Tigerlily Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Tigerlily Healthcare Limited is a domiciliary care agency which provides personal care and support to people living in their own homes. The service supports people with mental health needs, physical disabilities and people living with a learning disability or autism. At the time of the inspection, the service supported five people in total.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, personal care was provided to two people.

People's experience of using this service and what we found
There were two people who received a regulated activity at the time of the inspection. The registered manager only had oversight of one person's care, as the provider had not informed the registered manager about the second person who received a regulated activity. The two people's experience of care was very different.

There were not always enough staff to support the second person who received a regulated activity. Safe recruitment procedures were not in place. The provider did not carry out appropriate pre-employment checks. The second person had experienced, and was at risk of experiencing, unsafe care. Safeguarding concerns were not appropriately investigated. Risk was not appropriately assessed, monitored or managed for this person. Medicines were not safely managed.

There were enough staff to support the first person who received a regulated activity, although safe recruitment procedures were not in place. Risk for this person was assessed, and medicines were safely managed. Lessons were learnt when things went wrong, and improvements made in response to feedback for this person. Infection control was managed in line with guidance.

The second person was not always appropriately supported to eat and drink enough to maintain a balanced diet. The provider had not looked into anomalies in staff training. This person's needs were not fully assessed, and the care plan was task orientated. The provider did not always work well with other agencies.

The first person was supported to maintain a balanced diet. Most staff had received training which was specific to this person's needs. This person's needs were assessed, and the care plans were developed around those needs. The registered manager worked well with other agencies.

The first person was supported to have maximum choice and control of their lives and the second person was not. Staff supported the first person in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The second person was not always supported in their best interests.

The second person was not always treated with kindness and respect. They were not supported to take part in hobbies or meaningful activities. The first person was treated with compassion and was encouraged to be as independent as they could be. This person was empowered to take part in activities they enjoyed.

The provider did not understand their regulatory requirements. Roles within the service were not clear. The provider had not informed the registered manager about the second person's care package. Required recruitment information was not in place. There was no evidence of learning and service improvement around the second person. Audits were limited and did not identify the issues found on inspection. The director and the business manager failed to provide some requested information to CQC.

The registered manager engaged with the inspection process. The registered manager involved relatives where appropriate, sought feedback from staff and implemented suggestions put forward by the staff team in respect of the first person supported.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service supported one autistic person. In respect of this person, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This person was supported to have choice, control and independence. This person was encouraged and supported to do activities they wanted to do. They were supported to have choice and make their own decisions where possible. The service recognised when this person needed interactions and when they needed their own time and space alone. This was respected and understood by staff. This person was supported to be as independent as possible and encouraged to undertake appropriate daily tasks themselves.

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

Rating at last inspection
This service was registered with us at this address on 28 September 2021. The service was first registered with us at a previous address on 3 March 2020. This is the first inspection of this service.

Why we inspected
The inspection was prompted in part due to concerns received about staff recruitment and the quality of care. When we tried to investigate the concerns, we had difficulty in contacting the provider. This raised further concerns about the role of the provider and the level of provider oversight. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safeguarding, person-centred care, staffing, recruitment and good governance.

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

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

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Tigerlily Healthcare Limited

Detailed findings

Background to this inspection

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

Inspection team
One inspector carried out this inspection.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. However, the registered manager only had oversight of four people, only one of whom received personal care. The provider had not informed the registered manager about the second person they supported with personal care.

Notice of inspection
We attended the service unannounced on 7 April 2022. However, there was no-one at the office to facilitate the inspection.

We therefore gave the service 24 hours' notice of our next site visit which took place on 25 April 2022. This was because we wanted to ensure there would be someone in the office.

Inspection activity started on 7 April 2022 and ended on 30 May 2022. We visited the location's office on 7 April 2022 and 25 April 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We corresponded with one person who used the service, and we spoke with one relative about their experience of the care provided. We spoke with nine members of staff including the director, the registered manager, the business manager, five support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. However, the nominated individual confirmed to us they had not acted in this role for approximately 12 months.

We reviewed a range of records. These included two people's care records and medicine records. We looked at recruitment information for 13 members of staff. We spoke with three professionals who regularly worked with the service. We liaised with relevant local authorities and commissioning teams in respect of the concerns we identified.

The director did not provide us with all of the requested documents in relation to the second person they supported, or in relation to staff recruitment. We therefore served a formal letter under section 64 of the Health and Social Care Act 2008 requiring the director to provide the requested information. Not all of the information requested has been provided, and we are dealing with this outside the inspection process.

Inadequate

Is the service safe?

Our findings

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

This is the first inspection of this service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- There were not always enough staff to support the second person. Two support workers were required to support this person with some daily tasks. We were told by this person that often the second care worker would not attend. We asked the director to provide us with a breakdown of any missed or late calls, but this information was not provided.

This failure to ensure there were sufficient staff to meet people's needs is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff were not recruited safely as the provider did not follow safe recruitment procedures. The provider did not ensure employees or self-employed workers had suitable qualifications, competence, skills and experience.
- The provider did not carry out relevant checks to ensure people employed were of good character. The provider sent CQC several references for employees. However, we were unable to confirm these references were genuine.
- The provider did not carry out appropriate checks on training records supplied by self-employed workers they appointed. We found two self-employed workers whose training records stated they had completed 30 hours' training in one day.

This failure to have systems and processes in place to recruit staff safely is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider did not obtain and/or maintain the necessary records for employees and self-employed workers. Providers are required to have various pieces of information available for all employees or persons they appoint to carry out a regulated activity. This information includes full employment histories and explanations for any gaps in employment. This information was missing from most staff information we reviewed.
- The provider told us the business manager had direct oversight of the registered manager and the first person supported by the service, and the director had oversight of the second person supported by the service. We therefore requested evidence of the business manager and director's relevant training, skills and competencies to enable them to carry out those roles. This information was not provided. We requested sight of the business manager's identification and criminal record check; this information was not provided.

This failure to maintain a record of necessary staff recruitment information is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse

● People had experienced, and were at risk of experiencing, unsafe care. A serious safeguarding concern had been raised about the care provided to the second person. We requested on several occasions that the provider send to us their investigation into these concerns and their supporting documents. The provider failed to provide us with the requested information about the safeguarding concerns.

● Systems and processes were not in place to protect people from the risk of abuse. Recruitment procedures placed people at risk of harm. The systems were not robust and did not ensure people were supported by suitable and safe staff.

● The director and business manager had not acted upon concerns raised by the second person. The director and business manager failed to take action to improve the quality of the care provided.

This failure to have systems and processes in place to protect people from the risk of abuse and improper treatment is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● At the time of our inspection, there were no safeguarding concerns about the first person being supported.

● Most staff supporting the first person had received training in safeguarding and knew how to recognise any safeguarding concerns. Staff told us they were confident in raising concerns with the registered manager and any issues would be acted upon.

Assessing risk, safety monitoring and management

● Risk was not appropriately assessed, monitored or managed for the second person who was supported. Guidance for staff around risk was limited. For example, no information was provided for staff around the medical condition this person was living with and the impact it had on them. This person confirmed that staff often did not know about their condition.

The failure to appropriately assess, monitor and manage risk is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The failure to ensure accurate records were maintained in relation to risk is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Risk was appropriately assessed for the first person who was supported. Risk assessments were up to date and regularly reviewed. The care plans contained information to help staff support this person in a person-centred way.

● There was guidance for staff around supporting this person if they were to display behaviours which may be expressing distress or agitation. A Positive Behaviour Support plan was in place which set out possible behaviours, triggers, and appropriate strategies for staff to use to support this person in the least restrictive way possible.

Using medicines safely

● There was a system in place for managing medicines. Medicine administration records showed that tablets were administered as prescribed. However, the second person supported stated this was not always the case.

● The second person supported was prescribed a patch for pain relief. This patch needed to be rotated in line with the manufacturer's guidance to avoid adverse side effects. We asked the director to provide us with the patch records so we could check whether it had been rotated. The business manager confirmed there were no patch records in place, but the patch change was recorded in this person's daily notes. We reviewed the daily notes and the patch change was not recorded.

This failure to keep an accurate record of medicines is a breach of regulation 17 of the Health and Social

Care Act 2008 (Regulated Activities) 2014.

● Medicines for the first person supported were managed safely. This person received their medicines as prescribed. One professional told us, "[Person's] medicines are spot on. There have been no missed medicines or medicines errors. If [person's] prescription changes, they get the prescription immediately and update everything straight away."

Learning lessons when things go wrong
● Lessons were not learnt in relation to concerns raised by the second person supported. Complaints were not appropriately investigated, and issues raised were not always resolved.

This failure to act on feedback is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Lessons were learnt and relayed to staff who supported the first person. Professionals told us that the registered manager and staff listened to advice when things went wrong and teething problems at the start of the package were appropriately resolved.

Preventing and controlling infection
● The provider managed the control and prevention of infection in line with guidance. An up to date infection control policy was in place and staff who supported the first person had received appropriate training.
● PPE was readily available for staff. The registered manager had purchased clear face masks to help support communication with the first person supported.
● The registered manager carried out audits and spot checks on staff who supported the first person, to ensure staff were complying with good infection control practice.

Requires Improvement

Is the service effective?

Our findings

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

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

Supporting people to eat and drink enough to maintain a balanced diet
- The second person who received care was not appropriately supported to eat and drink enough to maintain a balanced diet. This person was unable to access food and drink themselves and relied on staff to provide this. There was insufficient information for staff about this in the care plans.
- Risks in relation to nutrition, hydration and weight loss had not been assessed and there was limited guidance for staff to enable them to safely support this person.

This failure to assess and manage risks around nutrition and hydration is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The first person was supported to maintain a balanced diet. This person had a 'healthy eating' plate which helped them, and staff, to understand what a nutritionally balanced meal consisted of.

Staff support: induction, training, skills and experience
- We could not be assured that staff who supported the second person always had the right skills, training or experience. The director provided us with training information, but the director had failed to question how two support workers had each completed 30 hours' training in one day.
- We requested information about staff supervisions and appraisals for staff who supported the second person. For seven members of staff we were provided with documentary evidence of one supervision only.

Failure to keep a complete and up to date record of relevant staff training, experience and support is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that all care workers were required to complete the Care Certificate within six months of commencing employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. At the time of the inspection, none of the care workers who supported the first person had completed the care certificate, despite being employed for at least six months.
- Despite not having completed the Care Certificate, staff supporting the first person had received training, which was a mix of online and face to face training. Professionals had also provided staff with specific training to meet the person's individual needs, including sensory awareness, communication and intense interaction training.

● Staff who supported the first person received regular supervisions and appraisals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The needs of the second person supported were not always fully assessed and care plans did not adequately address all of this person's needs. For example, care plans were missing around this person's medical condition and the impact this had on them. Information was limited with regards to this person's nutrition and hydration needs and skin integrity requirements. There was limited information about this person's likes, dislikes and relevant social history.

The failure to ensure accurate records were maintained is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Care plans for the second person supported were task orientated and did not consider desired outcomes, goals, or how to improve this person's quality of life.
● The needs of the first person supported were assessed and care plans developed around those needs. The registered manager worked closely with professionals to ensure professionals' advice was followed as to how best to support this person.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The second person supported had full capacity to make all decisions about their care and support. This person's care plan recorded that they had consented to the plans. However, this person told us that in fact, "[The provider] has not consulted with me at any point since they took over my care." There was no evidence in this person's care file that they had been actively involved with the plans.

This failure to involve this person in their care planning was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The registered manager understood and was working within the principles of the MCA regarding the first person who received support. This person lacked capacity to consent to their care and support plan, and an appropriate application had been submitted to the Court of Protection for authorisation.
● This person had a court appointed representative who visited regularly and who told us, "I do a welfare call to check that [person] is being supported in the least restrictive way possible. I have no concerns. The

care seems to be very person-centred and [person] is getting out and about and doing things. The care is geared towards what [person] enjoys doing."
● Care plans and daily notes showed that this person was offered choice and encouraged to make decisions where they were able to do so. The registered manager worked closely with professionals to ensure care and support was provided in this person's best interests.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
● The provider did not always work well with other agencies. The director and the business manager, who had oversight and direct involvement with the support of the second person, were difficult to get hold of when needed. Other professionals working with the service told us they had experienced the same problems.
● The registered manager, who had oversight and direct involvement with the support of the first person, worked well with other professionals. Regular meetings were held with multi-disciplinary teams and professionals spoke positively about the registered manager's engagement and contributions. One professional told us, "We have weekly meetings where we share information. I have a conversation with the registered manager most days; there has been some really good partnership work."

Requires Improvement

Is the service caring?

Our findings

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

This is the first inspection for this service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
● People were not always supported to be involved in making decisions about their care. The second person who was supported told us they had not been consulted about their care plans. This person's communication plan contained limited information to assist staff as to how best to communicate and how to have meaningful interactions.

This failure to involve this person in their care planning was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The first person was supported wherever possible to be involved in decision making. A communication care plan was in place which gave clear guidance for staff as to how to most effectively communicate with the person, and how to help this person understand and make their own decisions where appropriate.

Respecting and promoting people's privacy, dignity and independence
● Care was not always provided in a way which promoted dignity and respect. The second person who received care required two staff to support them with some tasks. We were told the second staff member did not attend on multiple occasions which had an impact on the person's privacy and dignity, since a family member would then have to assist. We asked the director to provide us with a breakdown of any missed or late calls to enable us to look into this. This information was not provided.

This failure to provide person-centred care was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The first person who received support was treated in a way which promoted their dignity. One relative told us, "They are encouraging [person] to be as independent as they can be. The care workers are very attentive, they leave us and give us privacy when we visit [person]."

Ensuring people are well treated and supported; respecting equality and diversity
● The second person who received care was not always well treated and supported. They told us that staff took personal telephone calls during their shifts.
● Due to the concerns identified during the inspection, we could not be assured that people always received a high quality, compassionate and caring service. We have taken this into account when rating this key question.
● The first person who received support was treated with kindness and compassion. One professional told

us, "The support staff have empathy, sympathy and commitment" and one relative told us, "[Person] is happy and settled and the care is good."

Requires Improvement

Is the service responsive?

Our findings

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

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

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

- Care was not always person-centred and did not always meet people's needs. The second person who received support confirmed to us that their needs were not always met. For example, the provider failed on several occasions to send a second support worker so that this person could be safely moved.
- The care plan for this person was task orientated and did not consider their whole life needs, goals, skills or abilities.
- People's communication needs were not always met. There was limited information to help staff interact meaningfully with this person.

This failure to provide person-centred care was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The first person received person-centred care and support. Their care plan took into account their history and background, their goals and aims, and was focused on supporting them to have a good quality of life. One professional told us, "The care is very person-centred. It is all geared towards that person and what they enjoy doing."
- This person had a care plan which contained guidance for staff to help them communicate effectively with them. Advice from professionals was appropriately incorporated into the care plan.
- Most of the staff supporting this person had received training designed specifically to support positive interaction with that person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- The second person was not supported to take part in hobbies or follow interests. This person was not encouraged to engage in any meaningful activities. This person's likes and dislikes were not recorded in their care file.

This failure to provide person-centred care was a breach of regulation 9 of the Health and Social Care Act

2008 (Regulated Activities) 2014.

● The first person supported was encouraged and empowered to maintain hobbies and interests. The registered manager and staff worked hard to facilitate activities, and this had a positive impact on this person. One relative told us, "[Person] is out far more than they used to be and is doing things they love."
● People were supported to maintain relationships which were important to them. The importance of family was set out in people's care files and companionship was encouraged.

Improving care quality in response to complaints or concerns
● Improvements were not made in response to complaints. The second person raised concerns with the business manager. These concerns were not addressed, and issues were not resolved.

This failure to act on feedback is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At the time of our inspection, there had been no complaints that we were aware of about the first person supported.

Inadequate

Is the service well-led?

Our findings

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

This is the first inspection for this service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not understand their regulatory requirements. The nominated individual had not been actively involved with the service for over 12 months. The provider had not taken any action to appoint a new nominated individual.
- Recruitment information which was required to be in place under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not fully in place. There were gaps in employment histories and references were provided which could not be verified.
- The provider was registered to deliver nursing care. At the time of the inspection the provider did not have a clinical lead or a registered manager who was suitable to provide oversight for this regulated activity. This was in direct breach of the provider's condition of registration.
- Roles within the service were not clear. At the start of our inspection, the registered manager did not know who the nominated individual or director were. Insufficient and unclear information has been provided by the director as to leadership roles within the service.

Failure to have clear roles and understand regulatory requirements is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was no evidence of learning, reflective practice and service improvement around the second person who was supported.
- Audits provided for this person were limited and did not identify the issues we found on inspection.
- The director and business manager did not comply with the duty of candour. The director and business manager did not provide all requested documentation and failed to explain to CQC why they had not provided this information.

Failure to have in place effective systems and processes to assess, monitor and improve the quality and safety of the services is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager carried out audits around the first person supported and sought to improve the service. Actions were implemented in response to any issues identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

● The provider did not engage appropriately with the second person supported.

● The director did not engage appropriately with the inspection process. The director and the business manager failed to provide us with documentation and information despite a formal statutory request being made.

This failure to act on feedback and maintain records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager engaged with the inspection process and sent us all documents and information requested of them in relation to the first person supported.

● The registered manager involved relatives where appropriate. One relative told us, "[The registered manager] is in contact all the time with updates, messages and photos."

●The registered manager sought feedback from staff and implemented suggestions and ideas put forward by the staff team.

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

● The service was not well-led. The director had taken on a care package without informing the registered manager. This care package was poorly managed by the director and the business manager.

● Openness and transparency were lacking throughout the inspection process. The business manager and the director told us conflicting and inconsistent information. For example, the director told us they used multiple agencies to source staff. However, following our formal request for information, the business manager informed us they used no agencies.

This failure to have appropriate management systems and processes in place is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a failure to provide person-centred care. Regulation 9(1)

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to provide safe care and treatment. Regulation 12(1),(2)(a), (b), (c)

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There was a failure to have systems and processes in place to protect people from the risk of abuse and improper treatment. Regulation 13(1) - (4)

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a failure to have systems and processes in place to support safe recruitment.

	Regulation 19(1), (2) and (3)

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There was a failure to have sufficient staff to meet people's needs. Regulation 18(1)

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to have appropriate management systems and processes in place. There was a failure to maintain a record of necessary staff recruitment information. There was a failure to appropriately assess, monitor and manage risk. There was a failure to keep an accurate record of medicines. There was a failure to have clear roles and understand regulatory requirements. There was a failure to have in place effective systems and processes to assess, monitor and improve the quality and safety of the services. There was a failure to act on feedback. Regulation 17 (1) and (2)

The enforcement action we took:

Warning notice