face when living independently and out in the community."

The care staff member and team leader we spoke with had a good understanding of protecting and respecting people's human rights. They had an awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff were aware of the challenges faced by people who lived with deafness and were able to support people to reduce the barriers they faced in the community. However, we noted that staff had not received training in relation to equality and diversity.

Staff spoken with and the interim manager had a sound knowledge and understanding of the needs of people they cared for. The staff member told us how they enjoyed working at the service. Comments from staff included, "I like my job and I enjoy supporting people."

There were arrangements to promote people's independence and autonomy. Records we saw showed that people were being supported to be as independent as possible, in accordance with their needs, abilities and preferences. People were encouraged to do as much as they could for themselves. For example, the interim manager informed us some people managed their own medicines. They explained how staff promoted independence by enabling people to do things for themselves. However, feedback from a health and social care professional indicated that this was not consistent throughout the staff team. They said, "Whilst staff consider clients best interests at heart, they do not promote and encourage independence and keep 'doing things for people' rather than enabling and empowering people." Some of the daily records we reviewed also suggested this was the case.

Daily records were completed by care staff and were written with compassion and respect. All staff had been instructed on maintaining confidentiality of information. People's records were stored securely. This meant people using the service could be confident their right to privacy was respected with their personal information kept in a confidential manner.

The staff member we spoke with showed a clear understanding of the measures in place to ensure a person's privacy and dignity was respected and gave appropriate examples. They told us they understood that their place of work was someone else's home and they had to be respectful. They knocked before entering even when they had used a 'key safe' to enter the house. A key safe system is a system where a key is stored in a secure box outside of the property.

There was information available about advocacy. Advocates support people to access information and

make informed choices about various areas in their lives. The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service.

Requires Improvement

Is the service responsive?

Our findings

We were unable to obtain feedback from people due to their communication needs. However, we sought feedback from health and social care professionals who dealt with the organisation. Feedback from one professional stated that they felt the service was not always responsive to people's needs. Their comments included, "Past experience has shown that Lancashire Rose Care Services do not request reviews or make contact with the local authority with any concerns/issues with people. I have always advised if there are any concerns with change in clients' needs/circumstances to contact adult social care which does not happen." And, "In the past I have arranged joint visits and no one has turned up." Our review also showed people's care had not been reviewed in collaboration with the service commissioners and other health and social care professionals.

We looked at how the service provided personalised care that was responsive to people's needs. We found assessments had been written in a person-centred manner and included people's needs and medical histories. Care plans contained people's identified needs, the outcomes they wanted to achieve and guidance to staff on what to do on arrival to people's houses and the order in which people preferred their care to be delivered.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at three people's care files. All three files contained assessments. It was evident that a full assessment of people's needs had been completed before a decision had been made about whether the service could meet that person's needs. Additional assessments were also evident in some of the files we looked at, for example assessments and service agreements completed by the Local Authorities. This helped to provide a more detailed and holistic assessment of people's needs.

We also noted that people had been involved in their assessment and where appropriate, the service sought support from their relatives. Daily reports provided evidence to show people had received care and support in line with their care plan. However, we noted that one person had raised concerns that staff had failed to support them in line with the care plan. The concerns were resolved, and the staff member involved was changed.

We noted procedures were in place for the monitoring and review of care plans. However, the care plans had not been reviewed since February 2018. This meant that the registered provider could not be assured that the care that people were receiving continued to meet their needs. We spoke to the interim manager who informed us that the last registered manager had not completed the reviews and spot checks however they informed us that had started to ensure that all people were reviewed as a priority.

We looked at the policies and procedures that the provider used to check if staff were staying the allocated time and visiting as planned. There was a log in and log out system for which staff used to demonstrate the time they arrived and the time they would have left people's house. We found that staff were staying the duration and where there had been concerns these had been addressed with staff.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. However, the surveys completed by people showed that people had stated that they were unaware of the complaints procedures in the service. We also noted that while complaints had been received and dealt with, there was no evidence of how outcomes had been shared with people and what actions had been taken to address the complaint. We shared this with the interim manager. They informed us that they had not sent outcome letters as they needed to be translated to British sign language to ensure people could understand them.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. People's records had communication needs had been identified. All people in the service were supported by staff who were proficient in British Sign Language (BSL). Staff had supported people with their communication in the community. We were informed written records could be written in BSL format to aid people's understanding. We would expect the provider to establish a policy on the Accessible Information Standard to ensure consistency in their practices.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. However, during the inspection we were informed that they had left the organisation. The director of the service informed us that they had started recruiting for another manager. An interim manager had been appointed to oversee the running of the service.

We looked at how the provider demonstrated they continuously learnt, improved, innovated and ensured sustainability in the service. We found there was a system to assess quality of care and the maintenance of people's wellbeing. There were processes for auditing care files, staff records and for undertaking spot checks to supervise staff. However, these audits had not been undertaken regularly to monitor the service. The last medicines audits and spot checks had been carried out in February 2018. The audit systems were inadequate and not robust to enable the provider to learn from shortfalls and to take immediate action where people's safety was compromised. For example, the staff recruitment records had not been audited to check whether staff had been safely recruited. In addition, the provider had failed to operate a safe recruitment process. This meant that the quality assurance processes were not used to monitor the service and drive up improvements.

We found evidence to demonstrate that there was a lack of management oversight from the registered manager, who was no longer employed at the service. The registered manager and the provider had not monitored staff's performance to assure themselves that people were receiving the care they required. This meant that the arrangements to ensure staff had clear guidance and to maintain accountability were not robust. We spoke to the nominated individual who is also the director of the service regarding the failures above. They informed us that they had become aware that the previous registered manager had not been compliant with regulations however this had only been recently. They informed us that they had expected some of the shortfalls we found to have been rectified by the interim manager. They had appointed an interim manager who was overseeing the running of the service and had started to take corrective action. However, we would expect the provider to have robust systems in place to oversee the care provided and to act without our intervention.

During this inspection we found the provider to be in breach of three regulations and there was no consistent leadership at the service. These findings demonstrated that the governance systems and processes in place at Lancashire Rose Care Service Ltd did not enable the provider to identify where quality and/or safety was being compromised and to respond appropriately and without delay.

The provider had failed to maintain good governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service or any changes in the service. We found the registered provider had not notified CQC of the absence of the registered manager. The provider is required to inform CQC of any changes to the management arrangements including when the registered manager has left the

organisation. This meant that they had not fulfilled their regulatory responsibilities. The intention of this regulation is to ensure that CQC is notified of specific changes in the running of the service, so that CQC can be assured that the provider has taken appropriate action. Following the inspection we spoke to the nominated individual who gave us assurance that the necessary notifications will be submitted to CQC immediately.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

We looked at how staff worked as a team and how effective communication, between staff members, was maintained. Communication about people's needs and about the service was maintained. The majority of the staff employed at the service were proficient in the use of sign language. We saw social networking technology had been utilised to facilitate communication with people and between staff. For example, Skype video calling and FaceTime. We found meetings, memos and modern technologies were used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's daily records showing what care was provided and anything that needed to be done on the next visit.

The provider had sought people's views. We saw surveys had been carried out to seek people's views and opinions about the care they received. People were also asked to share their views about care staff. The feedback was mixed. However, where concerns had been raised action was taken immediately.

We looked at how the organisation had worked with other professionals and agencies. We found the organisation had maintained links with other organisations however this was not always consistent One health professional said, "Management has always been of concern, with lots of staff changes, and lack of consistency and understanding on their roles. Management are not clear about the role of adult social care and safeguarding/capacity issues which has been a concern." The evidence we saw during the inspection supported this view. We spoke to the interim manager about these comments however, they had been absent from the organisation for a length of time and were unable to comment.

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 The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c) HSCA RA Regulations 2014 Good governance

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that robust checks had been undertaken to ensure staff employed were of good character. Regulation 19 (1) (a) Fit and proper persons

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)-Staffing