At Home - Specialists In Care Ltd

At Home-Specialists in Care Ltd

Inspection report

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Ratings

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

Overall summary

The first day of the inspection took place on 12 November 2015 and was announced; we carried out a second day of inspection which was unannounced on 15 January 2016 after receiving information of concern in relation to medicines and recruitment. This was the first inspection since the location had been registered as a domiciliary care provider in February 2015.

At Home Specialists in Care is registered to provide personal care for people in their own homes. The agency also provides other support such as administering medicines, meal preparation, overnight calls and social support. On the first day of the inspection 27 people were receiving a service from the agency. The main agency office is located in the market town of Pocklington in the

Summary of findings

East Riding of Yorkshire. Staff provide a service to people that live in Pocklington and the surrounding areas of Driffield and Market Weighton, also in the East Riding of Yorkshire.

The registered provider is required to have a registered manager in post and during the inspection there was a manager in post. A registered manager is a person who has registered with the CQC 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 told us that they received the support they required from staff and they expressed satisfaction with the assistance they received with meal preparation and the administration of medicines. However, we found that not all staff were appropriately trained in medicine administration before they began supporting people who used the agency with medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

We found that all current staff had been appropriately checked and employed following the agency's recruitment and selection procedures. However, we found that a single individual (who no longer worked for the agency) had supported people in their own homes without having first had all appropriate checks in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

The registered manager of the agency was able to show they had an understanding the Mental Capacity Act (2005) and care plans and consent were in place which showed us that people who used the agency were offered choice and decisions about their care.

People told us that they felt safe whilst they were receiving a service from staff working for At Home Specialists in Care. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns.

Staff confirmed that they received induction training and regular supervision and we saw records to support this. They were happy with the training and support provided for them. Some staff had also achieved a National Vocational Qualification (NVQ) in health and social care.

We found that people were cared for and supported by kind and caring staff who respected people's privacy and dignity. Person-centred care plans were in place to instruct staff on how best to support people and meet their needs. These were clearly written.

People told us they were confident that if they expressed concerns or complaints they would be dealt with appropriately by the agency.

There were opportunities for people who used the service and staff to express their views about the service that was provided by the agency.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People that used the agency were protected from the risks of harm or abuse because there were safeguarding systems in place.

We found that all current staff had been appropriately checked and employed following the agency's recruitment and selection procedures and received training to safely manage medicines. However, we found that a single individual (who no longer worked for the agency) had supported people in their own homes without having first had all appropriate checks and medicine training in place.

Is the service effective?

Good

The service was effective.

The registered manager was able to show they had an understanding of the Mental Capacity Act (2005) guidelines and staff were able to demonstrate how they supported people with choice and decisions about their care and support.

There were appropriately trained and skilled support workers.

People had their health and social care needs assessed, were supported with healthy nutrition and their general health care needs were monitored.

People who used the agency received additional care and treatment from health professionals in the community.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff were knowledgeable about people's support needs.

People who used the agency told us they felt included in making decisions about their care whenever this was possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed by the agency. This meant that staff were able to meet people's individual care and support needs.

People were supported to remain as independent as possible and were able to make decisions and choices about their lives.

Summary of findings

People were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed by the agency.

Is the service well-led?

Good

The service was well led.

There were opportunities for people who used the service and staff to express their views about the service that was provided by the agency.

The registered manager made themselves available to the people who used the agency and the staff. People expressed satisfaction with the consistency of the agency and said they could talk to the registered manager and staff.

At Home-Specialists in Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 first day of the inspection took place on 12 November 2015 and was announced; the registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office to assist us with the inspection. We carried out a second day of inspection which was unannounced on 15 January 2016 after receiving information of concern in relation to medicines and recruitment. Both days of the inspection were carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the agency, such as notifications we had received from the registered provider, information we had received from the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and Safeguarding Team.

During the inspection we visited three people (with their permission) in their own homes and two visiting relatives. We spoke with six staff, the registered manager and a company director.

We spent time at the agency office and in people's homes (with their permission) looking at records, which included the care plans for two people who used the agency. We looked at the recruitment, induction, training and supervision records for seven staff and records relating to the management of the agency. On the second day of the inspection we looked at the recruitment checks and medicine training for 20 staff including the registered manager.

Requires improvement

Is the service safe?

Our findings

We checked the recruitment records for seven staff. Application forms were completed, interviews held and two employment references were held by the agency. We checked that Disclosure and Barring Service (DBS) checks had been obtained for 20 staff before they started to work at the agency. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helps to ensure that only people considered suitable to work with vulnerable people are employed. We found not all appropriate DBS checks were in place for one member of staff prior to starting work with the agency and supporting people in their own homes. The registered manager told us the staff member no longer worked for the agency however; we saw from the agency records that the staff member had supported people in their own homes unsupervised on two occasions prior to leaving the agency.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

People who received assistance with their medicines told us they were administered on time. One person told us, "Staff do my medicines. They know all the names of my tablets."

Appropriate arrangements were in place in relation to the ordering, handling, administration and disposal of medicines. There was a medication policy and procedure in place that followed best practice guidance from the National Institute of Clinical Excellence (NICE) and in accordance with the Mental Capacity Act (2005). NICE provides national guidance and advice to improve health and social care. The registered manager told us medicine management training was supplied through electronic learning and an external training provider.

The registered manager told us that staff were not allowed to administer medicines until they had completed medicine training. The staff who we spoke with on the first day of the inspection confirmed this. They told us, "Only over the last two months have I started administering medicines" and, "I had medicine training when I started." Ten staff were completing a classroom based medicine training course on the day of the first inspection.

Checks of one medicine administration record (MAR) noted that on two occasions staff had not signed to indicate they had administered the medicines. We discussed this with the registered manager who confirmed that the calls had been cancelled on the dates the staff signatures were missing. However, this had not been indicated on the person's MAR. The registered manager told us MAR charts in people's homes were brought intermittently into the agency office. These were not audited regularly. The registered manager told us that MAR auditing would be incorporated into the agencies quality assurance process.

On the second day of the inspection we checked the medicine training records for 20 staff and saw that one staff had recently started with the agency and had not completed medicine training. The registered manager told us they were waiting for the log in details to be able to complete on-line medicine training and that the staff member was not currently administering medicines to people using the agency. We were able to verify this was the case from the agency records we saw. However, we found that another member of staff (who was no longer working for the agency) had administered medication to a person in their own home on at least one occasion without medicines training.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

People told us they felt safe when the agency staff were in their home. Comments included, "I feel very safe," "Yes, they are very good" and, "Absolutely."

We checked the care plans for two people who used the agency and saw they contained risk assessments that recorded the safety of the person and the person's home environment. This included an assessment of the support the person required to mobilise, any continence needs and skin care.

Care plans described how people mobilised, identified equipment that was needed to safely assist people with moving and handling, and also recorded whether one or two members of staff were required to carry out these tasks safely. We noted that risk assessments recorded whether hoists were used, and included the control measures in place to reduce any identified risks.

Requires improvement

Is the service safe?

The staff training records indicated that they had completed training on moving and handling in 2015. This meant staff had the knowledge they needed to assist people to mobilise safely.

There had been no reported accidents since the agency had been registered. Accident forms were available in each person's care file for use when needed. Because there had been no accidents there had been no need so far to audit or analyse accidents and incidents to identify any improvements that needed to be made.

The registered provider had policies and procedures in place to guide care workers in safeguarding vulnerable adults from abuse (SOVA) and whistle blowing. The registered manager was able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. Discussion with the local council's safeguarding and commissioning teams prior to our inspection indicated they had no concerns about the agency. This demonstrated to us that the agency took safeguarding incidents seriously and ensured they would be fully acted upon to keep people safe.

Staff were able to demonstrate a basic knowledge of safeguarding adults. They told us, "If someone had bruising or appeared frightened of people I would speak to my manager or my senior," and "If people are not getting the right care I would speak to my manager." Staff training records identified that ten of the 23 current staff had not completed SOVA training. We discussed these figures with the registered manager who showed us evidence that the ten staff were due to complete SOVA training on 19 November 2015. However, the staff we spoke with were not aware they could contact the local authority safeguarding teams in respect of any concerns they may have when safeguarding vulnerable people. This meant that they did not fully understand the homes safeguarding procedure. We discussed this with the registered manager; they told us they would request the training provider completed an evaluation of the training with the staff to ensure safeguarding knowledge was reinforced. They would also display the local authority safeguarding risk matrix and contact numbers in the staff room at the agency office.

The registered manager told us they would request the training provider completed an evaluation of the training with the staff to ensure safeguarding knowledge was reinforced and they would display the local authority safeguarding risk matrix and contact numbers in the staff room at the agency office.

The registered manager told us that the agency supported 27 people and employed 23 staff of varying roles which included care workers, care coordinators and administration staff. Checks of the staff rotas and conversations with people who used the agency and their relatives indicated there were enough staff employed to meet people's needs. People who used the agency told us, "I know all of my staff names and have seven that are regular," and a relative told us, "I have no concerns around staff. Next week my family are away and the manager has told me to ring and they will come and support [Name]."

Discussion with the registered manager indicated that the agency assessed the number of staff needed to meet the needs of the people who used the service at the point of individual referral and assessment. We were shown the duty rotas for the week of the inspection which showed the work schedules of each staff member to ensure everyone using the agency received the care they needed. One staff member told us, "We have more than enough staff at the moment." This meant the duty rotas were designed around individual's needs.

There was an 'on call' system for outside of normal office hours. This included information for the staff member on duty about how to deal with emergencies, safeguarding incidents and any accidents. People who we spoke with told us that they had not had any problems contacting agency office staff.

The agency had infection prevention and control (IPC) policies and procedures for staff to follow. We looked at IPC systems used by the agency. Suitable IPC personal protective equipment (PPE) was provided to staff in their 'carer box' which included; first aid kit, aprons, gloves, torch, thermometer and an electrical safety switch checker. PPE was also readily available in the main agency office.

The agency had updated risk assessments on fire and the environment / office. Weekly tests of the fire detection equipment at the agency office were carried out. These environmental checks helped to ensure the safety of people who used the main agency office.

Good

Is the service effective?

Our findings

People that used the agency who we spoke with told us they thought the staff were capable of doing their jobs to a good standard. Comments included, "Yes they do have the skills," and "My carers are absolutely superb."

We saw staff had a 'carer portfolio'; this included information about the agency's terms and conditions, welcome to the team, induction and carers protocols which contained information on training, dress code, service users' care plans, accidents / incidents and medicine records.

Staff told us that they were happy with the training they received from the agency. We looked at information about the induction training programme; all staff had attended an induction programme over six to eight weeks and covered the topics the agency deemed specific such as, moving and handling, medicines, hygiene and food safety, fire safety, safeguarding vulnerable adults (SOVA) and first aid. Advanced and specialist training included end of life (EOL) care and dementia care. Some staff had completed National Vocational Qualifications (NVQ). This showed that the agency supported staff to develop their skills and knowledge.

The registered manager told us that new staff shadowed experienced employees as part of their induction training; this could be from one to two weeks, depending on the new employee's needs. When staff were new in post they had probationary meetings during their induction so that their progress could be monitored and any additional training needs could be identified. This was confirmed by staff we spoke with.

Staff told us that they were happy with the support they received from the registered manager and other senior staff. They told us, "It's absolutely brilliant" and, "It's really good, you get lots of support." Staff told us that supervision and staff meetings were productive and they received information and were encouraged to express their views and discuss concerns. The records we saw evidenced that staff had attended a supervision meeting and a staff meeting during 2015.

Where people had a person acting as their Power of Attorney (POA) this was clearly recorded in their care plan. A POA is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority (health and welfare and / or finances) on behalf of the person who chose them to act for them at a time in the future when they no longer wished to make these decisions or lacked the mental capacity to make those decisions.

People or their representative had signed consent to care forms to show that they agreed with their plans of care and support.

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.

Staff were able to tell us how they helped people to make decisions and choices. They told us, "I always give the person the option to do things for themselves like brushing teeth and getting a shave" and, "Care is about the person making the decision." We saw none of the agency staff had received training in the MCA. We discussed this with the registered manager who agreed to address this.

People who used the agency had care plans that recorded the person's consent to the information contained in the care plans. The care plans also documented the types of decisions that people could make, such as what clothes to wear, their ability to manage their own medication and what to eat and drink. People who received a service and their relatives told us staff sought permission from them before they started to provide assistance with personal care or other tasks that were recorded in their care plan. A relative told us, "The carers always talk to [Name]. They will ask [Name] if they feel like having a shave."

We saw that, when meals were prepared by staff, they recorded this information in daily records so that other staff could see what meals had been provided previously and relatives were able to check that people were receiving meals that met their nutritional needs. We saw that care plans recorded a person's nutritional needs; this included their likes and dislikes and what their appetite was like. One person's care plan said they enjoyed brown bread, eggs on toast and cakes with jelly. We observed the person having a trifle at lunch during the inspection. They told us, "They always ask me things like what I want for my lunch."

Good

Is the service effective?

Staff told us that they also spoke with people to make sure they were providing meals that they enjoyed as well as meeting their dietary needs. One member of staff told us, "We are supporting one person at the minute and working with them and their GP on a diet plan. We are encouraging [Name] to eat healthier foods." This showed us people were supported to eat and drink enough and maintain a balanced diet.

Staff monitored people's health and ensured risks to their health were minimised. Information about each person's physical health needs was recorded in their care plan, including specific details of their known health care conditions. One person's care plan included information about their restricted mobility and the use of safe moving and handling practices. We saw people had support from GPs, consultants, district nurses and physiotherapy when needed. This meant people using the agency had their health care needs met and staff had easy access to information. One person using the agency told us, "I can ring the GP myself however; I know staff will do it for me if I am unwell." A care worker told us, "I have rang the GP a few times when I have needed to."

We asked the registered manager how information was shared with staff. For example, when new people began to use the agency. They told us that staff would get an individual telephone call to make them aware, senior staff and care coordinators would devise a basic care plan and for four weeks afterwards staff would add to the care plan as the agency got to know the person. This meant that staff going in to the person's home would be aware of what care tasks they would be required to carry out. It also showed that the agency put people at the centre of care and involved them in the development of their plan of care.

Good

Is the service caring?

Our findings

We asked people who used the agency and their relatives if privacy and dignity was respected. They told us "They very much respect me. If I am having a shower the staff will place a towel across my knees" and "They will use a towel to protect [Name's] dignity." We observed the registered manager knocking on people's doors prior to entering when we visited people in their own homes. Staff described to us how they respected a person's privacy and dignity, especially when they were assisting them with personal care. They told us "I will go and stand in another room whilst the person is washing themselves or make sure the person is covered up with a towel."

We saw the 'carers protocols' included personal behaviour information for staff to adopt such as; being respectful to others and yourself, not discussing people who use the agency, staff or personal issues and respecting personal space. All of these helped staff to understand the importance of treating people with respect, privacy and dignity.

Everyone who we spoke with told us that staff cared about them. Comments included, "They are all very pleasant and will do anything for me" "They are very considerate" and, "They look at [Name] and know how [Name] is feeling. They respect [Name]." The staff we spoke with agreed. They told us, "Yes, it's hard to come away from people" and, "We are like a family."

We also spoke with the relative of one person who received a service from the agency. They told us that their relative did not wish for younger people to support with personal care. They told us "[Registered manager name] has chosen mature people to support [Name] as this is what [Name] wanted. They go out of their way to help. In summer [Name] likes to come into the kitchen to see into the garden but the chair became too much for me to move. One of the staff came back to our home in their hour off to push [Name] back into the lounge for me" and, "They will bring [Name] a newspaper in their own time."

The registered manager told us the agency had recently supported a person at the end of their life. The agency liaised with other agencies such as the occupational therapy and district nursing teams so that care could be provided in their own home. The agency made four calls every day with two staff and helped the person to do their make-up, hair and nails. The staff supported the person to use a wheelchair and go into Pocklington town centre to shop which was one of the person's wishes.

People told us that staff recorded information in their care plan at each visit to ensure that all staff were aware of their current care needs. One person told us, "I know where my care plan is and staff read it and fill it in." The registered manager told us that daily record sheets were returned to the office periodically so that they could be checked. This enabled agency staff to check that any concerns identified by staff had been passed to care coordinators and seniors, and that recording was respectful and factual.

Staff told us they encouraged people to do as much as they could for themselves to retain their independence. Comments included, "I always give people the choice of if they want to do it themselves for example when washing or shaving" and, "Person centred care is about what the person wants, it's not our decision." A relative told us, "The carers always talk to [Name] and ask what [Name] would like to do."

Staff were confident that if they shared any confidential information with the registered manager or registered provider, or any other information they considered to be private, it would remain confidential. None of the people who we spoke with expressed concerns about confidentiality.

Good

Is the service responsive?

Our findings

People that used the agency told us they knew about their care plans. They told us "Staff came to see me and asked me questions about what I wanted. I have seen my care plan and know where the support part of the plan is." A relative told us, "We all sat here together and talked about the plan." Staff told us they used people's care plans to understand people's needs and provide the support the person required. Comments included "I always read the person's care plan before any care as this tells us what the person needs."

We saw that care plans were person-centred and reflected people's needs in relation to the individual. They had documents relating to assessments of need, call times, personal information and details of the support people would require and how this was to be given. Additional documents held in people's care plans included risk assessments, daily notes, reviews of care packages, details of healthcare appointments, the person's contract with the agency and statement of purpose. A statement of purpose for a business describes what they do, where they do it and who they do it for. Care plans were appropriately reviewed to ensure a person's current needs were known and met.

Care plans included a person centred section that included "My daily routine, important people to me, what's important to me, knowing my needs, how I communicate, my good / bad days and consent / how I decide." This information was detailed for example in one person's "Daily routine" it recorded "I like to have cream on my legs and feet and it's important for me to look nice." This meant that staff had information that helped them to get to know the person and meet their individual needs.

People we spoke with told us about the pastimes and some previous occupations they engaged in, for example, one person said, "I like to go shopping, read my magazines and I like chatting with people." A relative told us "[Name] likes to have a chat and there is one staff that chats away with [Name]." This was all dependent on people's choice and preferences and was evidenced in people's care plans as well as people telling us during the inspection.

The registered manager told us other people who use the agency visited the local community centre for 'war talks', attended day centres in York and went to the local markets or Monks Cross shopping centre during their social calls.

People we spoke with told us about their family and friend connections and how they maintained contact with the people that mattered to them. We saw in people's care plans that "Circles of support" documented people that were important in their lives.

People we spoke with and their relatives told us that staff did not hurry people and they had not experienced any missed / late calls. One relative told us, "Sometimes staff may be five minutes late but that is because of the main York Road which is very busy."

The agency had policies and procedures on handling and resolving complaints and these were also provided in leaflet format for comments, compliments and complaints which we saw in one person's home. The leaflet gave people simple information on making a complaint and how it would be addressed.

People we spoke with told us they knew how to complain. They all said they would speak with the registered manager. One person told us "I would ring the manager. I have never had to do it but the manager has told me to ring anytime I need to."

There had only been no formal complaints since the agency had been registered. Because of this there had been no need to audit or analyse complaints to identify any improvements to the agency.

Good

Is the service well-led?

Our findings

As a condition of their registration, the service is required to have a registered manager in post. This meant the registered provider was meeting the conditions of their registration. The registered manager for At Home Specialists in Care had been in post since the agency registered in February 2015.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager was able to demonstrate knowledge of the requirements to notify, but had not had to inform the CQC of any significant events since the agency had registered.

We found from observations that the agency focused on giving people good, consistent quality care, but some systems needed development. We discussed this with the registered manager who told us they were aware of the need to further improve the quality assurance process and that this would be done as soon as possible. They told us there was ongoing daily communication between the community and agency staff on care records, medicine records, staff training and staff supervision.

We saw satisfaction surveys the agency had developed to give out to people who used the agency, staff, professionals and stakeholders in order to obtain their views and opinions of the agency and its staff. The surveys looked at safety, effectiveness of the care provided, care and consideration of people and how the agency was led. Because the agency was newly registered in 2015 there had been no opportunity to analyse and provide feedback from the surveys at the time of this inspection. The registered manager told us the staff surveys were due to be sent out after our inspection.

Some people told us they had received surveys to complete; we were able to see one in a person's home that had recently been sent by the agency. People who used the agency and their relatives told us, "I receive my schedule of staff every week and [Name of manager] is always asking me if there is anything I want to change." "We are highly delighted with the service we get" and, "I always have the same people coming. My condition has changed over the last year and staff will work extra hours with me at short notice if I need it."

We saw the minutes of one senior meeting and one care staff meeting held in 2015. A senior staff member told us, "Every Monday morning we have a senior meeting and the care staff come in and have coffee." Staff confirmed that they had the opportunity to discuss their concerns and to make suggestions at the agency, and felt that they were listened to. They told us, "I have spoken to [Name of manager] in confidence and they have sorted things out for me" and, "I am confident to talk with [Name of manager], I always feel appreciated." The registered manager told us they were currently devising one page profiles with people who used the agency. They told us this had come from suggestions made by the staff team to help when people are discharged quickly from hospitals.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Staff were provided with a lockable box to transport documents. Medicine records and daily diary records were periodically returned to the agency office; this allowed agency staff to check these records for accuracy. We checked a sample of the daily diary records. These were factual and reflective of the persons care received. Staff recorded the time they arrived at a person's home and the time they left.

The agency had written visions and values in respect of their culture in the form of a 'statement of purpose' (SOP) that was given to all new users of the agency and 'welcome to the team' that was given to all new employees. The SOP included details of the agency's aims and objectives, the services the agency provided, details of the staff employed as well as information about person-centred care, equality and diversity, dignity and freedom from abuse. In addition to this, the SOP included the agency's mission statement, which was "Our aim is to ensure that every day our service users' quality of life is enhanced. We aim to achieve this by providing the best 'person centred' care to every individual, every day."

We asked staff about the culture of the service. They described it as "Brilliant." "One of the best care places I have ever worked. The staff morale is good and it is definitely well led" and, "[Name of manager] is not only your boss but your friend as well."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.** People who used the agency were not protected from the risks of unsafe treatment because not all staff had appropriate medicine training. Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.** People who used the agency were not protected from the risks of receiving inadequate care and treatment because not all appropriate checks were in place before staff started to work unsupervised. Regulation 19 (2)