

Bhandal Care Ltd

# Bhandal Care

## Inspection report

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Website: [www.bhandalcare.co.uk](http://www.bhandalcare.co.uk)

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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

Bhandal Care is a domiciliary care service providing the regulated activity of personal care to people living in their own homes in and around Derby. The service provides support to older and younger adults, who may also be living with physical and sensory disabilities, dementia and mental health or learning disability and/or autism. At the time of our inspection there were 29 people using the service.

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

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.

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

Staff recruitment records did not record that all the required pre-employment checks for care staff had been completed. There were not enough care staff to safely meet people's needs. Systems to ensure safeguarding referrals were made to help keep people safe were not effective. Care staff did not always use personal protective equipment (PPE) safely. Not all people's care needs were included in their care plans and risk assessments. Not all people were confident medicines were managed safely, and medicines administration record (MAR) charts had not always been completed in line with the provider's policies. Systems to ensure lessons were learnt when things went wrong were not fully in place.

The provider had not registered their office location correctly with CQC and had not always submitted statutory notifications in a timely manner. There was a lack of contingency planning for when the registered manager was unavailable. The registered manager had not always provided clear leadership on the risks associated with infection prevention and control. Records were not always complete, accurate or developed at the time care had been provided. The provider's policies for recruitment, complaints and records had not always been followed. Audits and spot checks were not effective at assessing quality performance and identifying improvements in care. We were not assured the duty of candour had been followed as there were no details of how complaints had been managed and responded to.

People and staff felt involved, but it was not always clear how people's feedback had been used to make improvements. The service worked in partnership with relatives and other professionals involved in people's care.

Not all training provided to care staff had been effective in providing staff with the knowledge and skills they

needed in their job role.

Systems to manage complaints and improve the quality of care in response to complaints were not operated effectively. People's preferences for call times were not always met.

Relatives had mixed feelings on whether the service was caring. Some relatives did not feel their family members had always been well-treated.

Other relatives commented that care staff were caring. People's equality and diversity needs were respected, and steps were taken to promote people's independence, privacy and dignity. People and relatives were involved in care planning.

Care staff found working with a more experienced member of staff to gain experience when they first started was helpful. Assessment processes were in place to help understand people's care needs, including when they needed help with food and drinks. People's equality characteristics were considered as part of the assessment process to help prevent discrimination. People were supported to live healthier lives and access the healthcare they needed when this was provided by other agencies.

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.

People's care choices were respected, and their communication needs met. People's relationships with their families were supported.

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

Rating at last inspection and update

This service was registered with us on 21 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to staff recruitment practices, staffing numbers, staff skills and competence, safe care, complaints management and the management and governance of the service.

Please see the action we have told the provider to take at the end of this 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Bhandal Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team included one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

We gave the service 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 2022 and ended on 5 January 2023. We visited the location's office on 13 December 2022 and continued to review evidence the registered manager sent us until 5 January

2023. We spoke with people and relatives on 6 and 7 December 2023. We spoke with care staff on 7 December 2022 and 4 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 relatives and one person who used the service. We spoke with the registered manager and 4 care staff. We reviewed 3 people's care plans and medicines administration record (MAR) charts. We reviewed 3 staff recruitment files, training matrix, policies, procedures and audits.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- Recruitment was not safe as not all required recruitment checks had been completed. Not all application forms were fully completed, for example, school and college details were missing. Recruitment processes had failed to explain fully staffs' previous work experience and the reason for any gaps in employment.
- Evidence of staffs' conduct in previous employment had not always been gathered in a robust way. Application forms and references did not always record the company names of previous employers. References did not always record how they had been obtained, for example, verbally. References did not always provide assurances on staffs' previous conduct as they lacked checks on their authenticity. This placed people at risk of potential harm as not all recruitment checks were in place or robust.

Recruitment processes had failed to ensure all required checks on staffs' suitability to work in a regulated activity had been completed and provide suitable assurances to the provider. This is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

- Almost all relatives commented on the lateness of care calls. One relative told us they felt staff were often rushed and continence pads were not always checked. Another told us they felt 'standards had slipped' and they were 'short-staffed.' Not everyone was satisfied there were enough staff deployed.
- The service was under pressure from a shortage of care staff. One staff member told us, "Staffing isn't really good, there are not enough staff. We get called when we are off telling us we have to work." Other staff told us they would try and finish a person's care call early so they could get to the next call on time. Care staff were working under pressure to provide care to people.
- Care rotas did not demonstrate there were enough staff to meet people's needs at their scheduled times. Records showed staff were scheduled to provide care to more than one person at the same time. The registered manager told us people still received calls at their preferred time however, this is not what people told us. Care rotas did not demonstrate the service had enough staff to attend to people's care calls at their scheduled times.
- The registered manager told us both they and the deputy manager were working care calls to cover the care staff shortage. A letter had been sent to people in September 2022 advising their care calls may be later or earlier and provided by different staff, due to the pandemic. The registered manager told us this was still the case. The registered manager told us they had recently recruited more care staff who were due to start soon. However, the current care staff shortage was impacting negatively on both people and care staff.

The provider had failed to ensure they deployed enough staff to safely meet people's care needs. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities Regulations



2014).

### Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. This was because the registered manager was aware not all staff wore aprons when providing personal care. People told us staff did not always wear facemasks as required in line with government guidance at the time of the inspection. Shortly after the inspection, the registered manager told us they had taken action to ensure PPE was used in line with guidance.

### Assessing risk, safety monitoring and management

- People's care plans did not always accurately reflect the care people needed. For example, one person required catheter care and there were no details of this in their care plan. The registered manager confirmed this was an oversight and sent us their updated care plan. Another person's care plan did not provide guidance for care staff on what to do should they not be able to obtain a blood sugar reading. Care staff needed this reading to inform what dietary choices they should make available for the person. The lack of accurate information in people's care plans placed them at risk of receiving inconsistent care.
- Risk assessments were in place, however they did not always reflect the details in people's care plans. For example, one person's 'About me' care plan stated they wore glasses. However, their moving and handling risk assessment stated they had no visual impairment. This meant an indicator of risk had not accurately been included in their risk assessment.

People's care needs were not always assessed and risks were not always mitigated and this placed people at risk of harm and inconsistent care. This is a breach of regulation 12 (safe care) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

### Using medicines safely

- Not everyone felt medicines were managed safely. One relative told us, "I haven't much faith at the moment." They told us although care staff signed for medicines, they had found an occasion when medicine had not been taken. Another person told us the lateness of care calls had impacted on the time their relative was given their medicines. Not all people and relatives were satisfied medicines were well managed.
- Policies and procedures were in place to help support staff administering medicines and keep records of medicines care. Medicines administration record (MAR) charts were used to record when medicines had been administered, this included when topical medicines were used. We found some MAR charts had not always been completed in line with the provider's good practice policies for medicines management.

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

- Systems to safeguard people had not been operated effectively. Records showed the registered manager had investigated concerns they had been made aware of. However, they had not recognised a significant pressure sore would require reporting to the local authority safeguarding team. There was a risk people may be exposed to potential risk and harm as safeguarding incidents had not always been recognised and reported. We asked the registered manager to make a safeguarding referral to the local authority and submit the relevant statutory notification to CQC which they did shortly after our inspection.
- Staffs' knowledge on safeguarding procedures varied. For example, not all staff knew how to make a safeguarding referral other than reporting concerns to their manager. This meant systems and processes designed to safeguard people were not always fully understood by all staff.

### Learning lessons when things go wrong

- Systems to identify trends and patterns and learn lessons were not always effective. The registered

manager told us they regularly saw people and listened to their feedback and any complaints. However, they told us this was not recorded in a way that allowed it to be reviewed for trends, themes and lessons learnt. After the inspection the registered manager told us they could review complaints and incidents and sent us evidence to review. Whilst we could see some complaints had been recorded, these did not include all the complaints the provider was aware of at the time. We have therefore concluded systems to identify trends, patterns and lessons learnt were still not fully effective.

# 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

- Staff training had not always been effective. Not all staff were aware of how to make a safeguarding referral using routes external to Bhandal Care. This was despite records stating they had recently completed safeguarding training. Not all staff were wearing face masks or using aprons despite records stating they had been trained in infection prevention and control. One staff member told us they had not received any training in learning disability care or catheter care despite the training matrix recording they had recently received training in this. Staff training had not always equipped staff with the knowledge and experience they needed to provide effective care.
- The staff training matrix did not record staff had completed training on pressure area care, despite providing this care to people. Staff had not always received training on areas of care relevant to people's needs.
- The provider's staff induction programme was not always delivered effectively. The induction plan identified multiple areas to cover and was designed to take up to six weeks to complete. Records showed all areas had been completed in one day, including completion of all 15 minimum standards of the Care Certificate. This was despite the registered manager stating care staff were not yet supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We were not assured staff received the provider's induction process as intended and in an effective manner for learning as this was not delivered in line with the timescales advised.

Staff were not always suitably competent and skilled to safely meet people's care needs effectively. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

- Some staff induction processes were in place, for example new care staff shadowed experienced staff when they first started. Care staff told us this covered moving and handling practice and medicines administration. Care staff told us they found this helpful.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's care needs were assessed. For example, care plans and risk assessments were in place for such areas as moving and handling, falls risks and nutrition. However, whilst care plans and risk assessments

were in place, as reported in our safe section, not all details for diabetes management had been included.

- Assessments included and considered people's equality characteristics. For example, people had the opportunity to express any religious or cultural needs and whether there were any considerations needed for how care was delivered. This helped to ensure care was provided in a way that avoided discrimination.
- Staff supported people with their meals and drinks. Staff told us they would help prepare meals for people. This helped ensure people received effective care for their nutritional needs.

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

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

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

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

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

- The principles of the MCA were followed. At the time of the inspection, people had the mental capacity to make decisions regarding the care Bhandal Care provided. Policies and procedures were in place for assessments of mental capacity should these be needed. This helped to ensure people's rights under the MCA would be upheld.

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

- Staff worked with other agencies involved in people's care. For example, records showed where staff had contacted district nurses for a person. This helped people receive effective care.
- The care provided helped people live healthier lives and access the healthcare they needed. Relatives told us staff had noticed any changes in people's health and reported this. This had enabled the involvement of other healthcare professionals as appropriate. This meant people received the healthcare they needed to stay well.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- Not everyone felt well supported by care staff. One relative told us they had reported a concern to the manager. They said their family member had been spoken to sharply and they felt it was inappropriate to be made uncomfortable. Another relative told us their family member's continence pads were not always checked and changed when needed and care was rushed. Not everyone felt they had been treated well.
- Other relatives commented that staff were caring. One relative told us, "[Family member] really likes the staff, they are listened to. As soon as staff walk in, they ask [family member] how they are. Staff have a laugh with [family member.]"
- People's equality and diversity needs were respected. Policies were in place to help ensure discrimination did not occur when care was provided. Assessment processes checked for any equality characteristics that people had so that any impacts on care could be considered. This helped to prevent discrimination.

Respecting and promoting people's privacy, dignity and independence

- People mostly felt personal care was managed well. Care staff told us the steps they took to help promote people's privacy and dignity. For example, one care staff told us they would always make sure doors were shut and curtains closed before starting to help a person with any personal care. Steps were taken to help promote people's privacy and dignity.
- People's independence was promoted. Care plans identified what people were able to do themselves and what care staff were required to provide. Care staff told us how they supported people to maintain their independence. One care staff told us, "I always ask people what they want doing and I will do it their way." This helped people remain involved and independent with the care they received.

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

- Relatives told us they felt involved in supporting their family members. One relative told us, "We had a meeting and got everything sorted." Another relative told us they felt, "Involved in everything." People and relatives were involved in their care.
- Care plans recorded people's involvement. For example, one person had specific dietary guidance in their care plan and recorded how this had been discussed with the person and they understood what that meant to how their care would be delivered. People were involved in making decisions about their care.

# Is the service responsive?

## Our findings

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

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

Improving care quality in response to complaints or concerns

- Systems to improve the quality of care in response to complaints were not operated effectively. People told us they had made complaints about call times and other areas of concern. The registered manager told us some people had complained about their call times. Spot checks completed on staff when they provided care to people recorded that people had complained about call times to the registered manager. Despite this, there was no complaint's log in place. This meant there were no response times, investigation details or outcomes recorded in a complaint's log for us to review. This meant we were unable to see that all complaints had been investigated and managed in line with the provider's complaints policy.
- Prior to our inspection, the provider shared their feedback with CQC on a complaint and safeguarding issue they had been made aware of. Whilst the provider had responded to the local authority with their feedback, the details were not entered into any complaints log to capture any themes, trends and how the service could learn lessons and improve. Systems to improve the quality of care in response to complaints were not in place.

There was no effective system in place to record, review, and identify learning to improve the quality of care in response to complaints or concerns. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not always receive their care at their preferred call times. Almost everyone told us calls were late and they were not always informed about this. People's preferences for call times were not always met.
- People's choices were respected. Care plans and assessments reflected people's choices. People were asked for their preferences, for example if they would prefer male or female staff. Steps were taken to respect people's choices and promote their control over their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us they were able to meet people's communication needs and we saw these were considered in assessments with people. The registered manager told us if people spoke languages other than English, they would try and match them with staff that could communicate with them in their first

language. This helped to ensure people's communication needs could be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relationships with their families and friends and their local communities were considered.

People's care records included the involvement of other people in their care and home life. This helped to consider people's relationships to others and reduce social isolation.

End of life care and support

- No-one was in receipt of end of life care at the time of our inspection. The staff training matrix did not record staff had completed any training in end of life care. However, one relative we spoke with told us staff had previously provided end of life care to their family member, who had now sadly died, and they had no concerns with how this care had been provided.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance systems were ineffective and statutory responsibilities were not met. The provider had failed to update their registered details so that their office location was correctly registered with CQC. The provider had failed to submit statutory notifications for a serious injury and safeguarding incident until prompted by the inspection. This meant regulatory requirements were not always met.
- The provider had no effective systems in place to manage the service in the absence of the registered manager. The registered manager was unable to meet with CQC on the first day that had been arranged for this inspection, and the inspection date was re-arranged. On the re-arranged date, the registered manager was unable to stay for us to complete a review of records in their office. They had not arranged staff to cover this day as we had requested. The provider had failed to ensure effective systems were operated to provide staffing contingency cover for when the registered manager was unavailable.
- Leadership was not always clear and systems to mitigate and manage risks were not robust. For example, the registered manager was not clear on the infection prevention and control measures that staff should have been using. The registered manager completed spot checks on staffs' competence, including use of PPE. However, they had not reflected in their quality monitoring assessment that they were aware staff were not wearing aprons as required. The provider's audits and quality assurance checks had not identified the issues we identified with records. We were therefore not assured of the effectiveness of this quality performance measure.
- Records were not always accurate or complete. People's individual care plans, care records as well as staff records, and spot checks contained other people's names. This meant we were not assured as to the accuracy and completeness of people's records.
- Medicines records had not always been an accurate, complete or contemporaneous record of people's care. This was because the reason why medicine had not been given had not always been recorded at the time of administration. Records were over-written, and alterations had not been made in line with the provider's medicines policy. Information on allergies, the dosage of some medicines and when medicines had been stopped had not been recorded. Checks to ensure MAR charts had been accurately transcribed had not been recorded. Records were not always accurate or complete and developed in line with the provider's medicines policy.
- The provider's policies were not always followed and implemented. For example, not all recruitment information had been recorded in line with the provider's recruitment policy. The provider's complaints policy had not always been implemented effectively. Whilst the provider supplied evidence of a complaints log, it did not include all complaints that the provider was aware of. This meant systems designed to assess,



monitor and improve the quality and safety of the service and identify and reduce risks were not fully effective.

#### Continuous learning and improving care

- Audits and spot checks were not effective at assessing quality performance. We reviewed a range of staff knowledge checks and competency assessments. These recorded the same answers had been given by different staff. They did not identify any further learning or training requirements for staff. We were therefore not assured they had been effective at understanding quality performance, risks, identifying learning and how to improve care.
- Spot checks on the quality and safety of services had not led to improvements in people's call times. One spot check form recorded the person had complained about some carers being late some of the time. However, there was no follow up to show how this could be improved. Systems to improve the quality and safety of services were not effective.

Systems to assess, monitor, improve service quality and care delivery and identify and reduce risks were not operated effectively. Records were not always accurate, complete or contemporaneous. Regulatory requirements were not met. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

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

- Systems to manage incidents when things had gone wrong were not always robust. The provider sent us records of their incident and complaints management. However, not all complaints the provider had been made aware of were included on this. Therefore, we were unable to be fully assured that the duty of candour had been correctly applied.

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

- Relatives had mixed experiences as to whether people received good care outcomes. Whilst people had been asked for their views, there was limited evidence to show how their feedback had led to any improvements or reviews of service quality.
- Staff felt involved. Staff felt they could contribute their views and the registered manager and deputy manager were available and supportive. Minutes showed a staff meeting had been held in the last three months and they also communicated regularly through electronic messengers. Staff told us this helped them feel involved.
- The service worked in partnership with others involved in people's care. For example, details of relatives and other health and social care professionals involved in people's care were included in their care plans. This helped to include other people and professionals important in people's care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care needs were not always assessed and risks were not always mitigated. This placed people at risk of harm from unsafe care and inconsistent care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes had failed to ensure all required checks on staffs' suitability to work in a regulated activity had been completed and provide suitable assurances to the provider.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not enough staff to safely meet people's care needs. Staff did not always have suitable skills and knowledge to meet people's care needs effectively.</p>

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	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>There was no effective system in place to record, review, and identify learning to improve the quality of care in response to complaints or concerns.</p>

### The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve services and identify and reduce risks were not operated effectively. Records were not always accurate, complete or contemporaneous.</p>

### The enforcement action we took:

We issued a warning notice.