

Jadee's Nursing Agency Limited

# Jadee's Nursing Agency

## Inspection report

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18 November 2022

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Jadee's Nursing Agency is a home care agency providing personal to 34 people at the time of the inspection within the Suffolk area. They also operate as a recruitment agency supplying social care staff to care homes and supported living services. However, we did not cover this side of the service as it falls outside the scope of the CQC's regulation.

### People's experience of using this service and what we found

**Right Support:** This means the model of care and setting maximises people's choice, control and independence. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was because record keeping on legal representatives was not in place, and assessments on people's capacity had not been completed where they may not be able to consent to all aspects of their care. We raised this with the registered manager and the director, who told us they would put this in place immediately.

**Right Care:** This means that care is person-centred and promotes people's dignity, privacy and human rights. Whilst staff were described by people as caring and kind, they had not been provided with specific training by Jadee's Nursing Agency on how to support people with a learning disability or autistic people. This meant they would not have the knowledge to support people in a way to meet their specific needs. There was also a lack of systems, such as ensuring appropriate capacity assessments were in place, to ensure staff could support people in the least restrictive way.

**Right Culture:** This means the ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The governance and oversight of the service did not promote this, as there was a lack of awareness as to Right Support, Right Care, Right Culture guidance and mandatory training requirements. However, the management team were open to making the improvements identified during the inspection process.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 4 June 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

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

### Enforcement

We have identified breaches in relation to safe care and treatment, recruitment of staff, staffing and deployment, safeguarding, consent, complaints handling and good governance at this inspection.

We issued a Warning Notice for Regulation 17 (Good governance).

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

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

### Special Measures

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

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

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Jadee's Nursing Agency

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual and owner. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 November 2022 and ended on 7 December 2022 We visited the location's office on 18 November 2022.

### What we did before the inspection

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

### During the inspection

We spoke with 7 people who used the service, and 7 people's relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager (who is also the nominated individual), the director, the administrator, field care supervisor and care workers. We also sought feedback from staff in writing and received and reviewed 5 responses. A variety of documents were reviewed, including 5 people's care plans, care visit notes, 2 staff recruitment files, medicine administration documentation and a variety of policies, procedures and systems for oversight of the care and support provided. We received feedback from 4 professionals who work with the service. We sought further information and support for the service from the local authority. We raised one individual safeguard, and one organisational safeguard about concerns identified.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- There was a failure to robustly record all risks and actions to mitigate these. For example, one person had a catheter and there was no catheter care risk assessment or care plan to guide staff on how to support them safely, or be aware of any issues such as blockages and infections. This could result in the person being at risk of possible harm if issues were not promptly identified by staff.
- Another person's care plan recorded they had a pressure ulcer and needed the support of two staff to help them move safely. There was no skin integrity or falls risk assessment on their file. This meant there was insufficient information and guidance for staff on how to keep the person safe from potential injury from falling, or how to reduce the risk of damage to their skin.
- There was not a consistent approach to safely administering medication and we received mixed feedback about medication support. One person told us, "They [the care workers] do my medication, there is no problem with that. I get my tablets when I should, and they [the care workers] put it on the chart." However, another person's relative said, "They [the care workers] always give [my person] the meds, but they sometimes keep giving [my person] the wrong meds, no one contacts us to apologise or to review anything."
- Through review of daily care logs, we identified a very late morning visit which meant the person did not receive their morning medication until lunchtime. There was no evidence this had been identified and followed up.
- Staff did not receive annual medication competency assessments as required under best practice NICE guidance for supporting people with their medicines in the community and we therefore could not be assured that the staff team followed effective processes to assess and provide the support people needed to take their medicines safely.
- There was no effective oversight system recording incidents, accidents or allegations of abuse. This meant the service could not analyse any concerns for themes and trends, to reduce the risk of reoccurrence and share lessons learned with the staff team, leaving people at the risk of poor or unsafe care.

Systems to assess and manage concerns and risks were not robust to keep people safe, placing people at the risk of unsafe care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns and the registered manager explained both they and the director were qualified and registered nurses, who oversaw care workers themselves in relation to safe care. The director told us, "We have been nurses for a long time, so we want things done in a way that is safe." However, systems were not in place to demonstrate a safe approach to the care and treatment of people using the service.

- We met with the local authority to discuss our wider concerns about the safety of the service and raised an organisational safeguard, so appropriate action could be taken.

#### Systems and processes to safeguard people from the risk of abuse

- There was no safeguarding oversight system and no meaningful analysis of safeguarding themes and trends. The provider told us allegations of abuse had been made against staff members, but they had failed to record this or to identify the concerns and show lessons learned. This meant people remained at risk of abuse and possible harm.
- At the time of our inspection site visit, the registered manager told us there had been no safeguarding concerns raised. However, this did not correlate with our records from the local authority which showed there had been a safeguarding alert for the service which had been substantiated. There was no evidence the provider had taken action to reduce the risk of reoccurrence or that lessons had been learned and shared with the staff team.
- Additionally, the inspection team raised 2 new safeguarding alerts with the local authority for investigation following concerns shared during the inspection about neglect of an individual, and wider organisational concerns with the potential to impact on all service users' safety. We could not be assured all safeguarding concerns had been recognised and reported by the provider.

Systems were not in place to ensure that appropriate actions had been taken following safeguarding concerns or allegations of abuse, placing people at the risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us, whilst they had not made formal safeguarding referrals, they had previously sought input from people's social workers to address concerns. However, this had not been effective as concerns had continued.
- A safeguarding policy was in place. One staff member told us, "If I was concerned, I would let my line manager know and notify the social worker because we do keep their details on board, so we do know who to call."
- Despite the lack of robust systems, most people we spoke with told us they felt safe with the service. One person told us, "Oh yes very safe, [the care workers] all seem to know what they are doing. They are very efficient." However, other people raised serious safety concerns which we assessed as requiring safeguarding investigation by the local authority.

#### Staffing and recruitment

- Staff recruitment practice was not safe, and we could not be assured staff were safe and suitable to work with people using the service,
- Neither of the two staff files we reviewed had a current Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager told us these DBS checks had been applied for.
- Written references for staff were not consistently held on file. The registered manager told us they had completed referencing over the telephone for one of the staff members above but had not written this down, and asked the inspector whether this was required. This meant there were no records to show how they had checked staff were fit and proper to carry out their role.
- Records also showed gaps in staff employment and educational history, and there was no documentation available at the time of inspection to show these gaps had been explored.
- The registered manager told us care workers without a current DBS were only working whilst supervised. However, as they were unable to provide us on request a log of all the care visits being completed, we were



unable to verify this during the inspection. As the provider was also not able to assure us they understood how to recruit all staff safely, it was not demonstrated this had mitigated risk.

Recruitment procedures were not established and operated effectively to ensure the safety and suitability of persons employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- We raised these concerns with the registered manager who told us they would complete an audit of all staff recruitment files and take action to ensure they were compliant by the end of 2022, to confirm staff were fit and safe to support people living in their own homes. However, this had not been independently identified and acted upon outside of our inspection.
- Although operating from Colchester, the service was being provided to rural parts of Suffolk. This had an impact on people's care. One person's relative told us how care workers supported their person to bed as early as 6.10pm, giving the reason for this as being their long drive home. This person was unable to mobilise alone and so remained in bed until their morning call. This placed them at risk of neglect.
- One person told us, "The evening call is often too early, they [the care workers] come at 8pm and I would prefer 9pm really." Another person said, "I like a call at 8am and occasionally it has been as late as 10am by which time I have done it all, I haven't complained about it though. I could ring the office if I wanted to."
- The provider confirmed people did not have set times for visits, but a window for calls to take place within, for example a morning visit would be between 7am-11am. This could impact on people's ability to organise their day in accordance with their own plans.

Sufficient numbers of suitably qualified, competent and skilled staff were not deployed to ensure safe, good quality care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- Staff had access to all of the Personal Protective Equipment (PPE) required to carry out their role safely.
- People told us staff wore their PPE correctly, arrived in uniforms and regularly washed their hands to reduce the risk of infection.

# Is the service effective?

## Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

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

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

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

We checked whether the service was working within the principles of the MCA.

- The service was not compliant with the MCA.
- The registered manager confirmed they supported multiple people who may lack the capacity to make decisions about all parts of their care, for example due to living with dementia, but no mental capacity assessments had been carried out.
- We identified one person who was prevented from accessing their medicines. However, there were no mental capacity assessments on file, no records of anyone who had power of attorney, or any best interest decision making to confirm this was the least restrictive option.

Systems and processes were not in place to ensure compliance with the Mental Capacity Act where people may not have the capacity to consent to their care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager told us they would immediately begin carrying out mental capacity assessments for people, where appropriate, and storing information on legal representatives. They also told us they would arrange further training for staff on the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Whilst people's needs and choices were assessed, not all areas were covered in robust enough detail.

- Most people told us they felt there was sufficient time for care workers to support them during care visits to meet their needs. One person told us, "The visits are plenty long enough to do everything [the care workers] need to."
- However, we also received feedback from people to show they were not satisfied with the timing of calls as this did not consistently meet their preferences and choices, such as morning visits which were too late. One person told us, "I get a bus to hospital and sometimes [the care workers] haven't been here in time to get me ready."

#### Staff support: induction, training, skills and experience

- The registered manager told us new staff received an induction and completed the Care Certificate when joining the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- However, there was no specific in-depth training on supporting people with a learning disability or autistic people. A combined training course covering 'awareness of mental health, dementia and learning disabilities' had only been completed by 9 of 24 staff.
- One person's relative told us, "I don't think these carers are trained in dementia at all, they don't understand [my person] at all."
- Whilst we saw documents to demonstrate that care workers received 'spot checks' in the field, there were no formal supervisions or appraisals carried out for staff. This meant staff did not have the opportunity to formally discuss their development needs.
- One person's relative said, "They [the care workers] do "shadowing" which is good and means that new people know what to do." The director, who is also a registered nurse, told us, "[The care workers] are spot checked every week to make sure they are competent and safe, and any issues spotted in the field." However, there was no evidence issues such as staff lateness were followed up.
- The registered manager told us they planned to implement formal supervisions and had recruited field care supervisors to fulfil this.

#### Supporting people to eat and drink enough to maintain a balanced diet

- Records showed the meals staff prepared for people, where the service was responsible for this.
- We received mixed feedback about support for people to eat and drink. One person told us, "They [the care workers] always ask me what I want to eat and make it for me, it's never a problem."
- However, some people told us the timing of visits could impact on mealtimes. One person's relative said, "It could be 11am [care workers] are turning up for breakfast and [my person] is eating their breakfast still at 12.30pm." Records confirmed this to be the case.

#### Supporting people to live healthier lives, access healthcare services and support;

##### Staff working with other agencies to provide consistent, effective, timely care

- The service supported people with appropriate referrals such as to occupational therapists, seeking input and support from people's social workers.
- The management team used their experience as registered nurses to promptly escalate emergency healthcare concerns. One person told us, "[The registered manager] was here when I had a funny turn, she called a doctor and told him to come now. [Registered manager] waited with me until the doctor came and then I went to hospital."
- Steps were taken to co-ordinate transfers of care between different services, such as preparing for discharge from hospital. One person said, "They [staff] rang my daughter when I was in hospital to find out how I was getting on, that was so nice of them."

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Most people we spoke with felt care workers were caring and compassionate. One person said, "The regular ones [care workers] don't miss a trick, they know if I am not okay. They always spot if something is wrong, they are so kind." Another person's relative said, "They are really lovely with [my person], they are friendly and kind." However, other people's relatives raised concerns about staff punctuality, knowledge and understanding.
- Equality and diversity characteristics were included in people's care plans, for example their religion or nationality. Staff also received training in this area, and most staff were up to date.
- We received positive feedback about contact with specific members of staff, for example one field care supervisor was described as, "A ray of sunshine."
- People's views about their care were sought using surveys sent out and during spot checks. However, some concerns had been raised but not addressed to people's satisfaction. for example, late or unreliable visit times.
- Care plans required improvement to evidence how people had been involved in planning their own care and to show a more person-centred approach.

Respecting and promoting people's privacy, dignity and independence

- Systems and processes were not always in place or operating effectively to allow staff to provide a consistently caring service. For example, due to the lack of safe recruitment, mental capacity assessments, visit timings and oversight of call times.
- Staff could explain how to support people's privacy and dignity. One staff member said, "Protecting dignity is a big thing for me, when you see a client you make sure you maintain their dignity. If you are giving them a wash and bed care you still cover them up and ensure they don't feel exposed in any way and their dignity is maintained."
- Most people told us they felt their independence was supported. One person told us, "[The care workers] do the things I can't do, but they also let me be as independent as I can be, which varies from day to day, so they ask me what I want doing."
- However, the lack of clear care visit times hampered some people from being able to plan their day independently in line with their own preferences and wishes. One person told us, "The timing [of care visits] can be variable, we have just accepted what we get, I would like to know what time they should come because it seems to have changed lately."

# Is the service responsive?

## Our findings

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

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

Improving care quality in response to complaints or concerns

- We received mixed feedback from people and their relatives about the response to complaints. One person told us, "I have contact numbers if we have any problems, but we haven't had any." Another person's relative told us, "I've raised concerns all the way through, but it feels like you're talking to a wall."
- The complaints oversight log did not record all the complaints and concerns the service had received, to show what action had been taken. This meant the concerns could not be analysed for themes and trends to improve the service.
- A number of complaints were being sent to the local authority rather than the provider directly, which suggested people might not have confidence in resolutions at local level or did not know how to complain. The provider confirmed people did have access to complaints policies.

Effective systems had not been established for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would develop a circular with all the information people needed to share concerns, complaints and compliments. This would include to external bodies such as the CQC.
- At the time of inspection, the service had also received a number of compliments. The provider told us they telephoned people to apologise when things went wrong.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not consistently receive personalised care.
- People received an assessment when they joined the service, leading to development of a care plan.
- The registered manager told us people's needs were re-assessed at least every 3 months, or as their needs changed. One person's relative told us, "The manager has been out to see how things are going."
- However, the organisation of visits meant the provider did not plan visits to meet people's preferences and needs, for example, supporting people to bed much earlier than they wanted.
- One person said, "They generally come at the right time but I live in the middle of nowhere so they can be a bit late. They do call if they are going to be late." Another person's relative said, "I recommend they cut their areas down and put a better service into a smaller area. We are a rural area, and it's hard to cover."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's specific communication needs were documented in care plans, such as any impairments to hearing, vision or speech.
- Care workers could describe the steps they took to communicate with people with sensory loss.

#### End of life care and support

- The registered manager told us they would assess people reaching the end of their lives to ensure their pain was managed effectively, working in co-ordination with other professionals to support people and their families.
- Care plans required a more person-centred focus, to set out people's specific wishes and preferences about how they would like to be cared for when nearing the end of their life.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Risks were not well managed and there was no action identified to mitigate future risks. There were no effective auditing and oversight systems, including for recruitment, training, missed and late visits, medication and other areas of the service. Logs for complaints, accidents, incidents and safeguards were either incomplete, not fit for purpose or not in place. Safeguarding referrals were not made or followed up.
- The provider told us they relied on their electronic system for quality reports but could not demonstrate an understanding of the functionality of the system or how to use or analyse the data to make improvements to people's care. For example, the provider's electronic call monitoring system generated alerts whenever there was an issue such as an incident, early, late or missed visit or medication concern. However, at the time of inspection we saw there were 25,908 unread alerts on the system. This could include missed visits which were not being identified.
- Whilst the registered manager told us there had been no recent missed visits, we identified 2 recent missed calls from review of people's daily care logs which had not been independently identified. This placed people at the risk of poor care.
- The business continuity plan lacked detail to show what would happen, for example in adverse weather with staff travelling to care visits from a different county. One person's relative said, "Snow can be heavy. Nothing's been informed to us what they (Jadee's Nursing Agency) would do. We did bring it up initially but didn't get an answer."
- The management team had not notified allegations of abuse which are required by law to be reported to the CQC. This meant they could not demonstrate the actions they had taken to keep people safe.

Systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback was sought from people using the service. One person told us, "Yes we had a questionnaire recently and also [the registered manager] comes out and observes staff to make sure they are doing a good job, she also asks if we are happy with the care."

- The registered manager told us "Most of the things we have done have been as a result of recommendations from staff and customers."
- Staff told us staff meetings were taking place regularly, but we identified there were no formal minutes taken or shared to confirm discussions.
- There was no formal action plan or mechanism to show how changes were made as a result of feedback, or how this was followed up to make sure changes were embedded and sustained.
- Despite this, staff told us they felt supported by management. One staff member said, "We get to have meetings with our managers, every time when we have to discuss anything, they would be always willing to support us".

#### Continuous learning and improving care; Working in partnership with others

- The management team told us their oversight was from involvement in daily care. The director told us, "As we are hands on, we get to know about what is happening in the field."
- However, the registered manager acknowledged there were a number of areas requiring improvements and created an interim action plan during the inspection. The registered manager told us, "We are learning every day."
- The registered manager told us they would contact their electronic call monitoring provider to seek training for the senior team on how to use audits and reports via the system.
- The provider worked in partnership with the local authority and other professionals, although guidance provided had not always been implemented effectively.



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 11 HSCA RA Regulations 2014 Need for consent  Systems and processes were not in place to ensure compliance with the Mental Capacity Act where people may not have the capacity to consent to their care.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems to assess and manage concerns and risks were not robust to keep people safe, placing people at the risk of unsafe care.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems were not in place to ensure that appropriate actions had been taken following safeguarding concerns or allegations of abuse, placing people at the risk of harm.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Effective systems had not been established for identifying, receiving, recording, handling and responding to complaints.
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure the safety and suitability of persons employed.

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent and skilled staff were not deployed to ensure safe, good quality care.

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  Systems and processes were not robust enough to demonstrate safety and quality were effectively managed.

### **The enforcement action we took:**

Warning notice