

Perennial Investment Limited

# Infinite Care

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Infinite Care is a provider of community home care services providing personal care to 42 people aged 65 and over at the time of the inspection. 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

The provider did not always have effective governance systems in place to monitor the service and drive the necessary improvement. There was a lack of detailed records regarding care records and recruitment management. Quality assurance systems had not always been effective in identifying the concerns we found at this inspection or fully addressed concerns from our last inspection.

People were not always 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 provider had not always ensured safe recruitment practices were taking place. Gaps in candidate's employment history had not been identified or followed up. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to work with people. We made a recommendation about this.

Systems were in place to seek feedback from people, their relatives and staff. However, these were not always effective. We have made a recommendation about this.

The staff we spoke to did not always feel well supported through training and supervision. We have made a recommendation about this.

The provider had not updated their infection control policy to reflect current guidance in relation to Covid-19. We have made a recommendation about this.

Staff had good access to personal protective equipment (PPE) and understood the current guidance in relation to wearing PPE.

People and their relatives felt there was enough staff for people to be safely supported. However, some people were concerned that the level of care and support declined when they did not have their regular carers.

Staff in the service worked well with each other and external professionals to ensure good health outcomes for people. People were supported to prepare food and drinks that met their needs and preferences.

Regular team meetings took place for staff. Staff who supported people regularly were knowledgeable about them and their needs.

People's preferences and choices regarding protected characteristics had been explored with people in line with The Equality Act 2010.

The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

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

The last rating for this service was requires improvement (published 3 December 2019). There was one breach of regulation in relation to regulation 12, Safe Care and Treatment, specifically around proper and safe management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Infinite Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found enough improvement had not been made and the provider was still in breach of regulation 12. We also found two new breaches of regulations in relation to consent and governance. The last rating for this service was requires improvement (published 3 December 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

We will describe what we will do about the repeat requires improvement rating in the follow up section below.

#### Why we inspected

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Infinite Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service 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 safe care and treatment, consent and good governance at this inspection. We previously imposed a condition in relation to safe care and treatment on the providers registration, requiring them to take monthly action to make the improvements needed and ensure this regulation is met. The Commission considered this condition remained appropriate.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and we will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Infinite 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector on site and one inspector speaking to people and their relatives.

#### 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 did not have a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. The service did have a manager in post since February 2020. Since the inspection the manager has become registered, we have referred to them as the registered manager throughout this report.

#### Notice of inspection

We gave the service 6 days' 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 requested the provider sent us documents prior to and following the inspection.

#### What we did before the inspection

We reviewed any information we had received from the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the director, nominated individual, registered manager and care workers. One staff member responded to an email request for feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication 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 look at multiple records and seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008. At this inspection we found the concerns that led to the breach at the last inspection had been acted upon. However, further concerns found during this inspection, relating to mitigation of risks, meant the service remained in breach.

### Assessing risk, safety monitoring and management

At our last inspection we found improvements were needed to ensure risk assessments were more robust, at this inspection we found these improvements were still required.

- Care plans and risk assessments were not always clear, some risks had been identified however, we found where risks had been identified, there was not always guidance to identify actions staff should take in the event of the risk occurring. For example, a person was at risk of falls and the risk assessment was completed however, it did not identify what staff should do if the person fell. This meant new or inexperienced staff would not know the procedure to follow if this situation arose.
- Three people whose documents we checked had several medical conditions which were listed in their care plans however, there was no detail about how some of these conditions affected them, for example asthma, glaucoma, arthritis, diabetes, dementia and angina. There was no guidance for staff to follow should these people have, for example, an asthma attack or suffer with angina while being supported. This meant new and inexperienced staff would not know the correct procedure to follow to get people the right support.
- One person's fire escape plan stated, 'See wardens office.' This meant in the event of a fire new and inexperienced staff could be unaware of the escape route. The registered manager told us there was an escape route plan on the door in the person's room, they said they were in the process of transferring paper documentation to an on-line care planning software package. They told us this had been difficult, and they were in the process of reviewing all care plans and risk assessments.
- Several people's care plans described their sleeping patterns and swallow ability as, 'normal for them'. This did not give guidance to staff to enable them to understand what was normal for each person or how to identify if their needs had changed.
- People who used bed rails did not have risk assessments in place for their use, this meant that the risk of harm caused by falling from beds or becoming entrapped or in contact with bedrails had not been assessed.

We found no evidence that people had been harmed. However, the provider failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a repeat breach of Regulation 12 of the Health and Social Care Act 2008



(Regulated Activities) Regulations 2014.

- The registered manager was in the process of reviewing all care plans and risk assessments and told us they would address these concerns.

#### Staffing and recruitment

At our last inspection people were not always protected from the employment of unsuitable staff, we made a recommendation about this. At this inspection, although some improvements had been made, people continued to be at risk of employment of unsuitable staff.

- Safe recruitment practices were not always followed. For example, gaps in the employment history of staff were not always followed up to ensure there was a satisfactory written explanation for this. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to work with people.

We recommend the provider seeks reputable guidance on the safe recruitment and employment of staff and updates their practice accordingly. This was a repeat recommendation.

- We spoke to the registered manager about this, they were responsive and started to address the gaps in employment history during the inspection.
- People and their relatives felt there was enough staff for people to be safely supported.
- All other employment checks had been carried out and documented including Disclosure and Barring Service (DBS) checks for all staff prior to commencing employment. A DBS check enables employers to check the criminal records of current and potential employees to ascertain whether they are suitable to work with vulnerable adults and children.
- Regular staff and the management team covered any shortfalls on the rota and agency staff were not being used. There were sufficient staff to support people to stay safe and meet their needs.

#### Preventing and controlling infection

- The infection control policy had not been updated to take into consideration COVID-19.

We recommend the provider seeks reputable guidance to review and update the infection control policy to include up to date guidance for staff in relation to Covid-19.

- However, we were assured that the provider had given the appropriate guidance to staff to ensure their practice remained safe.
- People were protected from the spread of infection. People and their relatives told us staff always used gloves and aprons when providing personal care. One person told us, "They do all wear masks and gloves they're good like that." A family member told us, "They are very good with wearing PPE [personal protective equipment] and they dispose of it in a bag that gets tied up, so I don't touch that at all."
- We were assured that the provider was using PPE effectively and safely.
- The registered manager told us, "We provide gloves, aprons, face masks and sleeves if needed. They [staff] can get a full suit in an emergency. Staff wear aprons gloves and masks for all visits."

#### Using medicines safely

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made in relation to medicine management. However, the provider remained in breach of Regulation 12. This has been addressed under the heading 'Assessing risk,

safety monitoring and management.'

- People received their medicines as prescribed and this was recorded appropriately on the online app they were using. Where one member of staff was not recording appropriately, this had been dealt with and more training offered to the staff member.
- The medication administration record (MAR) chart identified some creams that were prescribed for people were to be used 'as required' (PRN). However, PRN protocols were not always in place for 'as required' creams which meant there was a risk unfamiliar staff may not be aware when or how to apply creams. People's skin integrity was at risk of being compromised. We did not find any evidence that this had impacted on people. Staff we spoke to know the people they visited regularly well and were able to describe the process. We discussed this with the registered manager who told us they would ensure PRN protocols were in place for all creams.
- PRN protocols were in place for all other 'as required' medicines.
- When there were gaps on the MAR chart these had been identified and dealt with appropriately by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. The provider had a safeguarding policy and procedure in place which was detailed and had been followed. We spoke with the provider about being clear in the policy about when to inform CQC of allegations of safeguarding concerns. Following the inspection, the provider showed us they had updated the policy to include this information.
- The registered manager was aware of their responsibility to report all safeguarding incidents to the local authority and CQC.
- Staff we spoke with had adequate knowledge about the safeguarding procedure. One staff member told us, "Report any safeguarding to [registered manager or provider]." Another staff member told us the last safeguarding training they had was in July 2019, they told us. "I would report any allegations of abuse to my line manager or above, they would report it to safeguarding adults and CQC."

Learning lessons when things go wrong

- The registered manager had a system to record accidents and incidents and an analysis of accidents and incidents had taken place, themes and patterns had been identified and preventative measures put in place.
- Risk assessments and care plans were reviewed following incidents.
- The registered manager described an incident that had occurred. They told us they had updated the policies and procedures in relation to the incident and documents confirmed this. The registered manager told us, "We sent letters to staff to explain the changes in policies and procedures."

# Is the service effective?

## Our findings

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

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

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

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

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

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

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

At the last inspection we found there was no formal mental capacity assessment or best interests decision recorded when this was required. We made a recommendation about it. At this inspection we found that work was still required in this area.

- People's mental capacity had been considered. For example, at the front of the care plans there was a question asking if the person had capacity to make decisions relating to their health and wellbeing and whether there was a legal power of attorney for health and wellbeing.
- However, we were only able to find one mental capacity assessment, and this did not contain best interests meeting documentation. Following the inspection, the registered manager provided us with another mental capacity assessment dated 25 September 2020 which did not include best interests meeting documentation. The registered manager told us they had held a best interests meeting and were waiting for the local authority to document the meeting. The registered manager was not aware that they could hold and record the best interests meetings.
- Three people's care plans identified they lacked capacity in relation to their health and wellbeing, we did not see any mental capacity assessments or best interests meeting documentation in relation to this.
- Where it was stated in care plans that other people lacked capacity, we asked the registered manager to provide their mental capacity assessments on five occasions, these were not provided. This meant we did not see any evidence that these had been undertaken.

- The registered manager told us, "The mental capacity act protects anyone with fluctuating or lacking capacity, it protects their rights to be treated the same as people with capacity. It is a bit of a grey area still if they can't consent to anything." The registered manager was aware that carers should not assume that someone lacked capacity however, was not clear about who could hold and document best interest meetings to make best interest decisions.

- Only five members of the care team had attended MCA training. This meant that not all staff had the required training to establish if a person required a mental capacity assessment. We spoke to one staff member who had undertaken MCA training. They understood that people have the right to make unwise decisions and told us if they felt someone lacked capacity, they would speak to their line manager so they could contact the right people and be assessed. We spoke to another staff member who had not undertaken the training, they told us, "Is to protect people that may lack mental capacity to help make their own decisions."

Although there was no evidence that this had impacted on people, the failure to work within the principles of The Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the registered manager about this. They told us they had plans in place to ensure all staff received the appropriate training. Training had been difficult during lockdown and access to training rooms had been difficult.

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

At the last inspection there was no evidence that people's preferences and choices regarding some of the protected characteristics had been explored with people or had been documented in their care plans. We made a recommendation about this. At this inspection this had been actioned.

- The Equality Act 2010 is designed to ensure people's diverse needs in relation to age, disability, sex, marital status, gender reassignment, pregnancy, race, religion and sexual orientation are met. We found documentation demonstrated protected characteristics had been explored with people.
- The provider did not complete an initial assessment when the person had been referred through the local authority until care had already started. The registered manager told us this was because quite often they were requested to provide care at short notice. For self-funded clients an initial assessment document was completed, and protected characteristics were discussed. We spoke to the registered manager about this, they told us they attempt to complete a basic assessment prior to people receiving support. They told us they input the information received straight onto the on-line care planning system and add further detail as they get to know people.
- Staff made appropriate use of technology to support people. People were encouraged to wear their electronic equipment which alerted an on-call service if they fell.

Staff support: induction, training, skills and experience

- Staff were not always provided with appropriate training and support to carry out their roles effectively.
- We identified a high turnover of staff at Infinite Care. Between 3 March 2020 and 25 May 2020 six staff left, four of them were employed for less than four weeks. All current staff started in January 2020 or after. We reviewed the supervision matrix, one staff member who started in March 2020 had not received any documented supervision.
- The registered manager told us, "New staff within probation are on weekly supervision face to face, a

progress meeting, we discuss what training they need, where they are with care certificate and they have three-weekly task supervisions." However, the training matrix identified weekly supervisions had not been provided for any of the new starters.

- For staff who had passed their probation, documents demonstrated they generally received supervision on a monthly basis. However, one staff member told us, "I think I had one supervision this year, but it was a while ago, I might have had two this year. Supervision should be about how I need to progress, but I can't remember what was said in the last one and I certainly didn't get a copy of it."
- Training records identified that not all staff had undertaken essential training such as mental capacity training, safeguarding training and food hygiene training. Following the inspection, the registered manager told us, "I am fully trained to provide training and have been booking care staff on training, we also have online training as back up due to COVID-19." They also told us new and old staff could not attend training together and there was decreased access to training rooms. The manager had been in post since February 2020 and quickly had to work on the impact of the coronavirus pandemic. This had impacted on their ability to complete all of the training.

We recommend the provider reviews their training and supervision guidelines and seeks reputable guidance to ensure all staff receive supervision and training in line with their policy and update their practice accordingly.

- New staff completed an induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. We identified that three staff had completed the care certificate and three staff were in progress.

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

- Where people needed support with their nutrition and hydration needs, this was provided. Staff supported people with preparation of food and checked people were having enough nutrition and fluids. One staff member told us, "They have food in their fridge or freezer I look and tell them what they have, and they choose."
- One relative told us, "I think they offer to heat her meals up and they always ask if there is anything else, they can do."

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

- Staff worked well with healthcare professionals to ensure people had access to health services and had their health needs met.
- Records confirmed people had regular access to GPs, district nurses, continence teams and other professionals. One relative told us if their family member was unwell the staff would telephone a GP for them, they told us, "They would, and they pick her medication up for her as well."
- Documents demonstrated where healthcare professionals provided guidance to staff, this was followed.
- Staff used a handheld device to access electronic care plans and were able to access handover information as it was updated. One staff member told us, "We can raise concerns which shows on the [online App], we read the previous couple of entries before we go in so we can see what is going on."
- Documents demonstrated some issues had been identified and addressed. For example, one person's new medicine had not been administered, a relative told us, "They [office/manager] said that they would make sure that all staff were aware in future."

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had put systems in place to monitor and assess the quality of the service and to drive improvements. However, the quality assurance checklist did not always detail what was being looked at in audits. We spoke to the registered manager about this, they told us they would review their audits and add detail about what was being looked at. Following the inspection, the registered manager sent us updated audit tools which included detail of what was being checked.
- The provider had not identified all the areas of concern that were found during the inspection. This included risk management, the application of the MCA and maintaining accurate records in relation to recruitment. We have reported on this in more detail in the Safe and Effective domains of this report.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection.
- Although the newly registered manager demonstrated commitment to the service and was working hard to make improvements at Infinite Care, this was the second consecutive rating of requires improvement.
- The registered manager had responsibility for the day to day running of the service and told us they were well supported by the provider.
- Providers are required to display their CQC rating at their premises and on their website if they have one and we saw this was prominently displayed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their family members were sent surveys to enable them to express their views on the service provided. These were sent on an annual basis. One family member told us, "Yes we have been asked for our feedback and then things were updated a bit, it was good." However, another relative told us, "I have not been asked for my opinion, but we've only used them for a few months." They did reiterate they were happy with the care provided.
- People were generally happy with their care when they were supported by a regular carer. Some people

felt different carers were not always as good. When asked if they received a good service one person told us, "Well, on the whole yes, but every time I get a different carer and not my usual one, the times are wrong, and they don't tell me." When asked if these concerns had been raised, they said, "Oh you don't get an answer when you ring, there is no one there." Another person told us, "[Regular carer] is excellent, she's a great girl she'll do anything for us and she's always on time." However, they told us whenever the regular carer was on a day off or on leave, the care they received was not good. They told us concerns had been raised with the office, but nothing was "ever done about it". They said, "I tell them that they are late or that I'm not happy, but it doesn't make any difference."

We recommend the provider reviews ways to engage people and their relatives to seek their feedback and strengthens their processes for enabling people to contact them.

- We spoke to the registered manager and one of the directors about this. They told us they are responding to all concerns and the director personally contacts people when a concern comes in.
- Staff had the opportunity to attend monthly team meetings. The provider told us they had held a recent meeting to enable staff to air their feelings following an increase in whistleblowing concerns. Minutes of the meeting demonstrated staff were given the opportunity to give anonymous feedback.
- The service worked in partnership with other professionals to ensure people received effective, joined up care. The registered manager told us, "There are a lot of people involved in care. I will call organisations to let them know of any changes and we work together to ensure clients' needs are met. I send an email out to let staff involved know of any changes, I can send messages in [the online app] too. I update care plans with specific tasks, and I can then monitor that."
- The registered manager had recently contacted AGE UK to provide additional support to people, they told us, "They were very helpful helping clients with paperwork and taking people out."
- We received feedback from the local authority who told us they are currently completing reviews of people's care and liaising with the provider and would be offering support from the quality team.

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

- We found the service wasn't always empowering people because there was a lack of understanding of the MCA process. You can read more about this in the effective section of this report.
- Despite this, people and their relatives told us the service was generally "good" and staff were kind and respectful.
- The registered manager and staff we spoke to told us they were committed to providing person centred care. A staff member told us, "I try and get to know them when I first meet them. I have a couple of religious people that we support, you have to be mindful of their views."
- Two out of the three staff we spoke to did not feel respected, valued or supported. One new staff member told us they did feel supported and that any questions they had would be answered. We emailed all staff following unsuccessful attempts to contact any more than three carers via the telephone. The provider and the registered manager told us they would encourage more staff to respond to the questions that were emailed to staff because they felt the feedback already gained was not reflective of the staff team. We only received one email response. This was from a newly employed staff member who was positive about the support they had received since starting.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.

- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.



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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The failure to work within the principles of The Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm.</p>

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

We previously imposed a condition on the providers registration requiring them to take monthly action to make the improvements needed and ensure this regulation is met. The Commission considered this condition remained appropriate.

We will continue to seek monthly service improvement plans and will meet with the provider to seek assurances that they are working towards a good rating.