

Karia Befriending Care Agency Limited

Karia Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Karia Care Services is a domiciliary care agency providing personal care to adults in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection, the service was providing personal care to eight people in their own homes.

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

People were not always supported in a way that was safe. We found concerns with the management of risks to people including risks associated with medical conditions such as hypertension, fibrillation, epilepsy and diabetes. Risk assessment were generic and was not personalised to each person.

Systems in the service did not enable suitable assessments of people's needs to be carried out when they were referred to the service. Accidents and incidents were recorded but not monitored to identify how the risks of reoccurrence could be minimised. Staff received training but it did not cover all areas of people's support needs to ensure they could perform their roles effectively.

There was a lack of provider and managerial oversight of the service. There was a failure by the provider to ensure robust governance arrangements were in place to monitor the safety and quality of the service. Shortfalls across the service such as with risk management, lack of oversight of accidents and incidents and limited oversight of safeguarding had not been identified prior to our inspection to ensure people were safe.

Care plans did not always promote personalised care and lacked information for staff to meet people's needs safely such as incorrect information about a person's health condition. Care plans did not record people ethnicity and end of life preferences.

Pre-employment checks were not being completed robustly and in accordance with the provider's recruitment policy to ensure staff were suitable to work with vulnerable people.

The provider failed to seek and act on feedback from all people and their families for the purposes of improving care. We recommend the provider reviews how it captures, records and follows up the concerns and complaints received in a more responsive manner. We also recommend that the provider seeks and follows best practice guidance on ensuring people's nutritional needs and preferences are identified and met. We will follow this up at the next inspection of this service.

People had the privacy they needed and were treated with dignity and respect. They were supported to be as independent as possible. Confidentiality of people's personal information was maintained. Staff were aware of their roles and responsibilities and felt supported by the management team.

Staff followed infection control procedures and people were protected from the risk of infections such as COVID-19. People and relatives told us staff were caring and they were treated with respect. Medicines were managed safely.

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

Rating at last inspection and update

This service was registered with us on 21 November 2019 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, risk assessments, good governance, recruitment process and person-centred care at this inspection.

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 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 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 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 ●

Karia Care Services

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 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there the service did not have a manager registered with the Care Quality Commission. This means that the provider is 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or nominated individual would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included four people's care 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. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a variety of policies and procedures. We spoke by telephone with four people who used the service, one relative, and four members of staff. We also spoke with a professional who regularly visits people who use the service.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong;

- The systems and processes to safeguard people from the risk of abuse were not operated effectively. We looked at safeguarding incidents that had occurred and found limited information available to ascertain what actions the provider had taken in relations to learning from lessons following incidents. Risks associated with incidents had not been analysed to identify trends to help reduce the risk of recurrence. There were no examples of reflective practice or that this information was being discussed with staff.
- We saw a safeguarding incident about a person who had a fall and a staff member found them bleeding and their catheter was out. CQC were notified of this incident and been reported to the local authority. However, we do not know if any action had been taken to ensure the person was in the future. An accident and incident policy was in place, but the provider was not following their policy. This meant there was no learning from incidents, or analysis to identify themes and trends and actions taken to prevent reoccurrence.
- These failures evidence a lack of learning from events or action taken to improve safety, placing people at risk of harm.

Assessing risk, safety monitoring and management

- Robust risk assessments were not in place to ensure people received safe care.
- Risk assessments were not always in place where people had certain health conditions. For example, some people had diabetes or epilepsy and there were no risk assessments in place about how to manage these conditions in a safe way. Staff had also not received training in these areas to ensure they can support people safely.
- For two people at risk of having hypertension, there were no clear guidance in place regarding how to mitigate the risks associated with their medical condition. We noticed both risk assessments were identical and the assessment was not personalised to each person's needs.
- Another person who was identified as being at risk of having fibrillation. No clear guidance in place regarding how to mitigate the risks associated with their medical condition.
- Failure to complete risk assessments in these areas meant that there was a risk people may receive safe care at all times.

We found no evidence that people had been harmed. However, risk assessments were either not in place or were not robust enough to demonstrate safety and risk was effectively managed. Robust safeguarding systems were not in place to learn from lessons following incidents to ensure people were safe at all times. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained on safeguarding and were aware of what action to take if they witnessed signs of abuse. One staff member told us, "I will contact my manager, and tell them what happened. If nothing happens, I will contact the local authority."
- People and their relatives told us they felt safe in the presence of care workers. Comments included, "Yes I do feel safe and comfortable around my carers" and "I'm safe with the carers."
- We shared our concerns with the provider, and they told us with respect to risk assessments that some documentation required updating following a care review and that it would be done imminently by the service. They also told us they would take our feedback into consideration.

Staffing and recruitment

- Records showed pre-employment checks had not been completed in full. Checks had been made such as on criminal record and obtaining proof of staff's identity.
- The provider's recruitment policy stated that two professional references should be sought prior to employing staff. We found for one staff, only one employment references which was not in their job application had been requested, and the other reference had not been requested. This meant there was a risk the service may not get an accurate picture of staff character and conduct. The manager told us she will ensure two references were requested, which included a character reference.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to minimise risks of late or missed calls. Staff were sent rotas in advance and were given time to travel between appointments to ensure missed and late calls were minimised.
- Staff told us there were enough staff to support people and their schedule of visits were manageable.
- People and told us there were enough staff. One person told us, "The staff are on time and never let me down."
- After the inspection, the provider told us they had received employment reference and it is now in the employee personnel file.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.
- Staff received training in medicines management and records supported this.
- Medicines administration records (MAR) we reviewed were all signed and showed people received their medicines as prescribed.
- Regular checks and audits of medicines management and administration were carried out to ensure medicines were continued to be managed in a safe way.

Preventing and controlling infection

- Systems were in place to prevent and minimise the risk of infection.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.
- There were ample supplies of personal protective equipment (PPE) which staff could collect or have delivered to them as needed.
- People told us staff wore their PPE when supporting them, which made them feel safe. One person said,

"Yes, they always wear gloves and apron when they support me."

- Staff had received training in infection control and undertook COVID-19 testing on a regular basis.

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.

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

- People's needs were not always assessed in line with guidance. There was a lack of detail on how to support people with personal care. People's needs were not fully assessed prior to them using the service. Information from people and their relatives about people's needs and preferences had not been obtained on people they would like to be supported.
- We reviewed four people's care plans, which did not detail the people's preferences on when they liked to have a shower, or what type of grooming care the person required. The lack of detail about the person's routine in the care plan meant there was a risk that if a new care worker started providing care they may not have all the information to meet the person's needs and wishes.
- Where people's care was commissioned by the local authority, they had provided an assessment of the person's needs. Identified health needs within these assessments had not always been included in people's care plans to help staff know how to support them safely. For example, one person's assessment by the local authority said they are high risk of falls. There was no plan in place to detail what staff should do to support the person to minimise the risk of falls. This meant this person was at risk of a potential for a very serious incident.

The provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not receive support from the provider. The provider had a supervision policy. However, the provider told us they had no formal guidance on timeframes for when staff should receive supervision and appraisal of their work. Six staff were recruited since the organisation started November 2019, and we saw three employees received only three supervision at the time of our inspection.
- Records showed two staff working for more than 12 months did not have appraisals to support their development and they did not receive regular supervision to enable them to carry out their duties. There were no formal competency checks in place to ensure staff were competent in all aspects of their role.
- Care workers told us that they were subject to spot checks but were not able to recall when they had their last individual supervision meetings.
- Staff meeting minutes although available were not recorded accurately. For example, when we reviewed staff meetings minutes for two different dates, one held in October 2021 and one in March 2022 the recorded minutes were duplicates of one other.

- The above issues meant that we could not be assured that staff received the appropriate support and supervision from the provider to enable them to carry out the duties they were employed to perform
- Staff had received training related to their roles. However, during our inspection we looked at training matrix and noticed staff had not received any training around diabetes care. This meant people were at risk of receiving care from staff who did not fully understand their health conditions.

The provider did not ensure that staff received the appropriate training, support, supervision and appraisal as necessary to enable them to carry out their duties. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported by the provider and management team. One member of staff told us, "I can go to anyone [in management team] and ask for support." Another member of staff stated, "I feel supported by [provider and deputy manager]."
- Refresher training records that we saw showed that experienced staff were given refresher training in topics that were considered mandatory within the past year. These included, basic life support, dementia awareness, Mental Capacity Act (MCA), Health and Safety and falls prevention, medicines and food hygiene.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans did not always provide enough guidance on people's dietary needs. For example, staff did not have guidance on suitable food types for people with diabetes diagnosis.
- Care plans did not contain enough information to enable staff to support people to maintain their health. For example, while GP details were included it was not clear to whom it was appropriate to escalate concerns about people's health.
- External professionals were not contacted to gather their advice on effective care. For example, there was not enough information to support staff to escalate concerns about people's health in an appropriate manner.
- There was limited information in the electronic care plans regarding other agencies involved in the person's care.

We recommend that the provider seeks and follows best practice guidance on ensuring people's nutritional needs and preferences are identified and met.

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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff understood the importance of people having the right to make their own decisions.
- Staff received training on the MCA and there were policies and procedures for them to follow. They were aware if a person lacked the capacity to decide, then the decision should be made in their best interests following assessment of their capacity.
- People and their relatives told us the staff consistently sought their consent before providing any care or support. One person said, "They [staff] always ask for our permission."

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.

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

- People were not always supported to be involved in making decisions about their care.
- Staff told us they gave people choices about their support and involved them in all decisions about their care and lives. They said they gave people information to make informed choices and respected the decisions people made. However, we noted that care plans did not always reflect this or contain information relevant to the person and were not individualised to reflect people's needs. A positive person-centred culture was not promoted which took account of people's views and preferences and promoted good outcomes for them.
- Care plans did not always show involvement from people and their families. There was limited information to show people were involved in making decisions about their care.
- The provider failed to seek and act on feedback from all people and their families for the purposes of improving care.

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

- People told us the care staff who looked after them were kind and caring. Comments they made included, "I have a good relationship with the care staff", "I have got to know the staff well and they are very kind and very good" and "On the whole the staff are good, kind and caring. At the weekends we don't know who is coming, we don't have such a good relationship with those staff".
- People were asked by what name they preferred to be called and this was recorded in their care plan. The care planning documentation had space to record details about their sexuality and religion, date of birth and ethnicity but for those records we looked at, this section was left blank. This meant staff had no information about the support they will give.
- Staff were trained in equality and diversity. They told us they treated people fairly and did not discriminate against them based on their characteristics. A staff member said, "We should treat everyone the same, no matter what their age, religion, colour or sex. We must respect their decisions."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected by staff. One person told us, "They [staff] get me dressed on the bed and always keep me discreetly covered."
- Staff knew how to promote people's privacy, dignity and independence. One member of staff said, "I would always protect their dignity by making sure the blinds and curtains were closed and door was locked. I encourage them to be independent and do as much as they could manage."
- Staff told us they would not disclose people's confidential information outside of the service.

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

- Care records did not always capture all the needs people had or all the actions staff should take to meet people's needs. This meant staff would not have the guidance and information needed to provide people with person-centred care. For example, staff did not have guidance on how to support people to manage their health conditions.
- We looked at one person's care plan who had diabetes. Care plans mentioned people need support with food and drink. Care plans did not detail on how to support a person with their dietary with diabetes.
- Another two people care plan mentioned they had hypertension. Care plan had no guidance for staff to ensure this was managed safely.
- We also found care plans were not always personalised. For example, we did not see records of people's preferences regarding personal care, such as whether they would prefer a strip wash, shower or a bath. Information about people's ethnicity and end of life was not recorded
- Information on one care plan included medicine. Pregabalin is used to treat their epilepsy and anxiety. When speaking with the person relative they confirmed the person does not have epilepsy. The provider had failed to ensure that people's care records contained personalised, up to date information about their health conditions. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.
- One relative said the timings of their parent's calls were inconsistent. A relative said, "I got a phone call that carers came at 5pm to put my [person] to bed." The relative then spoke with the provider which was acted upon straightaway.

We found no evidence that people had been harmed. However, we found arrangements were not in place to ensure people received care that was person-centred. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There were systems in place to record and respond to complaints, however it was difficult to follow these through as the records were not always in place.
- We were not assured that the provider was capturing and recording all the complaints that had been received. The provider told us they had not received any formal complaints from people or their relatives which did not reflect the feedback that we received.
- Feedback from people and their relatives regarding complaints management was mixed, one person told us, "I made a complaint about carers not coming on time, the manager said they would get back to me, but they never did" and another person told us, "I have never had to complain."

- After the inspection the provider told us that all of the formal complaints received will be recorded and will be shared with the local authority as 'service concerns'. The provider will keep a record of any concerns or complaints that had been received.

We recommend the provider reviews how it captures, records and follows up the concerns and complaints received in a more responsive manner. We will follow this up at the next inspection of this service.

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.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. One person told us, "They [staff] communicate very well with me."

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The provider said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

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; Continuous learning and improving care; 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's systems and processes for the management and oversight of the service were not effective and had not identified the shortfalls we found during the inspection.
- Governance arrangements were not effective in identifying shortfalls in the quality of the service. The provider is a newly registered service, and this was their first experience of operating a care service. There was no registered manager however the nominated individual is planning to apply for the registered manager role for the service.
- The service had not conducted any audits and quality checks to ensure the service was safe. The provider's quality assurance policy and procedure lacked detail in respect to what audits the service needed to be completed and by whom.
- There was a lack of systems in place to analyse events, accidents and incidents and complaints to identify what went wrong so action could be taken to help rectify things to prevent similar issues from reoccurring. There was therefore little assurance that any such events or incidents and accidents that had happened previously, would not happen again.
- The provider was not clear on how to monitor or understand quality performance at the service. For example, they had not recognised concerns we identified in relation to poor care plans including risk assessments, poor recruitment practices and there was a failure to ensure staff received an thorough supervision and an annual appraisal meeting.
- The provider had not followed their own procedures and had not always ensured that prior to people's admission to the service their needs were comprehensively assessed to ensure that the service would be able to meet the needs of people according to their choices and preferences.
- We also found care plans were not always personalised. For example, we did not see records of people's preferences regarding personal care, such as whether they would prefer a strip wash, shower or a bath. Information about people's ethnicity and end of life was not recorded.
- During our inspection, we found at times some records we requested were not easily accessible. Other records we had previously requested from the service had also not been provided and we had been informed these had been archived and they could not be found. Record keeping plays a fundamental part in providing high quality health care. For example, not recording the people health conditions and risks could potentially leave staff unaware of what actions staff should take.

The provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They were aware of their responsibility to notify CQC of any events, such as safeguarding and serious incidents as required by law.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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

- People had the opportunity to provide feedback about the service they received. Satisfaction surveys were provided to people. This gave people an opportunity to be involved in the running and development of the service. Staff said they had the opportunity to be involved in the service and were encouraged to share feedback and ideas. However, the provider failed to analyse or to make improvements to the service.
- We received mixed feedback from people's relatives about the quality of the service and whether the care and support was person-centred. Some people were happy with the service, whilst others expressed concerns.
- We also received feedback from some relatives that communication was not so good when they tried to contact the office. One person told us communication was not so good. One relative told us they could not get in contact with office staff over the weekend and the phone is not always answered.
- Staff told us they did not receive formal recorded supervision on a regular basis or an annual appraisal. They said there was good access to the office each day which they welcomed as it enabled them to discuss matters as they arose. The provider told us that they were in the process of planning staff appraisals and a more formal approach to 1-1 supervision and support.
- There was a positive culture at the service that was person-centred, however given the ineffective governance systems and lack of training for staff we could not consider the provider to be well-led at this time.
- Notwithstanding the above most people, staff, relatives commented positively about the provider and said they were happy with the way the service was run. One person told us, "[Nominated Individual] is a nice manager, they are nice people". A relative said, "I know them [manager], but only met them once."
- Staff told us they were supported by the provider. One member of staff told us, "The manager is very supportive." Another staff member said, "I can talk to the manager if I have anything to discuss and they would always listen."
- During our inspection we provided feedback to the provider about issues of concern we found. The provider accepted that some things needed to be addressed. Over the course of the inspection the provider took positive action to make improvement. For example, they updated risk assessment on hypertension.

Working in partnership with others

- The provider was open to working in partnership with others. The service was small and had begun operating just before the COVID-19 pandemic. This had limited some of the networking opportunities available. The provider had liaised with local authorities and had attended online training. They had plans to further engage with provider networks and forums once pandemic restrictions were lifted.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensure that staff were recruited following safe recruitment practices.</p> <p>Regulation 19 (1)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that staff were appropriately supported with training and supervision.</p> <p>Regulation 18 (2) (a)</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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider was doing everything that is reasonably practicable to make sure that people who use the service receive person centred care. Regulation 9 (1)(3)(a)(b)

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users. Regulation 12(1)(2)(a)(b).

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times. Regulation 17(1)(2)(e)(f).

The enforcement action we took:

Warning Notice