

Mrs Jane Marie Somai

Caterham Domiciliary Care Agency

Inspection report

18 Raglan Precinct
Townend
Caterham
Surrey
CR3 5UG

Tel: 01883334748
Website: www.cdcauk.com

Date of inspection visit:
22 April 2021

Date of publication:
15 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caterham Domiciliary Care Agency provides personal care and support to older people and people with mental health support needs living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 14 people living in two supported living settings, three of whom received the regulated activity. In addition, a further 19 people living in the community received support with their personal care.

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

Systems to monitor the quality of the service provided were not always robust and effective. The provider had not ensured audits and quality assurance systems were completed consistently in order to assure themselves people were receiving a safe and effective service. Staff competence was not regularly reviewed to monitor the care people received.

Safe infection control systems were not always followed. Guidance in relation to the completion of risk assessments and social distancing within the office environment had not been robustly implemented. This put people at an increased risk when office staff visited people in their homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, a consistent approach to the recording of how decisions were reached was required. We have made a recommendation in relation to this.

In other areas we found improvements had been made to the quality of service people received. Safeguarding reporting systems had been implemented and staff were aware of their responsibilities to report concerns. Staff recruitment checks were in place to help ensure safer recruitment decisions. People told us that staff arrived for their visits at the scheduled time and stayed for the duration of the call. Risks to people's safety were assessed and accidents and incidents acted upon to reduce the risk of the happening again.

Staff training in key areas including person centred care and safeguarding had been updated. Staff told us they felt supported in their roles and could ask for support from the provider at any time. Staff meetings took place regularly and action plans developed for staff to follow.

People told us staff were kind and supported them in line with their needs. Assessments were completed prior to people receiving support to ensure their needs could be met and care plans contained personalised information. Where people required support with nutrition and hydration this was clearly documented and known to staff. Positive links had been established with healthcare professionals involved in people's care.

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

Rating at last inspection and update The last rating for this service was requires improvement (published 8 April 2019) and there were multiple breaches of regulation. We completed a targeted inspection of the service (published 26 October 2020) to look at specific concerns in relation to people's care and there were continued breaches of multiple regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that although improvements had been made in a number of areas, there were three continued breaches of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 27 February 2019. Breaches of legal requirements were found. We carried out a targeted inspection on 18 June 2020 due to concerns we received relating to incidents of alleged abuse and to review the progress made by the service to become compliant with the multiple breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, staffing, fit and proper persons employed and good governance. In addition, the provider sent monthly updates to CQC highlighting the improvements they had implemented.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caterham Domiciliary Care Agency on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe infection control practices, the monitoring of staff performance and the management of the service at this inspection. Please see the action we have told the registered 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 work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Caterham Domiciliary Care 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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the office and a third inspector visited a supported living setting. In addition, an Expert by Experience spoke to people on the telephone to gain their views. 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. This service also provides care and support to people living in two 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 April 2021 and ended on 5 May 2021. We visited the office location on 22 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the information we had about the service. This included any notifications of significant events. Notifications are information about important events which the provider is required to send us by law. The updated action plan sent to us by the provider was also reviewed. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and 11 relatives about their experience of the care provided. We visited one of the supported living settings to speak to people and observe their experience. We spoke with the provider, registered manager and seven staff members. We reviewed a range of records. This included eight people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. We also reviewed a variety of other records relating to the management of the service and this was done both at the service location and remotely.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our previous inspections in February 2019 and June 2020 the provider had failed to robustly manage risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements had been made regarding how individual risks were managed, there were continued concerns regarding aspects of infection control practice. This meant the provider was still in breach of regulation 12.

Preventing and controlling infection

- We received mixed feedback regarding staff use of personal protective equipment (PPE). One relative told us, "One carer often wears her mask below her nose. I have never seen them wash their hands on arrival. PPE is disposed of correctly." A second relative said, "They wear all the PPE they should."
- The provider had not ensured safe COVID-19 practice within the office environment which increased the risk of infection being passed to people using the service. The COVID-19 risk assessment for office staff did not evidence that specific risks such as the environment, proximity of staff and job roles had been considered to ensure safe working practices were followed. Social distancing guidance was not adhered to despite a number of staff also being responsible for visiting and providing care in people's homes.
- The provider's guidance stated staff should avoid touching surfaces. It did not refer to how surfaces and equipment should be sanitised and there was no evidence of how frequently this was completed.
- The provider's risk assessment stated staff should wear masks when visitors came to the office. Staff did not comply with this during our inspection and were observed to remove their masks on entering the office. We spoke to the registered manager about these concerns. They told us they did not believe staff needed to follow this guidance as they were part of an office 'bubble'. This demonstrated a lack of understanding regarding how infection was spread and of government guidance during the COVID-19 pandemic. The registered manager ensured office staff wore masks for the remainder of our inspection.
- Staff within the office were observed taking COVID-19 tests whilst sat at their desks. Hygiene practices within government guidance was not followed. Desks were not sanitised, and no hand hygiene was completed either prior to taking the test or on completion. Directly following undertaking the tests the staff members were observed to pass a mobile phone between them, again without sanitising their hands or the device.
- Staff did not always wear masks and face coverings safely. Government guidance on PPE use states fluid repellent face masks should be used when domiciliary care workers enter people's homes. However, a staff member visiting a supported living setting was observed to be wearing a cloth face covering. Other staff within the setting were seen repeatedly touching the centre of their masks to adjust them. No hand hygiene was completed following this which increased the risk of spreading infection. The provider told us they had

provided guidance to staff in the safe use of PPE.

The failure to ensure safe infection control practices was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made to the way risks to people's safety were managed. People had risk assessments in place which covered areas including mobility, skin integrity, nutrition and well-being. Information was provided to staff on how risks should be reduced such as ensuring floors were kept clear to reduce trip hazards.
- Staff knew people's needs and the support they required to stay safe and well. Care plans and risk assessments within the supported living setting contained information regarding how staff should support people with their anxiety and behaviours which may challenge others. A positive behaviour support plan had been implemented for one person. We observed staff following this when the person became anxious and the person responded well.
- Staff were aware of the action to take in the event of accidents or incidents occurring. One staff member told us the action they took on arriving for a visit to find someone had fallen, "I called the ambulance and they came. Once I knew everything was okay, I then rang the office. I filled out the correct documentation. We stay with the person until the ambulance is gone."
- Action was taken to minimise the risk of accidents and incidents happening again. Accidents and incidents were reviewed to ensure risks to people's safety were reduced. Care records demonstrated that health professionals had been contacted to provide additional support where required. Following a fall one person had been assessed for a walking frame to support them to mobilise more safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and their relatives told us they felt safe with the staff supporting them. One person told us, "I'm very happy with the care I get. They're very respectful." One family member said, "They're all very attentive but don't rush her and they're able to communicate with her despite the dementia."
- Staff were aware of their responsibilities in keeping people safe from abuse. One staff member told us, "If I saw signs of bruising or anything out of place, I would report it to the team leader and office. If nothing happened, I would reach out to other agencies."
- Staff had received safeguarding training. They were able to describe the different types of abuse people may experience and signs of concerns they should be aware of.
- Where safeguarding concerns were raised these were shared with the local authority safeguarding team and other relevant agencies. Additional information was provided when required to ensure concerns could be investigated.

Staffing and recruitment

At our last inspection the provider had failed to ensure robust recruitment procedures were in place. This

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Relevant recruitment checks were completed to help ensure staff were suitable for their role. Prospective staff were required to submit an application form and attend an interview. Proof of identity, their address and references were obtained. Applicants also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.
- People and their relatives told us staff generally arrived on time and stayed for the duration of the call. One person told us, "They're on time when they can be and do stay for the allotted time. They're occasionally late but I understand and don't mind because they're so good with everything else." One relative said, "They turn up on time and are able to provide whatever my wife needs. We get the same two or three. They try to keep the continuity."
- Staff told us they were allocated travel time between calls and did not feel rushed when providing people's care. One staff member told us, "I have enough time to get from one call to another. Sometimes if we get held up then there is not always enough time, but I will ring them in advance to let them know and I will also let the office know."
- People's care calls were monitored electronically to reduce the risk of any calls being missed. Staff were required to log in and out of each care call. Office and on-call staff were then alerted if anyone had not received their visit and could take action to ensure they were safe.

Using medicines safely

- Medicines administration records (MAR) were not always fully completed. Medicine administration records were in place for all those requiring support with their medicines. Of the five MAR charts reviewed, one showed topical creams were not always recorded in line with instructions and one showed allergy information not completed on the forms. We spoke with the registered manager who assured us these concerns would be addressed with staff.
- In other areas we found that medicines were administered in line with people's prescriptions. There were no gaps in MAR charts for other medicines and administration charts gave clear guidance of the medicines each person required.
- Systems were in place to monitor the ordering and collection of medicines where people required this level of support.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our previous inspections in February 2019 and June 2020 we found shortfalls in the effectiveness of staff training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made at this inspection, there were continued concerns regarding aspects of how staff competency was checked and the effectiveness of the supervision process. This meant the provider was still in breach of regulation 18.

- Staff told us they felt confident in their roles and could ask for support if needed. One staff member said, "Spot checks are done when on homecare. If I have any concerns, I am comfortable speaking to anyone; (Registered manager or provider) and we discuss it openly."
- Despite these comments we found staff competence was not always robustly assessed and monitored. Records showed that nine staff had not been assessed to demonstrate they were competent to administer people's medicines. The provider informed us this was due to staffing concerns within the office and assured us this would be prioritised. Following the inspection, they sent evidence this had been completed with all relevant staff.
- Competency assessments and discussions had not been signed off in relation to the Care Certificate. This is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. Induction records demonstrated staff had completed the training elements of the Care Certificate, but their practice had not been observed and discussed. The provider told us they were working to put these steps into place.
- Spot checks were not completed at regular intervals to monitor staff competence and the quality of care people received. A system used to log staff spot checks showed seven staff members had not received a spot check within the past six months, in line with the provider's policy. A further six staff members employed in care and support roles were not listed on the spreadsheet. This meant there was no record of them having a spot check.
- The frequency and quality of staff supervisions was not regularly reviewed. There was no record of any supervisions undertaken or planned for nine staff members. This included a number of senior staff who were responsible for monitoring and developing the service. Some supervision records did not demonstrate a comprehensive discussion had taken place regarding the staff members practice, workload and continuous development.

The failure to assess and monitor staff competence to ensure people received safe and effective care was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff received training in areas relevant to their roles. This included moving and handling, safeguarding, nutrition, mental health awareness and health and safety.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

At our previous inspections in February 2019 and June 2020 the provider was not following the principles of MCA and consent was not always obtained before care was delivered. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. We have made a recommendation regarding MCA processes being embedded into practice.

- Relatives told us their loved ones were supported to make decisions and choices where they had the capacity to do so. One relative told us, "Records show where my mum has capacity to make decisions and where she does not. I have overheard carers explain to my mum what is going to happen next."
- Staff had received training in relation to the MCA and understood how this impacted on their role. One staff member told us, "It's to do with how we assess service user if they can't make decisions and how we can support their best interests. We offer people a choice or ask them what they would like."
- Staff were able to describe the importance of ensuring people gave consent prior to providing care and that choices were always offered. We observed staff followed this practice when visiting the supported living setting.
- Improvements had been made in the way in which the MCA and best interest decisions were completed. The provider was able to demonstrate how one person was able to consent to some elements of their care. For other decisions they needed the support of their family. However, records did not detail how specific decisions had been assessed. Following the inspection, the provider sent information to evidence these issues had been addressed.

We recommend continued monitoring of the MCA process to ensure systems are consistently followed and embedded into practice.

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

At our last inspection the provider had failed to ensure people received person centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

People and their relatives told us staff knew their needs and preferences. One person told us, "I'm very happy with the care I get. They're very respectful." One relative told us, "They have got to know her and her routines well. They have also made efforts to read about her background history and on occasions, will sit and talk about family photos with her."

- People's needs were assessed prior to them receiving support or when their circumstances changed. Staff visited people to assess their requirements to ensure they were able to meet their needs.
- The service was responsive when people's needs changed. One person was supported to move within the service when they required a higher level of support. The person's relative told us, "Since she's been bed-ridden they've stepped up the care. There are diverse needs there, but they deal with it all. They can't do enough for her. They're all working together. (Named staff member) sends me a picture every day after she's washed and dressed Mum, it's lovely. I want to find fault, but I can't."
- Care plans contained guidance for staff regarding how people wanted their care to be provided. This included people's preferences, dislikes and routines. Staff we spoke with were aware of this information.

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

- People were supported with their nutritional needs. Information regarding people's preferences and the support they required to eat and drink was recorded in care plans.
- Staff were aware of specific health conditions and the importance of nutrition. One staff member told us about the support they offered to a person living with diabetes, "We know what they can have and can't have and it is recorded in the care plan for new staff. We record what they have eaten. We record it in case they have a reaction to something, so we have it ready for the paramedics just in case in an emergency."
- Where people required food to be of a modified or soft consistency this was known to staff. When staff observed one person was not eating well a request was made to health care professionals for nutritional supplements. This had supported the person to increase their nutritional intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people in monitoring their health and accessing healthcare professionals as required. This involved liaising with professionals including mental health services, district nurses, chiropodists, occupational therapy and GP's.
- Advice from health care professionals was incorporated into people's care plans. Contact details for those involved in people's care were held within people's records.
- During the COVID-19 pandemic staff told us they had supported people to have virtual appointments with healthcare professionals.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our previous inspections in February 2019 and June 2020 we found management systems and processes were not established and operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made at this inspection, there were continued concerns regarding the governance of the service. This meant the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed views regarding the way the service was managed. Comments included, "The girls are nice but the organisation has been a bit difficult. It can be difficult to get a response." And, "I've never had to complain, and I wouldn't change anything."
- Leadership and governance within the service were not always effective in ensuring regulatory requirements were met and responsibilities understood. Whilst a number of improvements had been made in relation to the management of the service, systems were not always monitored to ensure robust quality management. This meant the provider was unable to assure themselves systems were effective in people receiving safe and effective care.
- Infection control audits had not been completed to ensure best practice and government guidance was being followed. Although information and PPE had been shared with staff no review of systems within the office had taken place. The provider and registered manager were not aware of safe practice in relation to staff working in the office who were also visiting people's homes.
- The shortfalls in ensuring staff supervisions and spot checks took place on a regular basis had not been identified. We spoke with the provider who told us they were not aware staff names were missing from the spot check and supervision monitoring system. At our last inspection in June 2020 the provider told us they had missed opportunities to act and keep people safe in relation to the conduct of two staff members. Whilst the staff concerned are no longer employed by the service, the lack of robust monitoring meant there was a risk any similar concerns with staff conduct would not be identified.
- Audits were not consistently completed to monitor the quality of the service provided. The registered manager told us medicines records and daily records were scanned into the system and audited on a monthly basis. However, audits of some people's medicines and care records had not been completed since June 2020. There was no management system in place to ensure audits had been completed and actions

taken. This meant gaps in the administration of topical creams had not been identified and addressed.

- There is a history of non-compliance within the service. Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 have been identified at our last three inspections.

The failure to ensure robust governance of the service was a continued 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

- The provider had begun to implement a more systematic approach to gaining people's views on the quality of the service provided. In addition to surveys being sent to people, telephone monitoring to check people's satisfaction was being implemented.
- Where people had noted improvements could be made, action plans had been implemented. One person had commented that staff did not always get their preferred items when shopping. Photographs had been taken of the person's preference to guide staff on the correct items to buy.
- Staff told us they felt supported in their roles. One staff member said, "They're always on the other end of the phone. I've never had this in another job before where I've felt so valued." Another staff member told us, "It's lovely here and I am really really happy. I feel we are like a family. I have fitted in really well. The leadership is good."
- Staff meetings took place and staff told us they were able to share their views on how improvements could be made. Minutes of office meetings were recorded in a format which highlighted actions required and when they had been completed. The provider told us this format would be adapted for all staff meetings going forward.

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

- The provider had a policy in place regarding duty of candour which demonstrated the need to act in an open and transparent manner with people and their relatives when things went wrong. There had been no duty of candour incidents since our last inspection.
- The provider had ensured notifications of significant events had been forwarded to CQC in line with their regulatory responsibilities. Where additional information was requested this was provided in a timely manner.

Continuous learning and improving care; Working in partnership with others

- Following our last inspection, the provider had employed a consultant to support them in making improvements to the service. This support and joint working had led to improvements in several areas including safeguarding, risk management, care planning and safe recruitment of staff.
- Staff told us they were proud of the improvements made in the service and the impact this had on people. One staff member told us, "There's been a massive improvement. We didn't do as much paperwork before. We are doing better daily records and writing down incidents. Just backing ourselves up as things need to be written down. People feel more cared about and it's showed them staff were looking after them."
- The service worked closely with a wide range of health and social care professionals to monitor people's health and achieve positive outcomes for people.

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 The provider had failed to ensure safe infection control practices
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff competence was assessed and monitored

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 The provider had failed to ensure robust governance of the service

The enforcement action we took:

Warning Notice