

KMX NURSING AGENCY LTD

KMX Nursing Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

KMX is a domiciliary care agency which provides support for adults in the community, who require assistance with personal care and re-enablement following hospital discharge, including people living with dementia. At the time of the inspection seven people used the service and were supported by four care staff a team leader and a registered manager.

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

People were not always protected from abuse and improper treatment because the provider did not have effective procedures in place to make sure people were safe. Processes were not in place at the time of the inspection to ensure medicines were administered safely by trained staff or that accidents and incidents were accurately recorded. We did not identify any negative impact for people from the lack of procedures and process.

The provider's arrangements for ensuring staff were appropriately trained were not sufficiently robust. The provider had, in most cases, relied upon verbal accounts from staff of training they had undertaken with previous employers without verifying the accuracy of this information.

Health and social care risk assessments were basic and lacked important detail. Support plans did not contain detailed and person-centred information and therefore these did not always accurately reflect the needs of those who used the service. The provider did not have a processes for assessing people's capacity for specific decisions. We have made a recommendation for the provider about undertaking capacity assessments.

There was little oversight of the management of the service and effective audits were not taking place. Therefore, a robust system for assessing and monitoring the quality of service provided had not been established. We did not identify any negative impact for people from this lack of governance.

People's needs, and choices were assessed before a package of care was arranged and before a person returned from hospital. People told us they were involved in the planning of their care and personal preferences were respected.

People told us that they were supported by kind and caring staff. They told us they felt safe and we received positive comments about the service provided to them and about the staff team.

People's privacy and dignity was respected, and people's diverse needs were supported. 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.

Regular team meetings had been conducted and staff members felt able to approach the managers with any concerns, should they need to do so.

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

Why we inspected

This was a planned inspection. This service was registered with us on 4 July 2018 and this is the first inspection.

Enforcement

We have identified breaches in relation to safeguarding people from abuse and a lack of safe care and treatment. Staff lacked knowledge and the service was not always well-led. You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

Follow up

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 alongside the provider and 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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Requires Improvement ●

Is the service well-led?

The service was not well-led

Requires Improvement ●

KMX 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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

KMX is a domiciliary care agency. It provides personal care to people living in their own homes. People were typically referred to the service for a period of six weeks following hospital discharge for support with washing, dressing and food preparation. Not everyone who used the service received personal care. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support. The service had a manager registered with the Care Quality Commission. This means 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

We gave the service 48 hours' notice 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. We also wanted to ensure people were aware of our inspection and had the opportunity to speak with us.

What we did before the inspection

Before our inspection we looked at all the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law and we looked at the Provider Information Return. 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. This information helps support our inspections.

During the inspection

We spoke with three members of staff including the registered manager and team leader. We reviewed a range of records. This included two people's care records and seven people's medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek feedback about the service from people who use the service and their relatives.

Is the service safe?

Our findings

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

This key question is rated requires improvement. 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.

Using medicines safely

- People could not be assured of receiving their medicines safely. The provider had failed to ensure staff administering medicines were appropriately trained and there was no system or processes in place to assess staff competencies.
- At inspection the registered manager was unable to provide evidence that any of the staff employed had received training to enable them to administer medicines. For example, one staff told us that they were new to care and were administering medicines without being trained to do so. This meant that people could not be assured that they were receiving their prescribed medicines safely from staff who were suitably trained and competent to do so. We spoke to the registered manager about this and they gave us their assurance that they would make immediate arrangements for a trained person to administer medicines and for all staff to undertake appropriate training. Following the inspection, we were informed that all staff had received training by the end of July 2019 and had been assessed as being competent to administer medicines safely.
- There was no formal audit of medicines management. Medicine Administration Records (MAR) did not always provide assurance that medicines were being administered in line with prescribed requirements.
- The provider was devising their own MAR rather than using ones supplied by a pharmacy. This practice had led to inaccurate and insufficient information for staff which increased the potential for risks occurring. For example, some of the MAR's were not named or dated and some contained unexplained gaps. This meant that it was not always clear if people had received their medicines in line with the prescriber's requirements. Following the inspection, the provider sought immediate guidance about administering medicines safely. This has led to the implementation of pharmacy template MAR for all people requiring support with their medicines.
- Staff were administering medicines to people whose hospital discharge assessments clearly stated that they did not require this support. For example, one person's MAR showed they were receiving eye drops and staff confirmed that they were administering these. Another person's assessment stated no medication prompts required. A MAR for this person was created and staff had administered prescribed medicines between 6 -30 June. This meant that staff did not always have up to date information about the persons medicines which placed people at risk of not receiving medicines in line with their prescribed requirements. We spoke to the registered manager who told us that they were unaware of this practice and would address it immediately and we have been assured that this practice is no longer happening.

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

- People were at risk of receiving inconsistent or unsafe care; care plans and risk assessments did not have enough information about people's needs or to guide staff on how to support them. For example, one person with epilepsy required assistance to bath using a bath chair. The care plan and risk assessment did

not contain sufficient information about the potential risks or detailed information to guide staff on how to use the equipment safely or how to support the person if they had an epileptic seizure. For example, the only information on the risk assessment advised staff not to hold the person down or put anything in their mouth. There was no evidence the person had experienced a seizure whilst being supported by staff, however should this happen there was no other information available to staff, such as guidance on rescue medication or when to call for an ambulance.

- One staff said, "I know the person has epilepsy, but I would not know what to do if they had a seizure but it's ok because their relative is always around". The person's care plan did not include any information about the person's relative needing to be present whilst staff were in their home or what measures staff should take if they were not.
- At the inspection not, all staff supporting this person had received training in epilepsy. Since the inspection we have been given assurance that staff supporting this person have received epilepsy training.
- Not all risks had been assessed. For example, falls risk assessments had not been undertaken for people who were known to have a history of falls or reduced mobility. Moving and positioning care plans were not in place and their risk of falling had not been assessed to be able to mitigate this risk.
- Risk assessments lacked detail and did not provide guidance for staff on how risks could be mitigated. For example, where environmental risk assessment had identified a risk of wet and slippery floors or confined spaces in which to work, staff were advised to be careful when performing personal care tasks. Another environmental risk assessment had identified a specific risk of receiving a head injury but had not provided any detail on how to mitigate this risk. For both examples there was no other information, detail or guidance for the risks that had been identified. This lack of detail was consistent across all of the risk assessments viewed.

The provider had failed to assess and manage risks relating to people's health and welfare, including those associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Processes were not in place to ensure that all staff had received training in safeguarding people from abuse. For example, training records showed that a person who had been working between April and June 2019 had not undertaken training with the provider or with a previous employer. The registered manager acknowledged this and told us that this person was not currently at work and training would be provided for them on their return.
- Accidents and incidents were not audited or analysed to consider possible trends and themes. The registered manager told us they did not have a system that gave oversight of all accident and incidents including skin tears, bruising and minor injuries.
- The registered manager told us there had been one recorded accident and incident since the service opened. This was a fall. They were unable to provide information about skin tears, bruises or minor injuries and believed these were recorded in people's daily notes but could not be assured that this was happening. A review of care records showed that staff had recorded minor bruising in people's daily notes. Body charts were not in place to accurately record this detail and there was no evidence that this information had been reported or explored further for a possible cause.

The provider had failed to ensure systems and processes were established and operating effectively to prevent abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff that we spoke to knew how to raise a safeguarding concern, one staff said, "I would report a concern

to my manager and I would feel safe that I could do that.".

- People told us that they felt safe when staff were in their home.

Learning lessons when things go wrong

- Lessons had not always been learnt when things went wrong. For example, for a person who had experienced a fall, an analysis had not been undertaken to mitigate the risk of a reoccurrence. Gaps in medicine records had not been investigated or explained and these records had not been reviewed by the registered manager to inform service improvement.

Staffing and recruitment

- There were enough staff to meet people's needs. People received their calls on time. One person said, "They are usually on time and will call me if they are running late".
- People were supported by a small staff team. The provider ensured that any gaps in the rota were covered by one of the directors of the company who were trained nurses. The directors also provided out of hours support.
- Recruitment checks had been completed on new staff before they joined the service to check their suitability to work with vulnerable people. One staff said, "I had a DBS (Disclosure and Barring) check and they contacted my previous employer to get a reference".

Preventing and controlling infection

- People were protected from cross infection because infection control procedures were in place.
- Staff understood their responsibilities for maintaining standards of infection control. They had access to protective equipment such as disposable gloves and aprons when they were supporting people with personal care needs and with preparing meals.
- Staff told us that they had received training in food hygiene and used this knowledge when preparing food for people. They also supported people to ensure that their food was in date and correctly stored.

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 key question has been rated as 'Requires Improvement'. 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

- People could not be assured that they were being supported safely. Training records were not always accurate to establish if staff had received suitable training. The concerns found as part of the inspection raised concerns about staff's knowledge and understanding.
- The registered manager was unable to demonstrate a comprehensive induction programme for new staff. They told us that new staff were introduced to people and completed shadow shifts with the team leader before working on their own.
- Staff new to care did not have a robust induction programme which ensured they were provided with the standards and expected level of knowledge to be able to do their job well. One person who was new to care told us they had received one day of training in the four months they had been employed. They were unable to tell us what topics were covered during this training day but said that "It was a lot and I was told it covered everything I needed to know".
- Training was not always provided to new staff who had previously worked in care. This is because the provider accepted training undertaken with a previous employer as being sufficient to enable staff to deliver care. For staff who had been unable to produce training certificates the registered manager told us they took the employees word that they had undertaken this training. The provider did not have a process to validate the accuracy of this information or to give assurance these staff were trained and equipped with the skills needed to support people alone.
- The effectiveness of staff training, and competency of staff was not monitored. Training records showed that staff had undertaken 13 training topics in one day. These included moving and positioning, infection control, safeguarding adults and basic life support. There was no process to establish the effectiveness of the training through for example competency checks. This meant that people could not be assured that they were being supported by trained and knowledgeable staff because the effectiveness of staff training, and the competency of staff was not monitored.

Failure to ensure that staff were supported to undertake training, learning and development to enable them to for fill the requirements of their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- Staff had received some supervisions and told us that they could speak with the management at any time to seek advice and guidance which made them feel valued.

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

- People were assessed before they started to receive support from the service. However, the provider had

not ensured that staff were adequately trained or skilled to meet some people's specific health care needs or with administering medicines. This meant people could not be assured of receiving care and support from staff who were trained and competent to meet their assessed needs.

- Assessments of people's needs included people's personal preferences and protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion.
- People were involved in their care planning and personal preferences were respected. For example, one person's preference to receive support from a certain gender of staff was provided.

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

- Where required, people's nutritional needs were met in line with their assessed needs. Staff prepared snacks for people such as sandwiches and microwave meals.
- Staff told us that they encouraged people to make healthy food choices and ensured that they had enough food and drink available to them.
- Where support with nutrition was an assessed need, people's daily care notes recorded the nutritional support provided.

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

- Records showed that staff communicated with other health professionals such as the GP to make sure people's health care needs were met. For example, staff had contacted the GP surgery when they suspected a person had a urinary tract infection (UTI) which was confirmed, and antibiotics were prescribed.
- Staff told us they always contacted the office with any health concerns and supported people to arrange health appointments.

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. In care homes and some hospitals, this is usually through an MCA application called Deprivation of Liberty Safeguards (DoLS). When people are living in their own homes, they can still be deprived of their liberty, but an application needs to be made to the Court of Protections (CoP).

We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and if any conditions of the authorisations were being met.

- The registered manager told us there was no one currently using the service who lacked capacity to make any decisions and no one being supported by the service was in receipt of any authorisations from CoP. They told us that they would refer concerns about people's capacity to other professionals such as a social worker or GP in order for any capacity assessments to be made. This meant that the registered manager was unaware of the provider's responsibility to assess people's capacity for specific decisions. We recommend that the provider seeks guidance from a reputable source about assessing people's capacity.
- Care staff had received training in The Mental Capacity Act and understood the importance of gaining consent from people and people we spoke to confirmed this

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 key question is rated as 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

- Although people gave mainly positive feedback about their experiences of the service, the provider had not always ensured that people were protected from the risk of harm through assessing and reducing risks to people. For example, when they were put at risk of harm because the provider had not ensured the staff providing their care were sufficiently trained and skilled to do so.
- People told us that they were treated well, and staff were kind. People said, "They chat to me which is nice, I look forward to seeing them" and "Some are chattier than others, I like the company of those who chat the best".
- Staff received equality and diversity training. This ensured they understood the differences between people and the need to treat people's values, cultures and lifestyles with respect. One staff said, "I always treat people with respect, we are working in people's homes and it is important that we respect that and the way they choose to live".
- Staff understood people's needs and explained what support they were required to give people. One staff said, "I do anything I can do to make them happy and comfortable, I really enjoy getting to know people and learning about their life histories".

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff team did not recognise when they were not fully promoting independence of people. For example, when they were administering and managing medicines for people who were not assessed as requiring help with this aspect of their care.
- People told us their privacy and dignity was upheld whilst they were being supported with their care. Their feedback included "Staff are polite and respectful" and "They always check I'm alright before they help me". We were told that staff seek people's permission before they provide care.
- People told us they were encouraged to be as independent as possible. One person said, "I can't do as much as before but the carers know that I still like to try and help". One staff said, "A person we support is over 100, they are amazing for their age and we support them to retain their independence."
- The provider had policies relating to privacy and dignity, which were linked to current legislation. Some guidance was provided for the staff team around people's preference, social relationships and professional boundaries.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views. They took people's preferences and choices into consideration when providing care and support. People told us they were involved in planning their care and spoke about this with staff.

- One person told us "Staff always ask what I want, they make sure I am happy". We were told about a time when a person wanted their carer changed and this was actioned immediately.

Is the service responsive?

Our findings

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

This key question has been rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- People's care and risk management plans were not always person centred. Assessed needs and identified risks had not been incorporated into people's support plans. Support plans were brief and contained basic details only. They did not contain information about the way people wanted to be supported and did not reflect a person centred approach to supporting people. There was a risk this could have a detrimental effect on those using the service.
- Care plans were task focused and presented in a 'to do list'. For example, one person's care plan listed the following 'Meet and greet, help to mobilise to the bathroom, help with washing and dressing, help with incontinent care, make bed, ensure they have everything they need before leaving.' There was no information about moving and positioning, how the person liked to be supported to wash, what they could do for themselves or what they liked to wear.
- Despite the lack of personalisation in care plans, people generally felt staff knew them well and staff provided support in a personalised way. One person said, "they know what I need help with and what to do, anything else I need I just have to ask, and they will do it".
- Care plans did not always reflect people's needs accurately. For example, one person was described as requiring end of life care, when this was not the case. The registered manager said that this had been an error and would be immediately addressed.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff that we spoke to were unaware of the AIS.
- Peoples' support plans did not contain information about people's communication needs. For example, one person was registered blind this was not reflected in their support plan and their communication needs in relation to their eyesight had not been identified. However, there was no evidence that this had impacted upon the person and staff knew how to support the persons communications needs despite the lack of records.

The provider failed to ensure care records provided guidance for staff including people's communication needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 (Good governance)

Improving care quality in response to complaints or concerns

- People told us that they knew how to raise a concern and felt confident they could do this and that they

would be listened to.

- There had been no formal complaints made. The registered manager told us that people knew the management team as the team leader regularly provided care support to people. They said that this helped people to discuss any concerns with them immediately so that they could be quickly resolved.
- The provider had a complaints policy that included information on how to make a complaint and what people could expect to happen if they raised a concern.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff were not trained to support people at the end of their life and the registered manager told us they would seek training for staff and work in partnership with local palliative care and nursing teams to provide end of life care if and when this was necessary.

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 key question has been rated Requires Improvement. 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.

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; 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.

- There was concern that the provider had not taken ownership or fulfilled their obligations and responsibilities. They had not ensured effective oversight and monitoring of the quality of services and the safety of people. The provider took action immediately during and after the inspection in response to the issues we raised.
- The provider had not identified areas of risk within the service including the shortfalls in the way medicines were managed, failure in their safeguarding systems and ensuring appropriate training was provided to prevent people from being exposed to risk.
- Lack of management oversight of documents meant that the provider had failed to identify that support was not always being given in line with assessed needs and there were multiple examples where care records lacked sufficient detail.
- There was no system in place to analyse accidents and incidents in order to continuously learn and improve. Medicine management was not audited to ensure safe practice.
- Records held within the service did not meet the requirements of the AIS. The provider had failed to ensure that people's communication needs were adequately reflected and recorded within individual care plans.
- The registered manager did not have effective day to day management oversight of the service. They told us they visited the service up to three times a week. The team leader provided day to day management of the service during the registered manager's absence.
- The registered manager was unable to describe any quality assurance processes to ensure key aspects of the service were regularly reviewed or effectively operated and they had failed to identify the issues found at this inspection.
- There was no evidence presented that showed a structured approach to monitoring the quality of care plans and risk assessments. Systems were not in place to identify that risks to people's health and wellbeing were not being assessed and documented to ensure that all reasonably practicable actions were considered and taken to mitigate the risk. There was no evidence that this had directly impacted people, and people did not report receiving a poor service.
- The provider had not identified that people's care and risk management plans did not always provide

personalised information about people and their preferences for how they liked to be supported.

Continuous learning and improving care; Working in partnership with others

- There was no evidence to show continuous learning or lessons had been learned and improvements made when things went wrong. The registered manager told us they had plans to improve this system.
- The provider has a process for seeking feedback. Forms were left with people who were being supported. The registered manager told us that they had never had a feedback form returned so they did not have a process for analysing feedback.

There was not an adequate process for assessing and monitoring the quality of services provided and that all records were accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- We saw evidence that the service worked closely with community professionals in the health sector. This helped to ensure people's assessed needs were being appropriately met.
- During the inspection the registered manager and the team leader were on duty. Both were helpful and transparent throughout the inspection process. The registered manager made telephone calls to several service users and it was clear that they knew who the registered manager was. One person told us "the managers are nice, they know what staff I should have, and they make sure they come. They will phone me if there is a problem, communication is good"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff said they were supported. They were positive about the registered manager and management team and said they were approachable.
- Staff meetings were held jointly with the staff from another company operated by the provider. They provided an opportunity for staff to be updated about issues effecting the wider business such as policy changes, new appointments and changes in legislation.
- To communicate issues relating to the service and people being supported, the registered manager had set up a group chat that staff accessed through their mobile phones. This was used to communicate specific information that staff needed to know such as changes in a person's medicines or health or if a person wanted to change the time of their call. Staff told us this worked well.

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 assess and manage risks relating to people's health and welfare, including those associated with medicines.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure systems and processes were established and operating effectively to prevent abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure care records provided guidance for staff including people's communication needs. There was not an adequate process for assessing and monitoring the quality of services provided and that all records were accurate and complete.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff were supported to undertake training, learning and development to enable them to for fill the requirements of their role.

