Adorn Care Services Limited

Adorn Care Services Ltd

Inspection report

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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

About the service
Adorn Care Services Ltd provides personal care and support to people in their own homes. At the time of our inspection the service was supporting three people with personal care needs.

People's experience of using this service and what we found
Safe infection prevention and control measures were not always followed. COVID-19 testing was not carried out in line with government guidance and staff had not received guidance in how to keep people safe during the pandemic. Risks to people's safety were not always identified and control measures to reduce risks had not been implemented. The risk of people sustaining harm due to this was reduced due to staff members knowing people well.

Robust medicines processes were not always followed. Staff competency in administering medicines had not been assessed and records were not always accurately maintained. Staff were not safely recruited as gaps and discrepancies in their records were identified during the inspection.

There was a lack of governance systems and oversight of the service. The nominated individual and registered manager were not fully aware of their responsibilities in managing a registered service and ensuring people received safe, effective care in line with regulations. Quality assurance systems were not effective in highlighting shortfalls in the service. Policies and procedures were not always accurate and understood by the nominated individual and registered manager. Records in relation to people's care needs and the care they received lacked detail and were not always person-centred. The provider had not always notified CQC of significant incidents in line with their regulatory responsibilities.

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. The nominated individual and registered manager had not ensured system for ensuring the principles of the Mental Capacity Act 2005 were implemented. Systems for ensuring training and supervision for staff was effective and regularly updated were not in place.

Staff knew people well and were able to describe their needs and preferences. Relatives told us they were able to discuss any changes to people's care openly and that the nominated individual was always available. People were supported to maintain their dignity and independence and people's religious needs were supported. People were supported to make choices in relation to what they liked to eat and drink and how they spent their time. Staff had access to contact details for health and social care professionals and any changes to people's health was shared with relatives or other agencies.

Staff told us they felt supported in their roles and that the nominated individual and registered manager were always available to discuss any concerns.

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

Rating at last inspection
This service was registered with us on 27 October 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date the service was registered.

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 breaches in relation to the management of risks to people's safety, infection control practices, medicines management systems and the management oversight of the service. We issued Warning Notices to the provider and registered manager in relation to these concerns.

Follow up
We will request an action plan for 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.

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 the 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.

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, 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 the 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? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Adorn Care Services Ltd

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 one inspector.

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

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
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.

Inspection activity started on 6 December 2021 and ended on 10 December 2021. We visited the office location on 8 December 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 spoke with the registered manager as they were unable to be present at the inspection. 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.

During the inspection
We visited the service and met with the nominated individual (provider). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked care records for three people, documentation in relation to the running of the service and policies and procedures. We reviewed recruitment information for two staff members.

After the inspection
We spoke with two staff members about the support and training they received and two relatives to gain their views of the care their loved ones received. We reviewed additional information requested from the provider including staff training records, rotas, a third staff member's recruitment records and further audit information.

Inadequate

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 for 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; Learning lessons when things go wrong

- Robust systems were not in place to ensure risks to people's safety were assessed and steps taken to reduce potential risks. Although staff knew the people currently being supported and there was no evidence of harm being caused the inadequate risk assessments processes meant if new people started using the service or new staff started to work, staff would not have the knowledge to support people safely.
- No risk assessments had been completed for one person receiving care. The person required staff to support them using moving and handling equipment and used bed rails at night. No guidance was in place regarding the use of this equipment and risks to the person's safety had not been assessed.
- Where risk assessments were in place they were not comprehensively completed. For example, one person's risk assessments did not include information regarding their health issues which may have had a significant impact on risks to their safety. The person's relative and the nominated individual confirmed the person had been living with this condition for a number of years. However, the registered manager told us they were not aware of this health issue and had therefore not considered it when assessing risks.
- One person required the use of equipment to mobilise, but no guidance was in place in relation to staff supporting the person with this or the consequences of them not being able to use the equipment independently when staff were not present. This meant the person was at risk of harm. The person had a risk assessment for bed rails although the nominated individual told us no bed rails were in place and have never been required.
- Systems for recording accidents and incidents were not robust. This meant there was a risk that accidents and incidents would not be correctly reported and investigated to minimise the risk of them happening again. The nominated individual informed us of an incident where a person had fallen and sustained an injury. We requested to see records of the accident, but the nominated individual told us none were available. They told us an accident form should have been completed but they did not believe this had been done.

The failure to ensure risks to people's safety were robustly assessed was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- Medication competency assessments had not been completed with staff. This meant the provider could not assure themselves that staff had the skills to support people with their medicines safely. The provider was not following their own policy in this area, which stated the registered manager was required to ensure that staff received appropriate training, support and their competence assessed.
- Medicines administration records (MAR) did not contain the required details in relation to the medicines being administered. Handwritten charts did not always include details of the dosage or times medicines

should be administered.
● People's MAR charts were not always accurately completed. One person's records showed one of their medicines had been signed for eight days in advance of them being administered. There were no signatures to indicate a further five medicines had been administered in the previous 14 days. No topical creams charts were in place to guide staff on where creams should be applied or how often. This meant people may not have received their medicines safely or as prescribed.

The failure to ensure safe medicines practices followed was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection
● Relatives told us staff wore masks and had access to other personal protective equipment (PPE) when in people's homes. However, we found staff did not follow best practice guidance in the use of PPE. Staff we spoke with were not aware of the correct way to put on and take off PPE to minimise the risk of cross-contamination. Staff told us they had not received training on how PPE should be safely used.
● Government guidance regarding staff testing for COVID-19 was not followed. Guidance stated that all homecare staff should complete a PCR test on a weekly basis. The provider had not signed up to this scheme as required and staff were not completing this testing.
● The nominated individual told us instead of PCR tests, staff were required to complete lateral flow tests (LFT) twice each week and inform the registered manager of the results. However, no system was in place to monitor this was happening. One staff member told us that, although they had been told to complete the tests twice a week, they normally did one test every two weeks or so. The lack of systematic testing in line with government guidance increased the risk of people being exposed to the virus.
● There was a lack of guidance for staff in relation to COVID-19 precautions. Risk assessments lacked detail and did not provide guidance on what PPE should be worn for which tasks or how this should be disposed of safely. There was no guidance provided regarding hand washing and general hygiene procedures to be applied when entering and leaving someone's home.

The failure to ensure infection prevention and control guidance followed was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment
● Safe recruitment practices were not followed. This meant the provider could not assure themselves staff employed were suitable to work in care services. The nominated individual informed us one staff member had worked for Adorn Care for over a year. However, the staff member's Disclosure and Barring Service (DBS) certificate was dated April 2021 and was applied for by a different agency. DBS checks help providers make safer recruitment decisions and include a criminal record check.
● One staff member had only one reference on file which was dated November 2021, 11 days prior to our inspection. No health checks had been completed and no evidence of an interview to assess the staff member's suitability for the role was available.
● A second staff member's application form and CV contained inconsistent information in relation to their previous job roles and employers. No references were available for the staff member and there was no evidence of a health check or interview being completed.
● We asked to see recruitment checks for a staff member who had worked at the service since October 2021. The nominated individual informed us these checks were not available in the office. An application form dated 23 November 2021, a month after the staff member was working for the agency, was forwarded to us. No references were available for the staff member.

The failure to ensure robust recruitment processes were in place was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Relatives told us they received care visits at the time of their choosing and staff stayed for the planned duration of the visit. One relative told us, "We have never been let down since (nominated individual) has been involved." Records showed that regular staff supported people which ensured people had consistency.

Systems and processes to safeguard people from the risk of abuse

● The nominated individual and registered manager were not fully aware of how to report safeguarding concerns. They informed us that, should any concerns arise, they would complete an investigation prior to informing the local authority. This demonstrated a lack of understanding that concerns should be reported prior to investigation to enable the local authority safeguarding team to take appropriate action and ensure investigations were completed in line with safeguarding guidance.

● The nominated individual, registered manager and staff told us they were not aware of the local authority multi-agency safeguarding hub (MASH). MASH is the first point of contact for new safeguarding concerns and ensures information is shared between relevant agencies in order to minimise risks to people's safety. Following the inspection, the registered manager assured us they would distribute contact details for the MASH and reporting procedures to staff. We will review this process during our next inspection

● The nominated individual informed us there had been no safeguarding incidents at the service which required reporting. Staff we spoke with had received training in safeguarding and were able to describe the types of potential abuse which they would need to report.

Requires Improvement

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.

Staff support: induction, training, skills and experience

- Relatives told us staff they felt staff had the skills they required to support their loved ones. One relative told us, "Before they (staff) come on their own, they shadow (nominated individual). She's keen to know whoever comes knows what they need to do."
- Despite these comments, we found the provider had failed to ensure systems for monitoring staff training were in place. Training records showed the nominated individual and two staff members had completed all of their mandatory annual training in December 2020. The provider had not identified this training was due for renewal and refreshers had not been arranged. There was no evidence the third staff member employed with the service had completed mandatory training.
- The registered manager had completed their annual training in February 2020. There was no evidence this had been updated since this time.
- Systems were not in place to monitor the effectiveness of the training provided. Although records showed that staff had received training in areas including COVID-19, medicines management and safeguarding reporting, concerns in these areas were identified during the inspection.
- The provider had failed to ensure that systems to monitor staff performance and development were in place. The nominated individual and staff told us that staff supervisions did not take place formally although staff could always contact the nominated individual should they have a problem. This meant staff did not have the opportunity to discuss their performance and development on a regular basis.

The failure to ensure effective systems to monitor and review training and staff practice were in place was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

● The provider had not ensured processes for working within the principles of the MCA were implemented. Two people's consent to care forms had been signed by their relatives. However, the provider had not checked the relatives had the legal authority to do so.
● No system had been implemented to complete capacity assessments where restrictions were in place. We were informed that two people used bedrails although no capacity assessments or best interest decisions were recorded. This meant the provider had not assessed if less restrictive measures could be used.
● The nominated individual, registered manager and staff did not demonstrate an understanding of the principles of the MCA. The nominated individual and registered manager were unable to describe the processes they would follow to assess people's capacity to make a decision or how an application to the Court of Protection should be made. Although no one told us they were being restricted the lack of systems in place meant there was a risk people's legal rights may not be protected.

The failure to ensure effective systems were for working within the principles of the MCA was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● There was limited evidence of assessments being completed. However, the nominated individual had supported all those using Adorn Care for a number of years whilst employed by different agencies. Although there was limited evidence of assessment, staff were aware of people's needs through communication from the nominated individual.
● The nominated individual had an assessment recording form in place. They told us they recognised the importance of only agreeing to support people once their needs had been assessed and they were confident they could meet them. They assured us these systems would be implemented for anyone new to the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet
● Relatives told us staff would share any concerns regarding someone's well-being which enabled them to take action. One relative told us, "They keep their eye on everything and tell me if there is anything I should report to the doctors. They're on the ball."
● Contact details for people's GP and others involved in their care were recorded. The nominated individual told us the majority of people had relatives or representatives supporting them. They would therefore pass information of concern for them to act on. However, staff had the information they required should they need to access support from health or social care professionals.
● Staff worked alongside other agencies when providing people's care. For example, the service worked positively with personal assistants for one person to ensure they had the support they required. Records showed this enabled the person to maintain their independence and have consistency in their care.
● Where people required support to prepare their meals this was done in line with their choices. One relative told us, "They have supported her for so long they know what she likes and will leave a list if there's anything in particular. Or they just go and get it."

Requires Improvement

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 as Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
- Relatives told us they had developed good relationships with the nominated individual which had continued from their time working for other agencies. They felt this meant they were able to have open discussions regarding their loved one's care. One relative said, "I go by the boss (nominated individual) and trust her. She's always available, everything goes through (nominated individual)."
- Systems to review and monitor the quality of people's care were not in place. Whilst this did not have an impact on the people currently using the service, there was a risk that anyone starting to use the service would not have the opportunity to review their needs.
- The nominated individual acknowledged a more systematic approach to reviewing people's care was required to ensure people were fully involved in any decisions. They assured us they would implement this process quickly. We will monitor this process during our next inspection.

Ensuring people are well treated and supported; respecting equality and diversity
- Relatives told us staff were caring in their approach. One relative said, "I've always thought the care is applied with kindness." A second relative told us, "Mum might not always recognise them, but she still knows what she likes and doesn't like, and she never has a problem with them. They are all kind to her."
- Relatives told us of examples of staff demonstrating a caring approach. One relative said, "They will go the extra mile to make sure she has everything. If she's run out of milk or bread, they will pick some up and not leave her without."
- The nominated individual told us she was clear with all staff that kindness was a priority. Staff confirmed this was the case. One staff member told us, "(Nominated individual) is a very kind person and will always help everyone. When she showed me what to do, she showed me that was important."
- The times of one person's calls were adjusted during the week to ensure the person was able to attend their religious groups when they wished.

Respecting and promoting people's privacy, dignity and independence
- Relatives told us people's privacy and dignity were respected. One relative told us, "They go upstairs and do everything in private. I don't need to be involved, which gives me chance to go out. I have never had concerns with their conduct." Relatives also told us staff respected their homes and were discreet when visiting.
- Staff were able to demonstrate how they promoted people's dignity and privacy. One staff member told us, "We wouldn't leave someone undressed and make sure no one could see in from outside. We stayed late for (name) when there was a workman there so we could wait for them to leave before doing their care."

● Staff spoke about people in an affectionate way and were able to describe common interests and information about them.

Requires Improvement

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Relatives told us that staff were aware of their loved ones' needs and supported them well. They told us staff and their loved ones had developed positive relationships which promoted consistency in their care.
- Despite these positive comments, we found people's care plans lacked details in relation to their needs. Care plans were mainly tick boxes regarding the care people required. There was little personalised information regarding people's preferences or guidance for staff about how to meet their individual needs. Records did not include information regarding people's wishes at the end of their life. Staff knew the people currently being supported well which meant this did not impact on their care. However, this was a concern should people not known to staff start using the service or new staff be employed.
- People's care was planned around their requests. Relatives and staff gave us examples of having a flexible approach to people's care. One person preferred to remain in bed on some days. Staff respected this and ensured they had everything required prior to leaving the care call.

Meeting people's communication needs

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.

- People's care plans lacked detail in relation to their communication needs. Plans stated people's preferred language and communication method although no further detail was provided. No specific information was given such as if people were able to communicate on the telephone, raise the alarm if staff did not arrive or any specialist communication needs for those people living with dementia.
- The nominated individual acknowledged this part of the care planning process needed to be expanded, especially should new people who were not known to staff start using the service. They assured us the care plan format would be changed to expand this information. We will review this process at out next inspection.

Improving care quality in response to complaints or concerns

- Relatives told us they had not had cause to raise any complaints. They told us they would feel able to speak to the nominated individual should they have any concerns. One relative told us, "Of course I would be able raise anything and mention any little bits. (Nominated individual) is almost like family now."
- The provider had a complaints policy in place which detailed how people were able to raise concerns, details regarding how these would be handled and timescales for response. The nominated individual told us they had not received any complaints since the service started.

Inadequate

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Relatives told us they had trust in the care their loved ones received. One relative told us, "(Nominated individual) has never let us down and will take a call at any time." A second relative told us, "I have known (nominated individual) for 10 years through different avenues and had no hesitation to take her on board."
- Despite these positive comments, we found significant shortfalls in the governance of the service. This meant should the service expand to support people not already known to them, effective systems and processes were not in place to ensure they received safe and effective care.
- The nominated individual told us they had agreed the care side of the business would be overseen by them and the 'paperwork' side of the business by the registered manager. This showed a lack of understanding of the co-ordination required to ensure people's records and care were reflective of their needs and experiences. For example, the registered manager was responsible for writing care plans and risk assessments despite rarely being involved in people's care. The inaccuracies and lack of detail within people's care plans was reflective of them not being completed alongside staff members who knew people well.
- The provider's policy and procedures were not always accurate and were not always followed. The provider's Pandemic Policy and Procedure was last updated in February 2021. This contained inaccurate guidance regarding staff wearing masks. This stated, "If you are healthy, you only need to wear a mask if you are taking care of a person with suspected 2019-nCoV (COVID-19) infection." Government guidance states that masks should be work at all times when staff are supporting people in their homes. This meant staff did not have access to accurate and up to date guidance regarding how to support people during the pandemic.
- The nominated individual and registered manager were not always aware of their responsibilities in line with the organisation's policies and procedures. Policies were in place in relation to the Mental Capacity Act (MCA), Duty of Candour and Safeguarding. However, the nominated individual and registered manager were unable to demonstrate an understanding of the MCA process, what constituted a duty of candour incident or how to correctly report safeguarding incidents.
- Accurate, complete and detailed records in respect of each person using the service and the employment of staff were not maintained. Records lacked detail both in relation to people's needs and the care provided. Handwritten records were difficult to read, and task-focussed with little personalised information relating to people's care.

The failure to ensure robust governance of the service was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Continuous learning and improving care; Working in partnership with others
● The provider did not have effective quality assurance systems in place in order to monitor and improve the service provided. One quality audit check, dated November 2021, had been done since the service was registered in November 2020. The audit was not fully completed and did not record what checks had been reviewed, what issues had been identified or what action would be taken to address any shortfalls. This meant the provider had failed to identify and act upon the concerns highlighted during our inspection.
● There was a lack of quality assurance systems in place to review the quality of care people received. The nominated individual told us regular spot checks of people's care were completed by the registered manager. Records showed that only three spot checks had been recorded since the service started in November 2020. These were tick box forms which did not contain any comments on the staff members practice or the views of the people receiving care.
● We asked the nominated individual how they reviewed the effectiveness of quality assurance processes to ensure people were receiving good care and regulations were being met. They told us they did not complete any reviews and were not aware this was part of their responsibilities as a nominated individual for the service.
● The nominated individual and registered manager had not taken steps to develop their own knowledge and understanding in providing a registered service. They told us that, although they had started management courses, these had not progressed due to the COVID-19 pandemic. No steps had been taken to access management forums or support groups available to them as part of the local authority and Skills for Care support for providers.

The lack of quality assurance systems to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● The provider had not notified CQC of all significant events that had happened in the service. Services that provide health and social care to people are required to inform the CQC of important events. We identified an incident where a person had fallen and sustained a significant injury requiring hospital admission. The provider had failed to notify CQC of this incident. This meant we were unable to effectively monitor the service provided.

Failing to submit statutory notifications in line with requirements was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● Relatives told us there was regular contact with the nominated individual. As they were able to make contact with the nominated individual to discuss any concerns they did not need to speak to the registered manager on a regular basis.
● Staff told us they felt supported by the nominated individual and registered manager. One staff member told us, "They have been very good to me and I like working for them. They are accessible when I need anything; always there to help."
● Staff we spoke with said occasional staff meetings were held. The registered manager sent minutes of meetings held which involved discussions regarding timekeeping, use of mobile phones and staff conduct towards each other.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure robust recruitment processes were in place

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people's safety were robustly assessed, safe medicines practices followed, and infection prevention and control guidance followed

The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure effective systems to monitor and review training and staff practice The provider failed to ensure effective systems were for working within the principles of the MCA The provider failed to ensure effective managerial oversight and governance systems were in place

The enforcement action we took:

We issued a Warning Notice