

Jay's Homecare Limited

Jays Homecare Limited

Inspection report

2 Burgage Square
Merchant Gate
Wakefield
WF1 2TS

Tel: 01132736457

Date of inspection visit:
04 December 2018
10 December 2018

Date of publication:
18 February 2019

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

The inspection of Jays Homecare Limited took place between 4 and 10 December 2018. Two days were spent in the office and a further two days spent making calls to people using the service and to staff. The inspection was announced so the registered manager could attend. The service was last inspected in January 2016 and found to be in breach of one regulation in relation to safe medicine management. We found further concerns at this inspection. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question, safe, to at least good.

The service was supporting 23 people, 17 lived in the Wakefield area and a further six in Leeds at the time of the inspection. The service had relocated offices in the summer of 2018 to Wakefield.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Jays Homecare receives regulated activity; 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.

There was a registered manager in post at the time of the inspection. However, they only attended on the second day of the inspection as they are based in London. The office was run by two care co-ordinators who were the main contact for staff and people using 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.

People were happy with the service they received but we found a number of concerns with safeguarding processes and systems. Staff did not recognise what might be abuse, and then concerns which were shared, were not always investigated or reported appropriately to the local authority.

There were a limited number of staff and the registered manager acknowledged if any were to go off sick they would struggle to provide a service. They did state they would not accept any more people until they had recruited more staff.

Risk management was in place but the assessments in place were basic and did not offer staff sufficient guidance. Accidents were not recorded properly and reviewed regularly.

We found significant issues with medication such as inaccurate records and contradictory information for staff, based on out of date guidance. The registered manager could not identify best practice guidance when asked. Staff were not suitably supervised and trained to carry out their roles and responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

No one required specific nutritional support and people were confident that other health professionals would be called by staff if needed.

People spoke positively of care staff who they described as friendly and kind. They felt their wishes were respected and their dignity promoted. Care records reflected people's needs and for the most part, their needs were met as they preferred based on feedback we received.

Complaints were not recorded properly and therefore the provider could not evidence appropriate action had been taken.

The registered manager was also the manager of a London branch and this meant they had little involvement with the Wakefield branch. This was evidenced by a lack of quality assurance systems in place and limited oversight. The service was being run by the two care co-ordinators who people and staff spoke highly of.

Due to the lack of registered manager and provider oversight we found significant issues with the service and found breaches of five regulations. You can see what action we told the provider to take at the back of the full version of the report.

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

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

The 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.

There were serious issues with medication and safeguarding concerns were not reported as required.

Risk management provided limited guidance for staff.

People said they were happy with staff who were consistent and on time, and followed infection control practice.

Is the service effective?

Inadequate ●

The service was not effective.

The registered manager did not display sufficient current knowledge of best practice and staff had not received recent training.

People told us staff would contact health professionals if needed and consent was obtained from people where needed.

Staff spoke positively of their colleagues.

Is the service caring?

Good ●

The service was caring.

People spoke positively of all care staff, and felt well supported with sufficient time to complete all support needs.

People said their dignity and privacy was promoted and respected at all times.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records reflected their specific need and were written in conjunction with their preferences.

We could not be sure complaints were handled properly as

records were not kept and there was no overview or analysis.

Is the service well-led?

The service was not well led.

The registered manager was not based at the service and there were insufficient overview processes in place. They relied on the care co-ordinators to run the service operationally.

There were no quality assurance systems in place which meant a lack of scrutiny over accidents and incidents or complaints was taking place.

Inadequate ●

Jays Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 4 and 10 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often away from the office as they are based in London. We needed to be sure that they would be in. Inspection site visit activity took place between 4 December and 10 December 2018. It included calls to people using the service and to staff. We visited the office location on 4 and 10 December 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of two adult social care inspectors on 4 December 2018 and one adult social care inspector for the remainder of the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people using the service and one of their relatives. In addition, we spoke with seven staff including three care assistants, both care co-ordinators, a director and the registered manager.

We looked at six care records including risk assessments in depth, five staff files including all training records and medicine administration records. We requested copies of staff meeting minutes, complaints, accident logs, and quality assurance documentation but these were not always available or sufficiently detailed to be of value. We received copies of staff meeting minutes post inspection after we requested them again but quality assurance documentation was not provided as requested.

Is the service safe?

Our findings

At our last inspection we found a breach as medicines were not managed safely. We found this had not improved during this inspection.

Staff were not suitably trained and assessed to safely administer medicines to people. We found a number of issues with medication. One care assistant told us they relied on medication training they had received prior to working with Jays Homecare and they had never had their competency checked since working for the company. This was echoed by another care assistant. A different care assistant said they had received medication training when they first started and their competency had been checked, but not recently. The registered manager advised competency was checked as part of a spot check visit, which were ad hoc. However, assessments we saw were only dated and no other information was recorded, such as who had been involved in the assessment.

We found medication records did not always correspond with lists of medicines contained in people's files, and sometimes medicines were not spelt correctly. One person received medication support and yet there was no medication listed in their file. The medication administration record (MAR) listed a number of tablets for one administration. This is not in line with best practice which states medication records need to be accurate and up to date. People had received medication according to their medication administration record which their care records did not list. There were also contradictions in records stating people were self-administering, and yet we found MARs signed to show staff had given medicine. The medication risk assessment referred to Level 1 and Level 2 administration which does not correspond with best practice guidance issued by the National Institute for Health and Care Excellence (NICE).

People receiving support with topical medication did not have appropriate records kept and there were no body maps to show what where and how to apply the cream in line with best practice. There were limited copies of MARs in people's records which showed the provider did not regularly audit them to check for errors or omissions. One person had no MARs since July 2018 in their file. This person's record had repeated refusals for a particular medicine, however, there was no indication this had been followed up with a GP or pharmacist to ensure this was safe to keep missing. The medication should have been taken regularly. We also saw one person was on warfarin, and while this was managed by district nurses, there was no risk assessment or guidance for staff to follow in the event of a serious incident.

For people receiving PRN, or 'as required' medicine, there was no guidance for staff to support them to identify when a person may require this, or the limitations around dosage or frequency. One person was noted as needing support with medication at lunchtime yet was often out of their home at this time. However, it was unclear what to do if they then missed medication as a result, as no contingency arrangements were in place. It was also noted the person's tea and evening calls were close together which could have posed a medication risk as there was insufficient spacing between calls to allow for safe medication administration.

Medication risk assessments were not always consistent. One stated a person had no issues with opening

medication bottles or packages, or reading labels and yet in the outcome section it stated they were unable to see due their 'loss of sight.'

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not being safely managed.

We found some issues with recruitment processes. We saw gaps in employment history were not always questioned or investigated sufficiently enough to ensure staff were suitable to work with vulnerable people. One person did not have a current Disclosure and Barring Service (DBS) check in their file, which ensures they were suitable to work with vulnerable people. The DBS check in the file was from their previous employer which they had not declared in their application form. This had not been followed up by the provider, nor was there any risk assessment based on a declaration within the DBS. We spoke with the director and registered manager about what action had been taken but neither could show any had taken place. Another person did have a DBS but this was completed over a month after they had started with Jays Homecare, and a further person only had a DBS check from a previous employer.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as effective recruitment processes were not in place.

Staff were not appropriately trained to safeguard people from abuse. One person said, "I feel safe as I tend to see the same staff. If I have any problems, I just ring them and it gets sorted." One relative we spoke with said their relation was safe as "staff take their time and are really good." One care assistant told us, "People are safe as the training and care is good." However, this care assistant later told us they had not received any specific training. When we spoke with the registered manager we asked who had received safeguarding training and they advised they would need to check the training matrix as they did not know who had received training.

One care assistant was able to explain what may constitute a safeguarding concern, such as physical abuse and what action they would take in such an instance. However, this knowledge was based on their previous experience as they had not received any safeguarding training with Jays Homecare. The registered manager told us they made the decision as to whether to report safeguarding concerns to the local authority. We were aware of issues with the provider not notifying us as required under law of such concerns but this is being dealt with outside of the inspection findings.

We were advised by the care co-ordinators, the director and the registered manager, there had been no accidents or incidents. However, we were aware of a number of accidents and incidents prior to the inspection and found there was no evidence these had been dealt with effectively. During the calls to people using the service we were told of an alleged safeguarding concern. When we contacted Jays Homecare office to report it, the care co-ordinators acknowledged they were aware of the issue but had taken no action to investigate it. This was done only after guidance from the inspector. We also found evidence of people having falls in the presence of care staff and yet these were not followed up or reviewed by the registered manager.

This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not being kept safe from abuse or improper treatment.

Not all risks to people had been safely managed. Risk assessments were in place for people's needs and for the environment to ensure risks were minimised to reduce the risk of harm. Most provided a general overview of people's abilities and where risks were identified, a risk action plan was generated. The action

points were basic such as ensuring staff supported with medication as a person was likely to forget to take it, and falls management required staff to report to the office any changes. No written guidance was available for staff when people used equipment such as a shower chair or had specific health conditions to monitor.

There was an imbalance of care staff according to geographical area as more staff worked in Leeds, however most people now received a service in Wakefield. The provider had an ongoing recruitment plan in place and the registered manager advised us they were not taking on any more care packages until more staff were in post.

We looked at staff rotas and saw they were planned, for the most part, with sufficient travel time between calls, consistent staff and regular times of calls. However, we also noted some staff did work for over seven days without a day off. One care assistant worked twelve days continuously, although on most days had breaks during the middle part of the day. We spoke with this care assistant and they confirmed this was their choice. We could find no evidence this was being monitored effectively by the registered manager and they agreed this was unsustainable and were looking to recruit more staff.

One person said, "Staff always have enough time to complete everything and they always arrive on time." Another person also said staff were on time for their call. A further person told us staff were on time and always stayed for the full duration of the call. A different person said, "Whoever says they are coming, does. They are always there." One relative said, "Staff are generally on time, may be slight delays due to traffic. We tend to have the same staff but I know they are short. We had a few missed calls but not recently, and we were always told where there was an issue."

Staff echoed this and said they had sufficient time to complete all tasks within the call and spend time with people talking. One care assistant told us one person required two care assistants to support with their mobility (although not using equipment) and they said staff were also rostered on together. They also said, "I work the hours I want to, either early shifts or late ones, and I'm never pressured to do more than I can." Another care assistant said, "I always stay and complete any tasks which need doing. I will stop longer if the person needs me and check they are OK."

Is the service effective?

Our findings

We asked the registered manager what informed their knowledge and experience. They referred to reading publications which focused on home care provision, and also attending meetings in London with other providers. They explained they found these meetings helpful in sharing experiences and learning from others. They were unable to cite any specific guidance which informed their knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We did find a generic consent statement was signed by some people which referred to having read through the care plan, agreeing the aims of service provision and understanding the risks to both themselves and staff. However, others were unsigned despite the person having capacity which meant records did not reflect practice.

One relative said, "They also ask [name] their choices". One care assistant told us they were completing some training around supporting people with dementia. However, when we queried their understanding of mental capacity it was vague and did not promote the key principles.

Although people were confident with staff conduct, we found issues with their supervision and training. One staff member said, "I feel staff are properly trained. They always ask me before doing any support." Another person told us, "Staff know how to support me safely." One relative told us, "Staff are confident in supporting my [relation]. They explain everything they are about to do." We saw a copy of an induction certificate in people's files which covered a multitude of topics in one day around working practices such as record keeping and expectations, along with safeguarding and supervision. Only one staff member out of the three staff new to care, had completed the care certificate. The care certificate is a set of minimum standards all new care workers should adhere to. They had also completed a full week's induction programme and been assessed for competence in specific aspects of care delivery.

Staff said they had not had any recent training. One care assistant said, "I've not had any training recently. This might be a bit lacking. I've never done safeguarding training." The registered manager advised training was arranged via the London office and a trainer visited the service in Wakefield. However, they said this was currently difficult to arrange as the Wakefield branch were so short staffed and it was difficult to arrange around shifts.

The registered manager stated the induction varied between two and five days and involved practical learning as well as tests. If a care assistant was experienced, they would shadow for a couple of days. We found no evidence of shadowing taking place in staff files. The registered manager advised they relied on the care co-ordinators to ensure staff were working well. The training matrix, sent after the inspection, showed five out of nine staff were overdue their refresher training in all key aspects of care delivery such as safeguarding, person-centred care and food hygiene.

One care assistant told us they had received supervision about six weeks previous to our inspection with one of the care co-ordinators. When we checked their file, we found supervision notes revealed limited discussion around hours worked and confirmation they had no issues. There was no evidence of shared learning or policy/procedure updates. Another care assistant reassured us they felt supported and yet had not received any supervision since commencing with the organisation in July 2018. Another said they had used to receive supervision but this had not happened since the office move in July 2018.

The registered manager told us supervision was by telephone to ensure staff were happy with people and were six monthly. We saw appraisals were a tick list showing staff were performing but without any specific detail to support the conclusion. The registered manager was asked how many had been completed and they admitted they did not know.

We asked for copies of the supervision and training matrices to show when staff had received these, however they were not sent as requested and we had to request them again. Two care assistants had been in post since October 2018 but they had not received any supervision. We were advised the provider completed all training for staff, but they were based in London, like the registered manager. We looked at staff files and found limited evidence of training being undertaken.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not receiving sufficient support or training.

We did not always see evidence of health issues being followed up. One person said, "They would get the GP for me if I felt I needed them." We read one person had lost a significant amount of weight and a district nurse was to refer to the dietician. However, there was no further comment in the person's file to show what follow up action had resulted or guidance for staff as to how best support the person.

Staff spoke positively of their colleagues. One care assistant said, "We've got good carers. We all work well as a team, and we all do more than is needed for people such as checking they have their fires on and are OK."

Is the service caring?

Our findings

People were supported in line with their assessed needs. One person said, "Carers are friendly and always give me enough time to do things. If something needs to change, they will do that." Another person told us, "My carer is great. They will pick me up a loaf of bread or some milk if I need it as well as helping me shower." They continued, "They always respond to my mood, so if I'm not feeling great, they will help me more." A further person told us, "Carers are fine. I always see the same ones, and they take their time with me." One relative said, "Staff are kind and patient – they take their time. They always have a laugh and a joke."

Peoples preferences were respected and they were supported in a way that enhanced their choices. We asked people if their preferences were met. One person said, "Absolutely, yes." Another person told us, "Carers are friendly and nice, and they always listen to me. They are very good." One relative said, "Yes, we only have female carers."

One person had specific needs which they felt staff supported them really well with. They told us, "They help me try and do things which I think I can't do. Carers are absolutely brilliant and work at my pace." They continued, "Staff have lots of common sense, empathy and compassion." We saw records recorded people's ability and showed where their independence could be encouraged.

People told us staff respected their privacy and dignity. Staff were able to explain the various actions they took to ensure this happened including shutting curtains, keeping people covered and ensuring doors were closed.

We asked staff if they supported anyone with specific cultural needs. One care assistant discussed how they supported a person to attend their church. People's religion was recorded in their care plans along with any social contacts they had to ensure the service had a holistic view of the person's networks. No one had any special dietary requirements.

We asked the registered manager how they ensured the service complied with the requirements of the Equality Act 2010. They explained they ensured they incorporated information given at the initial assessment and were clear about how these needs could be met. We saw evidence of this. This may involve the use of an advocate. No one using the service had an advocate.

Is the service responsive?

Our findings

People's needs were assessed, regularly monitored and reviewed to ensure they were suitably supported. People's needs were assessed by the care co-ordinators prior to receiving a service from Jays Homecare. All aspects of care were discussed and recorded, which was then translated into a person-centred care plan. Records we saw had all been reviewed within the past three months. People's needs around mobility, physical health and wellbeing, communication including any sensory loss, oral hygiene, foot care and nutrition were all assessed.

Details of which tasks were to be completed at specific calls were noted with the person's preferred call times in a personal delivery plan. These were detailed, for example including people's breakfast choices. We sampled a few of these and found most to be near the person's choice of time. People's main care staff were also listed, and this corresponded with the rotas we saw. The registered manager explained how they would seek further commissioned hours if needed based on what staff advised they needed to do to support people safely.

When we spoke with the registered manager we asked how they ensured the service was compliant with the requirements of the Accessible Information Standard (AIS). They said they did not know what this was. The AIS places a responsibility on all providers to ensure people have access to and receive information in a manner which is their preference and enables them to make decisions. Upon prompting by the inspector, they explained all documentation could be adapted to suit people's requirements such as being produced in braille.

Complaints were not being recorded, addressed and monitored. We were advised by the director, registered manager and care co-ordinators no complaints had been received and yet we knew from calls to people using the service at least two had been made. However, these were not recorded as such and so it was difficult to determine what action had been taken. One person told us, "I am happy to raise any issues. When I have done this previously, it was sorted out." Another person said, "I would not hesitate to ring the office if I had any concerns." One relative told us, "I have no issues. We are very lucky with the carers."

Is the service well-led?

Our findings

There was a lack of management and provider oversight. The registered manager did not attend the first day of the inspection as we were advised they were unwell. One of the directors of the company attended instead. However, they had little day to day knowledge of the service despite them advising us they "visited a lot" as they were unable to provide answers to many of the questions we asked.

The care co-ordinators advised they had daily contact with the registered manager on the telephone and they had last visited the service around two weeks previous to our inspection. When we spoke with the registered manager on the second day of the inspection they advised they visited the service every couple of weeks. This meant there was little direct day to day management provided by the registered manager as they were relying on their care co-ordinators to perform this role.

No people in receipt of support from Jays Homecare we spoke with had seen the registered manager as it was the care co-ordinators who had completed their initial assessments and who people referred to when having contact with the office. One care assistant told us they had not seen the registered manager for about six months, not since the office had moved to Wakefield. Their main contact was with the care co-ordinators. Another care assistant had worked for Jays Homecare for three months but had never met the registered manager. A further care assistant had spoken to the registered manager on the telephone and although knew the name of the provider, said they had never met them.

The registered manager told us staff meetings were held every six to eight weeks but "attendance wasn't great". They said they had not thought how to integrate the Leeds staff with the Wakefield staff. The registered manager said they had chaired the last meeting but had no recollection when it had been held. We requested copies of the meeting minutes and these were sent after we formally requested them. However, they were brief, referring only to annual leave and timekeeping for example rather than changes to policies or procedures. They showed staff were not in receipt of support or guidance to encourage best practice.

The provider used electronic call monitoring where staff rang in at the start and end of each call but we did not see any analysis of whether they were visiting according to people's care plans and their preferred times. The registered manager advised us they sent in monthly information to Wakefield Council advising of their punctuality. We requested this information which was sent after the inspection and showed the provider was meeting its contractual requirements in terms of punctuality.

We asked to see the quality assurance systems the provider used. We were given a copy of the 2017 customer survey which did not reflect the current service provision. We were advised by the director the 2018 survey was due to be sent out but due to the office relocation and Christmas period it would be sent out in the new year. Some people we spoke with had not been asked their views of the service as they had commenced using the service after the last survey. There was no other documentation or process to review in terms of quality assurance as no other measures were in place. The director advised they relied on an external company to provide policies and procedures.

There was a lack of robust quality monitoring taking place to provide an oversight of the service. Various issues we found during our inspection had not been picked up by the registered manager or provider, and no action had been taken. The registered manager told us audits were completed for medication records and for daily notes. However, when we asked what specifically was checked their answer was vague and focused on if there were any specific changes to the person receiving support, and that the medication record had been signed as required. They admitted it was the care co-ordinators who did this task, and they relied on them to identify and flag up any concerns. However, it was evident from the issues we found these issues were not being identified correctly. The registered manager also said they relied on the people receiving the service to tell them if there were any changes to their medication as this was only reviewed annually. This is not a safe or effective procedure as the registered manager needs to be assured their staff are giving out medication in line with prescribing directions and they had no current records on which to base this information.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was limited monitoring of the service being provided.

The care co-ordinators did advise they saw people regularly, and also completed visits themselves. While they visited, they assessed staff for timekeeping, use of ID badge, personal care support, use of equipment if applicable, communication and whether records were completed. However, this was only noted as met or not, rather than how so was limited in its use for ensuring quality provision. When we asked for an overview of the spot checks we were told they were ad hoc and there was no system in place for regular checks. We did see some review questions in people's records but these were simple yes/no answers and did not reflect the person's actual experience such as whether care staff were punctual or consistent. However, all feedback was positive.

Although we found some shortfalls in the service we received positive feedback from staff, people and one relative. One person told us, "There is nothing they can do to improve the service; I'm happy with everything as it is." Another said, "I'm very pleased with the service." One relative told us, "We see [name of co-ordinators] who come out to visit and check everything is OK." They said, "There is nothing which could improve the service."

One care assistant told us they really enjoyed working for Jays Homecare and all other staff we spoke with said they would recommend the service. All said they felt very supported by the care co-ordinators who would come out if needed and provide active help.

The registered manager told us the vision of the service was, "to provide care to more people. This is to improve the quality of their life, enabling them to live longer and fuller lives." They said this vision was known by the care co-ordinators but not necessarily by all the staff. They said it was not easy working remotely despite being in daily contact with the office, however they tried to visit as often as possible.

The registered manager told us their key risk was staffing as they know how precarious the service was, but their achievements were people always had someone to talk to via the care co-ordinators who "provided good support." We asked the registered manager how they ensured they were following good practice and they said they, "listened to others, learnt from different ideas and different areas." However, we did not see this translated into day to day management of the service due to the issues we found. They said change was easy to implement as the service was so small. They discussed a new electronic system they were considering.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not being kept safe from abuse or improper treatment.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving sufficient support or training.

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 17 HSCA RA Regulations 2014 Good governance There was insufficient monitoring and scrutiny of the service by the registered manager or provider.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were unsafe and insufficiently robust.

The enforcement action we took:

Warning notice.