

# Bee Friends Limited

# Bee Friends

## 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?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

This inspection took place on 10 and 22 March 2017 and was announced. Bee Friends provides domiciliary care services to people within their own homes. This can include a specific number of hours of support to help promote the person's independence and well-being. At the point of inspection 26 people using the service received assistance with personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always kept safe. Whilst staff were able to recognise signs of abuse, they were unable to identify what protocols to follow if they had any concerns. As a result notifications were, not completed when safeguarding incidents occurred. The service did not complete or record any investigations to ensure that all steps were taken to prevent any abuse happening again

Risks were not assessed to keep people safe. This meant that staff did not always know how to manage a risk should one occur.

People were not supported with their medicines by suitably trained, qualified and experienced staff. Not all staff who administered medicines had received training in medicine management. There had been no check of staff competency prior to administering medicines. Some people had not received their medicines as prescribed. The impact and risk of this was neither reported nor assessed by the service.

The service did not have systems in place to ensure sufficient suitably qualified staff were employed to work with people. References, gaps in employment history and photographic ID was missing from staff files.

People received care and support from staff who did not have the necessary skills and knowledge to care for them. Mandatory and specialist training had not been completed by all staff working with people. Staff did not have an understanding of the Mental Capacity Act, and did not know how to use the principles of this when working with people. People were not supported to have maximum choice and control of their lives. Staff may not have been able to support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

People told us communication with the service was not good and they did not feel listened to. Complaints were not investigated and not responded to. There was no evidence of any concerns being properly documented by the service. People, professionals and relatives said that people were not always treated with dignity and respect. Confidentiality had on occasions been breached.

People did not receive care that was person centred, and tailored to meet their individual needs. Care plans

did not contain sufficient information on how to support people, and were not reviewed regularly. Calls were not completed at the times requested by people, with some calls being delayed by several hours, whilst some were not completed at all.

The service was not well-led. The registered manager did not have an overview of the service. Audits and quality assurance documents were neither completed fully, nor understood, by the management team, as being important in maintaining and developing the service.

We found a number of breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not provided with appropriate training, competency assessment and performance appraisals as was necessary for them to carry out the duties they were employed to perform. The provider had not established an effective system that ensured their compliance with the fundamental standards. The fundamental standards are regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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, 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. 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.

Appropriate recruitment processes had not been employed to establish the suitability of staff working at the service.

Risks had not been appropriately assessed.

Safeguarding protocols were not understood or followed.

Medicines were not administered by staff who were suitably qualified or competent to administer them.

### Is the service effective?

**Requires Improvement** ●

The service was not effective.

Staff were not appropriately trained or knowledgeable to carry out their duties effectively.

Staff were not supervised or appraised sufficiently.

Staff did not understand the principles of the Mental Capacity Act 2005 (MCA), and did not know where best interest decisions needed to be made on behalf of people following the MCA and the Deprivation of Liberty Safeguards guidelines, if people's liberty was restricted.

### Is the service caring?

**Requires Improvement** ●

The service was not caring.

Staff did not always maintain people's dignity or treat them with respect. On some occasions confidentiality was breached.

Equality and diversity was not promoted for people.

### Is the service responsive?

**Inadequate** ●

The service was not responsive.

Documented care plans were not accurate or reflective of people's needs.

People's needs were not continually reviewed or assessed.

A complaints procedure was in place however this was not followed by the staff or management. People were not confident that any complaints made would be appropriately dealt with.

**Is the service well-led?**

The service was not well led.

There were no audits completed by the manager to enable them to identify any issues related to the operation of the service. The registered manager did not have an overview of the service.

Staff felt that the management team was not strong and did not have a clear vision of the service.

Feedback surveys from people were not analysed or assessed and no action was taken as a result of people's views.

**Inadequate** 

# Bee Friends

## 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.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. This inspection was carried out over two days. The inspection team consisted of one inspector on day one, with two inspectors completing day two of the site visit.

Prior to the inspection the local authority quality team were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law. As part of the inspection process we also look at the Provider Information Return (PIR). 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. We had not received the PIR for Bee Friends, therefore were unable to consider the manager's views on the service prior to visiting.

During the inspection we spoke with six members of staff, including two managers, the registered manager and three care staff. We spoke with three people who use the service and three relatives of people who were authorised to speak with us on their behalf. In addition we spoke with three professionals from the local authority.

Records related to people's support were seen for ten people. In addition, we looked at a sample of records relating to the management of the service. For example staff records, complaints, quality assurance assessments and policies and procedures. Staff recruitment and supervision records for six of the staff team were reviewed.

# Is the service safe?

## Our findings

People were not kept safe by the recruitment procedures used by the service. These were not robust and did not ensure that suitable staff were recruited. We found that gaps in employment were not explained, references were not from the last employment in social care, but in three of the six files viewed were personal character references only. Identification photographs of staff were not on files and the disclosure and barring service (DBS) check were carried forward for some people from their last place of employment, and had not been completed by the provider. A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. Checks were not obtained or verified prior to employment being offered. This put people at potential risk of having staff work with them that may not be suitable to carry out their duties.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which stipulates that persons employed for the purpose of carrying out a regulated activity must meet specific requirements, which are further outlined in detail in Schedule 3.

The service offered to people was not always safe. Staff did not have the correct training to keep people safe from risk, nor did they understand what would be perceived as a potential risk. Risk assessments are documents that are designed to keep people as safe as possible by minimising of the risk. These should be kept up to date, so that staff are aware of how to reduce the risk, or should a risk be identified, what actions to take as people's needs change. For example we found that in one person's file, risk of falls had been identified at the initial assessment stage. However this had not been followed up by a risk assessment to ensure that the person was supported in the most appropriate way to minimise the risk of falling. In another file we found that a person was at risk of pressure sores, but there was no information for staff of how to support, monitor and care for the person to minimise the risk of pressure damage. It was unclear if any harm had occurred to people as the service was poor at maintaining records.

Medicine was not always administered by staff who had the appropriate training. Six staff had not received training in medicine administration. There was no record that the manager had checked that anyone administering medicines was competent to do so. We found that one person who was receiving support had complex health needs. Whilst staff were not currently involved in administering medicines, a comprehensive action plan was in place, should they need to be involved at some point in the future. However, none of the staff were trained in administering the specific medicine and those we spoke with were not aware that they should not administer the medication until they had received the training. Whilst the risk was not imminent, there was potential that the individual could be harmed because staff may administer medicines for which they had no specific training.

People did not have risk assessments regarding medicines in their files. We found that on a number of occasions people had not received their medicines at the correct time, or these had been missed. It was unclear what the risk was to people of missing their medicines. It was also unclear what the service would do if this happened, as no records could be found detailing how this had been followed up. Files contained insufficient information about the medicines and their use. In some cases basic information such as the

name of the medicine was missing. We found one medicine administration sheet had "Nomad" written where the name of the medicine should be. When we asked the registered manager and one of the managers what the medicine was, they were unable to answer. Nomad refers to the packaging system used by pharmacies when supplying medicines by time to be taken. There was no record of what medicine the person needed to take.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that care and treatment must be provided in a safe way by mitigating risk and safe medicine management.

Staff were able to describe different types of abuse but were unclear of what procedures to follow in the event of suspecting abuse. On day one of the inspection we found that not all staff had received training in safeguarding, this included both the managers. The registered manager although trained, had only completed the basic level, which may have been insufficient to promote people's safety or instruct staff how to protect people. We discussed this with the service and were assured that all staff, including the managers and the registered manager would be booked on and would complete the necessary training. On day two of the inspection we were told this had been arranged for April 2017. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff did not understand or appropriately safeguard people from abuse.

There were no systems in place to monitor incidents and accidents. This meant that the service were unable to note trends occurring in order to prevent similar occurrences in the future.

One relative we spoke with said they felt safe leaving their relative alone with staff. We were told, "I have no concerns about [name] safety. I trust them completely to keep [name] safe." This was not consistent with the feedback we received from other people. One person we spoke with said "I don't feel safe, because I never know who's coming". This was echoed by another person who told us that they did not know who was coming in the evening and this made them feel unsafe.

We found that the service had comprehensive environmental risk assessments in place, for staff when visiting people in their home. These were detailed and highlighted potential areas of risk, for example paving, stairs or a pet. The document recorded how to minimise the potential of an incident for example, check footing when walking on the uneven paving.



## Is the service effective?

### Our findings

People were cared for by a staff team that had not received effective training to help support them with their role. Records showed that topics that were considered mandatory by the company had not been completed. In some cases this included the managers and registered manager. Training such as moving and positioning, first aid, safeguarding and person centred care had not been completed by all staff. Specialist training including dementia, epilepsy awareness and artificial feeding techniques had not been completed by the team of staff who were offering support to people specifically with these needs. For example, we were told during the inspection that all staff working with one person who had complex health needs, had the necessary training in place prior to commencing support. We found that of the four staff working with the person, one staff member had received specific training in 2016, and one in 2001, therefore 16 years ago. The remaining two were not trained. An IT system was used by the company that identified when training was out of date, however this was not used effectively by management.

The registered manager was aware of the concerns regarding training that had been raised. A new training company was in the process of being introduced to provide all training needs, using e-learning. The current induction process did not meet the recommendations of best practice. We were told that the training company would implement an induction process with workbooks in line with best practice guidance, taking modules from the care certificate. This knowledge would mean that staff would have a clearer understanding of how to support people.

On speaking with staff we found that they did not have a clear understanding of the principles of the Mental Capacity Act 2005 (MCA). Only five of the eighteen staff employed had received training in the MCA, although this was perceived as mandatory training. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. At present the service was not providing support to anyone who was under DoLS.

Staff reported that they had not received regular supervisions and appraisals. Records of the six staff files we saw highlighted none had received supervisions. The registered manager was aware of the concerns related to lack of supervisions, and advised that spot checks on staff whilst working had been completed. She understood that this did not offer staff adequate supervisory support. The registered manager was in the process of rolling out a supervision programme and had begun to meet staff to discuss concerns and practice with them.

We could only find one record of a team meeting having been held by the service, this was in March 2017. When this was raised with staff and the registered manager, we were told, "These have only just started." Staff told us that "communication is really bad", another member of staff said, "No one knows what's happening." The registered manager assured us that these would be held frequently to discuss any new

operational issues with staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which stipulates that staff should be competent, skilled and experienced to carry out the tasks needed, with appropriate support and training.

People reported that staff sought consent before completing personal care, although were task focused. They said, "They do what they need to do, and then leave... they ask before doing anything mind, but just don't have a chitchat". Another person said, "They will seek permission, but are always on the run." We spoke with the registered manager about this and queried whether staff had sufficient time to complete calls and offer effective support. We were told that travel time was paid for and was calculated. Calls were grouped together based on location.

We checked to see if people were appropriately supported and assisted with food and hydration. We found that this was provided, in line with the initial assessment. However, this was not always at the time the person had selected.

## Is the service caring?

### Our findings

Staff were not always caring towards people they were supporting. We were told of four incidents by people and professionals regarding a few members of staff in particular, who were not respectful or considerate in their approach. One staff was reported by one person as being "rather rude". A family member and one person raised a concern regarding the same member of staff in relation to her breaching confidentiality about another person who was supported by Bee Friends.. An additional member of staff was reported by a person as being "abrupt" and "not wanting to listen or be here". The registered manager was aware of both these incidents and assured us that these matters and the additional issues would be investigated further, and the necessary steps taken, although some of these concerns had been raised over a month ago. However, one relative reported that the staff who came to support their family member were respectful and considerate. They said they were "happy with the care my wife is being given... wouldn't trust anyone else".

People generally felt that staff were respectful and maintained their dignity during periods of assisting with personal care, by covering them up, drawing curtains closed. We were told, "Oh always cover up, they make sure of that". However, two people we spoke with felt that staff did not assist in maintaining their dignity at all times. One person told us that they required assistance to get from one room to another within their house, they were otherwise independent. However staff did not acknowledge the importance of this to support the person to maintain their independence and dignity. They would often arrive late or in some instances miss the call. On several occasions the person had to contact their relative to assist them to get to the bathroom as staff had not turned up.

People and their representatives told us that they were involved in the initial care plan development, however had not been involved in any reviews. We were told that even when changes needed to be implemented to care plans and had been requested, these would take several weeks to action. This meant that people were not cared for in a way that was suitable to meeting their needs. We were given one example of where staff were not originally involved in preparing meals for a person, but had been requested to do this as the person was finding this difficult. The relative of the person found that a week after requesting the additional support neither had the care plan been amended, or staff prepared any meals. They spoke with the managers to establish when this would start, however were not told a date. As a result the relative checked daily to see if support with meal preparation had started.

People and their representatives said that when they sought further information or explanation this was not always provided. For example, knowing which member of staff was going to complete the call, or why someone was late. This was raised by all people and families we spoke with. We were told that if a member of staff was running late, often they were not notified by "the office". Explanations for the lateness were seldom given, with traffic often being cited as the reason.

Seven of the 18 staff employed by the service had not received training in confidentiality. This meant that they may not have been aware of the importance in maintaining people's confidentiality in all means of communication. We found that records were kept securely, however some staff openly discussed people and their needs, irrespective of who was present. Two of the people we spoke with, one relative and

professionals involved with the service raised concerns regarding this.

We recommend that the registered provider looks at the staff teams understanding of the confidentiality policy and compliance with this, ensuring this is adhered to at all times.

## Is the service responsive?

### Our findings

The service was not responsive to people's needs. We found that whilst each person had a lengthy care plan in place this was not detailed or sufficient to provide staff with the appropriate information on how to support people. The care plans had been recently updated to a more simple format. This involved a tick box system. For example, "Does the person have mobility issues?" The appropriate response was highlighted, however additional information on how the support was to be given was not provided. This document appeared beneficial as an initial assessment that could be further developed with a specific care plan. We spoke with the registered manager who stated that the care plan had been recently changed as the previous one had been considered too detailed. The registered manager recognised that the new document did not contain sufficient information for staff to appropriately provide responsive care. At present staff were either relying on calling management, or making decisions whilst working on how best to support people, when needs had changed. This was not responsive to people's changing needs and meant they were at risk of not receiving the most appropriate care and support.

People and their representatives told us that they were involved in the initial stages of developing their support plan. However, they had not been a part of any subsequent reviews. People and their families were unclear if any reviews had taken place. One relative reported, "I've asked for [name] support to be changed as their needs are changing. This still hasn't been done." We could not find evidence of any reviews having taken place. The old paperwork had been updated onto a new format, however, the care needs of the person had not been re-assessed, therefore people may have been receiving care that had not been reviewed with changing needs.

On the first day of our inspection we noted that one person who was receiving support from the service, had specific mental health and physical needs. The care plan for this person did not provide sufficient information to enable staff to understand the person's mental well-being and how to manage this if they became unwell. During a recent call the records showed the person had become upset and displayed distressing behaviour. Two staff were in the process of assisting the person with personal care, and sought guidance from the on call managers during the incident. They were advised to leave the person, with their family member. We looked at the records for this person to seek further clarity on the management of the person's mental health needs, and for an incident record. We were unable to find either. This meant that staff did not have adequate guidance on how to best support the person when they were distressed or anxious. A lack of incident record meant that staff were unable to learn from the incident and the care plan had not been amended to prevent a similar incident, reducing the potential distress to the person. The registered manager was unable to further elaborate on the incident or any action they had taken to prevent a similar event. On the second day of our inspection, we found that the person had cancelled their contract with Bee Friends, citing concerns about their inability to respond to their specific needs.

The IT system used by the service to monitor when staff attended and left a call, highlighted that all calls were neither taking place at the scheduled time nor for the call duration. We were told by one person that they would often have to call their relative to assist them with tasks that staff were to complete, as they would arrive too late. A relative told us, "I can see when they come to see my parent they don't come at the

right time or for long enough". We were told of several incidents where people were given meals with short gaps in between. For example one person received lunch at 11am when the morning call which included breakfast, was only at 9am. In another instance the staff turned up at 5pm for the 8pm call. They had left the persons food out for them to eat later. This had spoiled and was subsequently thrown away, meaning the person had not eaten since lunchtime one day until breakfast the next, almost 20hrs later. The person and their relative stated that it often felt that staff were working on hours that suited them rather than the person. This was a point reiterated by several other people and their families.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which identifies that the care and treatment must be appropriate to meet the needs and reflect their preferences of the person.

People and their families were aware of how to report a complaint or a concern, however were not confident that this was responded to appropriately. We found that neither the staff nor the manager knew how to appropriately record, report or investigate a complaint. On day one of the inspection we heard several complaints being made by people calling the office. These ranged from missed calls to items being broken by staff. We observed that neither manager recorded the complaint. When we raised this we were told that the issue had been resolved – for example the broken item would be replaced later in the day. Management did not understand the need for transparency and recording of concerns. The complaints log did not contain any documented concern or complaint made to the service by people or their representatives. We found over 30 concerns emailed to the service by the local authority raised as alerts on local authority paperwork. For example, missed medicines, medication errors, missed calls, calls not completed for full duration, staff refusing to complete tasks. These however, did not have any accompanying paperwork illustrating the investigations that had taken place, and how these issues were resolved. When we discussed this further we were told that many of the people had cancelled their contracts. However, the service had not identified a link between the complaint and subsequent cancellation of the service.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that complaints must be investigated and proportionate action must be taken.

## Is the service well-led?

### Our findings

We found that the service did not have good management and leadership. Staff we spoke with raised concerns about the managers and registered manager's ability to oversee the service. We were told that they were, "Not confident that any positive changes would be made". We found further evidence of this in the team meeting minutes held in the file. Staff had made it clear how unhappy they were with the management.

The registered manager was also the nominated individual of Bee Friends. A management team had been employed to oversee the day to day running of the service, with the registered manager keeping on overview of the operations. There had been significant staffing changes approximately six months ago, due to concerns being raised by the local authority on how the service was performing. This led to a new management team being brought in, and the registered manager basing herself at the location. The registered manager recognised that she had not kept an overview of the service and had only recently become fully involved with the service.

The service was not appropriately audited by management. The registered manager did not have systems in place to establish how effectively the service was operating in meeting legislation and requirements. For example, staff files had been updated prior to the inspection. However these still failed to meet the requirements stipulated in schedule 3. Care plans had not been read or signed off by the registered manager as containing sufficient information on how to support people. These were not audited in relation to risk assessments and changing health needs. This meant that people were not receiving appropriate levels of support.

The registered manager did not have accurate, complete records for each service user, that were appropriately checked, updated and cross referenced. For example when we looked at one person's MAR sheets we found that in one month only four days of medicines had been signed off. This had not been picked up by management. Information about the person's medicines had been recorded at times in the daily records but these had not been checked or cross referenced with the MAR sheets. This meant that he records were not clear and the management team were unaware if any medicines had actually been missed. We were initially told that staff observed and prompted the person to take the medicine however over the last couple of weeks had been asked to administer. The care plan did not evidence the change in support. More concerning there was no evidence of what the medication was, and how and when this was to be administered.

Quality assurance questionnaires had been sent out to people for feedback on how they felt the service was delivering care and how they could improve. However, we found that nothing was done with the feedback. The feedback had not been assessed no action plan had been generated to see how improvements to the service could be made and no actions had been taken. Staff and professionals were not asked to provide feedback to the service.

There was no accountability for not adhering to schedules and tasks. The policies and procedures, detailed

how staff who failed to fulfil calls at scheduled times would be investigated followed by possible disciplinary action. However, these procedures were not followed. Minutes from the team meeting illustrated that staff were being requested to complete tasks at the scheduled times, rather than being instructed to. Following on from the team meeting, calls were still not being completed at the scheduled time, however no action had been taken. We raised this with the registered manager, who acknowledged the need to hold staff and their supervisors accountable.

Staff reported there was no clear vision and values of the service and management. Staff spoken with acknowledged that they were scheduling rotas based on their own needs rather than that of the people who were being supported. Staff felt there was no direction, which had enabled them to complete duties their own way. Staff agreed that this may not be in line with what was expected of them.

The service used an IT system to check that staff had turned up for calls and the times they attended calls. Upon examination of the system we found that 100% of calls were shorter than they were meant to have been over the past month. We raised this with the registered manager, and queried why the system was not being monitored. We were told that this was being used to ensure staff were turning up to calls, but not focusing on the length of each call. We found one example of a call being scheduled for 45 minutes where the staff left after 22 minutes. We queried how effective support could be delivered within a short time space designed to complete personal care, assist with food, and medicines. The registered manager recognised that this was something that needed further investigation, especially as this was a continual pattern.

The registered manager only became aware of the issues related to the service through audits and action plans generated by the local authority via quality monitoring visits. The registered manager lacked clear insight into how to resolve many of the issues that were raised. We were shown documents that had been created to audit the service. However these had failed to identify shortcomings. An example of this was the policies and procedures held at the service had not been reviewed or updated since 2011. This meant that these were not in line with changes made to regulations in 2014. The service subsequently purchased generic policies and procedures that required being personalised to meet the needs of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that systems need to be in place to assess, monitor, improve the quality of the service.

We found that the management and staff were unclear of what was perceived as a safeguarding, we were not always sent required notifications relating to safeguarding incidents. Since February 2017, three incidents of safeguarding had not been reported to either the local authority safeguarding team or CQC. This raised concerns of the provider's ability to recognise safeguarding issues, and therefore look at implementing measures to prevent further risk to people.

This was a breach of Regulation 18 (Registration) Regulations 2009, which stipulates that the registered person must notify CQC of any notifications without delay whilst carrying out a regulated activity.

The service was developing community links through the significant involvement of the local authority. They recognised the need to ensure communication was improved with other services, such as hospitals and primary healthcare teams.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not have effective recruitment and selection procedures that ensured that persons employed for the purpose of carrying on the regulated activity were of good character. Not all information specified in Schedule 3 was available.</p> <p>Regulation 19(1)(a), (2)(a) and 3(a).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider did not have suitably qualified, skilled and competent staff deployed to safely carry out the regulated activity. Staff were not appropriately supported through supervisions and appraisals. Regulation 18(1)(2)(a)</p>

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 18 Registration Regulations 2009 Notifications of other incidents  The registered provider failed to appropriately notify CQC without delay of incidents that occurred whilst carrying out the regulated activity.

### The enforcement action we took:

Positive Conditions

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered person did not ensure the care and treatment of people was appropriate and met the needs of the people. Regulation 9(1)(a)(b)(c)

### The enforcement action we took:

TBC

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider did not do what was reasonably practicable to mitigate risks. Medicines were not managed safely. Persons employed were not competent or qualified to complete tasks safely. Regulation 12(2)(b)(c)(g)

### The enforcement action we took:

TBC

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The registered person did not protect and safeguard people from abuse or mistreatment. Regulation 13(1)(2)(3).

**The enforcement action we took:**

TBC

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered provider did not investigate or act on a complaint in proportionate time. the registered provider did not have systems in place to appropriately record and handle complaints. Regulation 16(1)(2)</p>

**The enforcement action we took:**

TBC

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to assess, monitor and improve the quality of the service. Care documentation was not reflective of people's needs. Regulation 17(1)(2)(a)(c).</p>

**The enforcement action we took:**

TBC