Cornerstone Care Services Professionals Ltd

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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?	**Good** ●
Is the service responsive?	**Requires Improvement** ●
Is the service well-led?	**Requires Improvement** ●

Summary of findings

Overall summary

Cornerstone Care Services Professionals Ltd is a domiciliary care service providing personal care and support to people living in their own homes in Romford, Essex. The service provides care and support to people with health and social care needs. At the time of our inspection, 11 people were using the service.

This was the first inspection of the service and took place on 22 August 2017 and was announced. There was no registered manager at the service. The provider was managing it at the time of writing this report. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff supported people at home with their care needs and the service had assessed some risks. However, not all risks associated with personal care tasks had been assessed to ensure people were safe at all times when staff carried out personal care.

Records relating to the recruitment of new staff showed relevant checks were not always completed before staff worked unsupervised at the service. They did not always carry out relevant checks such as Disclosure Barring Service(DBS) checks and character references before they employed staff in order to make sure they were of good character and suitable to work with people who used the service.

The provider had not developed person centred care plans for people, following an assessment of people's needs and commencement of the service.

The provider held information about complaints, compliments and comments, as well as accidents and incidents. We found this information was lacking in detail and the provider told us that no formal complaints had been received. However, we found that complaints/concerns had been made by the relatives of people who used the service which had not been recorded.

The provider monitored the quality of the service by carrying out spot checks on staff and carried out an annual stakeholder survey. Although both methods were undertaken, the results were not analysed and actions were not documented to address any shortfalls. Similarly, audits were carried out, but these were not robust and had not identified the issues we highlighted to the provider during our inspection.

The relatives of people who received support spoke highly of the provider as did the staff who worked for the provider. They felt that their family members were safe and happy with the staff who visited their homes and they felt the provider delivered a good service.

Training was provided to staff by an external training provider. The training ensured that staff did their job effectively and provided support to people in the way they preferred. Staff told us that they had received the training that was required to meet people's needs and to keep them safe.

Relatives told us that staff did not rush people when they delivered care. Staff confirmed that they generally had enough time to complete the tasks required. The provider manually devised the rotas based on her own knowledge and experience of each individual's needs, staff availability and geographical locations. We found the provider employed enough staff to manage the service effectively.

CQC monitors the application of the Mental Capacity Act (2005). We saw that staff understood their responsibilities under this act and training related to this had been provided to them.

The provider informed us that staff were not responsible for providing meals to people because they lived with their relatives who were responsible for maintaining people's diets.

Staff had undertaken equality and diversity training and told us that they treated people individually and provided care according to their needs and wishes. Staff understood people's likes and dislikes, although these preferences were not recorded in people's care plans.

The relatives of people who used the service told us the staff were caring, compassionate and treated them with dignity and respect. They confirmed that staff respected people's privacy and dignity when providing care.

The provider had experience in care services and staff told us they found her supportive and approachable. The provider personally managed all of the daily operations and was in the process of handing over some responsibilities to administrative staff, once appointed.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of sufficient risk assessments and guidance for staff about how to mitigate these and a lack of person centred support plans to meet people's individual needs. We also had concerns about a lack of sufficient pre- employment checks and adequate quality monitoring of the service to ensure they operated in an open and transparent manner. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The service did not recognise and record all risks associated with people's care needs and document preventative measures.

People were supported by sufficient numbers of staff. However, the provider did not always follow robust recruitment procedures.

Staff had received safeguarding training and knew how to report suspected abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some staff were working before their competency was properly assessed either via through a thorough induction process or experience gained through an adequate shadowing programme.

The staff and the manager had completed training on the Mental Capacity Act 2005. They recognised the importance of involving people as far as possible in decisions about their care.

Staff had a range of skills, knowledge and experience in care. They had regular opportunity to discuss issues or concerns with the provider through supervision and appraisal.

People's general healthcare needs were met and the service involved other health professionals when appropriate.

Is the service caring?

Good ●

The service was caring.

Staff interacted well with people and displayed positive and caring attitudes. They understood people's needs and responded to these efficiently.

Staff treated people with dignity and respect and had an understanding of equality and diversity. People told us their privacy was respected.

Staff were caring and compassionate and supported people well.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records demonstrated people's needs were assessed. However, care plans were basic and not always person centred.

People were aware of how to complain and said they would feel comfortable raising any issues that they may have with the provider directly, or the staff. Some complaints had been made which had been dealt with but not logged as a complaint for monitoring purposes.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not demonstrate good governance. There was a lack of systems in place to monitor the quality and safety of the service.

Stakeholder surveys had been carried out; however the results had not been collated and subsequently no action plan had been devised to address any shortfalls.

Staff told us they enjoyed working for the provider and felt part of a team.

CareQuality Commission

Cornerstone Care Services Professionals Ltd.

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to support us with the inspection process. The inspection visit was carried out by one adult social care inspector. This was the first inspection of the service since their registration with the Care Quality Commission.

People who used the service required high levels of personal care and support with all aspects of daily living. We were not able to seek people's views about the service. This was because all the people who used the service were receiving end of life care and were unable to communicate with us. However, they lived with their families and we sought views about the service from their relatives.

Before the inspection, we checked some key information about the service and the provider which included notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

On the day of the inspection, we went to the provider's registered office and spoke to the provider who also manages the service and their spouse who works part time administrative work. We also spoke with three staff members. We reviewed the care records for four people who used the service, the records of five staff and other records relating to the management of the service.

After the inspection, we undertook telephone calls and spoke with four people's relatives and asked them for their views and experiences of the service. We also spoke with the NHS continuing health care team because they have a commissioning role with the service.

Requires Improvement ●

Is the service safe?

Our findings

Relatives of people who used the service told us that their family member felt safe with the staff who supported them. They commented, "Yes, [the person] was safe when receiving care." "Always safe, yes" and "[The person] is safe absolutely."

People's care needs were assessed and risk assessments were linked to these. However we found these to be basic and lacking in detail. Risks within people's own home environments had been considered as well as any moving and handling equipment used. Staff were aware of the environmental risks and how to mitigate them.

However, care plans were not specific enough and did not consider managing risks relating to the actual task being carried out by staff. For example, a person who required assistance to bathe had no risks documented associated with slips, scalding or toiletries. We saw that people used bed rails to prevent falls, however, there was no risk assessment for this. The service also supported people who were bedbound, however there were no risk assessments relating to checks for skin integrity and actions for staff to take to prevent pressure ulcers. As part of the care planning process, it is essential to identify all risks associated with a person's care and support needs. These should include environmental risks as well as people's personal risks, such as use of bed rails, risk of falls and health management. This helps to identify and mitigate the risks to ensure the safety of the person and the staff. A lack of risk assessments in care records means that staff may not always be aware of all the risks people may encounter and their safety may not always be maintained during care delivery.

The provider had failed to adequately risk assess people's individual needs and develop sufficient strategies to manage risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have a robust recruitment and selection procedure in place. They did not always carry out relevant checks before they employed staff in order to make sure they were suitable to work with people who used the service. The provider told us they normally applied for DBS (Disclosure Barring Service) first checks when new staff were appointed. The provider had allowed staff to start work under supervision or while they completed training as they waited for their full DBS check to be completed. The (DBS) checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. There had been a recent issue with this procedure which had meant a staff member appointed had concerns raised on their full DBS which the provider was unaware of when the staff member had been employed. The issue was brought to the provider's attention by the CQC. The provider then acted swiftly and dismissed the person from working at the service. The provider told us that they had conducted a DBS first check which did not show the concerns that were raised on their full DBS.

We checked five staff recruitment files and found that the provider's recruitment procedure did not always follow the principles of safe recruitment. One staff member's file did not contain any references and their enhanced DBS check was carried out in 2014 when they worked for another service, although the provider had carried out a DBS first check prior to them staring to work at the service. On two staff files, each contained character references but none relating to conduct in previous employment in health or social care. When appropriate, there was confirmation that staff were legally entitled to work in the United Kingdom.

The provider had not taken sufficient steps to make sure that people were protected as far as possible from staff who may be unsuitable to work with people in need of support. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Relatives of people who used the service and staff told us that they did not provide support with medicines to people.

Staff rotas demonstrated that people received a consistent service with a core team of staff supporting them. The provider had taken appropriate steps to ensure staff had the information and knowledge needed to protect people from the risk of abuse. All staff had received training in safeguarding adults. The service's safeguarding procedure gave detailed guidance to staff about how to recognise whether a person may be at risk of abuse and the action they must take to protect them. Staff were able to explain their responsibilities for safeguarding the people they cared for. They knew how and when to report their concerns and to whom.

A whistle blowing policy was in place. Staff were aware of the policy and knew the steps to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about the service they work at and if they felt they were not being listened to by the managerial team. They were aware that they could report their concerns to external organisations such as the local authority or the CQC if they felt they were not listened to.

The staff rotas we looked at showed that sufficient numbers of staff were available to ensure people received the care they needed. Staffing levels were determined by the number of people using the service and their needs. The service did not use an electronic rota system. The provider devised the rotas manually using their own knowledge and experience of the people using the service, staff availability and the geographical area. We found there were enough staff employed to manage the service. We noted that the provider attended to some care visits themselves. We discussed this with the provider who told us that when they were short staffed, they covered visits because of their personal knowledge of the person rather than sending someone who is unfamiliar with their needs.

The provider told us that they continuously recruited staff to make sure they had enough staff with the right skills to meet any shortfalls, when needed. Rotas confirmed that staff were allocated travel time between shifts so that they had enough time to arrive to their next allocated shift at the agreed time. Relatives confirmed that their family member normally received care from a regular team of staff. However they told us that not all staff arrived at the times requested but were aware that this was often due to traffic situations or being held up at their previous care call. They told us that they were sometimes informed if staff were running late. A professional told us "There were issues raised at the beginning about staff promptness and not turning up. This has improved a lot in the last six months. We don't get complaints anymore."

The provider told us that staff were responsible for informing the office if they were running late. They acknowledged there had been a number of late and missed visits. They had addressed this by speaking with the staff to find the reason for a late/missed visit. They made other suitable arrangements such as reviewing the timing of the care call or allocating visits in the same geographical areas to avoid this. They provider told us that they planned to use assistive technology going forward, to help monitor rotas and visits with a view to reducing the level of late/missed visits. We will check the progress of this at our next inspection.

Requires Improvement ●

Is the service effective?

Our findings

The provider informed us that staff mainly supported people with personal care needs who required palliative care. However, staff had not completed end of life training to meet specific needs that people may have at the end of life stage. We recommend that staff attend training in topics and subjects which were relevant to their roles.

Staff had not always received an induction to the service or training required to perform their roles effectively. We saw induction forms on the staff files we checked, however these had not been completed. Hence, there was no record of how staff understanding and competency were assessed before they started working unsupervised at the service. We recommend that all staff induction, their learning and competency is recorded before new staff work unsupervised.

Relatives of people who used the service told us staff were trained and attentive to their family member's needs. A relative told us "Yes, on the whole they had the skills to care for my [the person]" and "They knew what they were doing."

The staff had a range of skills, knowledge and experience in care work. We asked to see what induction staff had received before they started working at the service. The provider informed us that staff had received induction training in mandatory areas such as infection control, moving and handling, fire safety and health and safety. Staff confirmed that they had received induction training prior to starting to work at the service and had shadowed staff. Records showed that staff received mandatory training to enable them to support people. The provider worked with an external training provider who provided training to staff. This included training in safeguarding adults, medicine administration, infection control, moving and handling, fire safety, health and safety and food hygiene and preparation.

We looked at how staff received support at the service in relation to supervision and guidance to carry out their role. We checked staff files and found that staff had received regular supervision (approximately two monthly) so that they were appropriately supported in their roles to care for people. Supervisions were carried out by the provider to review and assess their work practice and training requirements. Staff confirmed they received supervision which they found supportive. Appraisals were planned for when staff had worked at the service for a year.

The provider informed us that they also undertook regular spot checks where they observed how staff were performing during care visits. However, although we saw a list of dates when these had been carried out, they had not recorded their observations. The provider told us that they communicated their findings during individual supervision with staff. The staff and relatives we spoke with confirmed that the provider visited them when the staff were providing care to "check their work." We recommend that the provider records their observation as part of their monitoring process and to pick up any issues so that they can rectify them in a timely manner.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked that the provider was working within the principles of the MCA.

People and their relatives were involved in decisions about their care and it was only provided where they agreed to this prior to receiving a service. The staff and the manager had completed training about the MCA. They recognised the importance of involving people as far as possible in decisions about their care. The provider informed us that all the people they supported lived with family members. Therefore their care plans had been discussed and agreed with their representatives. The relatives of people confirmed this, telling us that they had been involved in planning care which was in people's best interests. Information about important family members was included in people's care plans so that the provider had information about who they needed to speak with if people's needs changed.

Staff understood and had working knowledge of the key requirements of the MCA. They put these into practice and ensured people's human and legal rights were respected. Staff had a clear understanding of people's rights in relation to staff entering their homes for example by knocking on doors or announce they had arrived. People were always asked to give their consent to their care, treatment and support.

People's care was planned and delivered to maintain their health and well-being. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had immediate concerns about a person's health they discussed this with their relative and other professionals to support their health care needs. The provider informed us that staff were not responsible for providing meals to people because they lived with their relatives who were responsible for maintaining people's diets.

The service provide support to people at the end of life. Therefore, people received support and treatment from health care professionals. We recommend that the provider keeps a record of each person's current medical history in their care assessment and details of their health needs as well as a list of professionals involved in their end of life care plans so that they can call for medical assistance if/ when needed.

Good ●

Is the service caring?

Our findings

People's relatives told us they were happy with the staff who visited their homes and that staff were kind, caring and friendly. People enjoyed good relationships with the staff who came to support them. A relative told us, "They provided excellent care for my [the person]." Another relative said,
"They were very nice and caring and always explained to [the person] what they were doing."

People valued their relationships with the staff team. They were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, staff told us about morning routines they supported people with such as washing and dressing. The staff knew people well enough to respond appropriately to their needs. Support was provided by a consistent team of staff as far as possible.

We saw "thank you" cards in a file which included comments such as, "I thank you, each one of you for all you did. You did a wonderful job, you took good care to make [the person] comfortable and at ease" and "Thank you so much for the fantastic carers that visited my [the person] in their last days. They were angels, they cared as if it was their own relative." The majority of comments from people's representatives demonstrated that they felt the staff were polite and respectful.

Relatives confirmed that people's privacy and dignity were respected. They told us that the staff addressed their family member in the way they preferred and made sure care was delivered in private. They told us that the staff ensured that doors and curtains were closed when supporting people with their personal care and knew it was important to maintain people's dignity. Relatives told us that staff supported people in a compassionate and respectful way. Records showed that staff had received training in dignity in care and were knowledgeable about promoting people's privacy and dignity.

The staff were aware of people's needs and the level of support they needed. They encouraged people to do as much as possible for themselves. However, people's background history and how to communicate with people was not clearly stated in the support plans. This is important information to enable staff to ensure people from different cultural groups received the help and support they needed to lead fulfilling lives. We found that the service was able to meet people's individual and cultural needs for example, by providing same gender care worker and deploying staff from similar ethnic backgrounds to people who requested this.

The service supported people with palliative care, which meant they had a terminal illness and were reaching the end of their life. Relatives told us that staff ensured people were comfortable and provided care in a sensitive manner. People who used the service were managed sensitively and carefully by regular visits from Macmillan nurses. The service had a policy in place for end of life care and staff were aware of it.

Requires Improvement ●

Is the service responsive?

Our findings

People's relatives told us that their family members received care that they needed and staff were responsive to their individual needs and preferences. They told us that the service was flexible and had regularly provided additional support to respond to urgent changes if needed. Relatives were consulted about the care and support their family member required at the initial assessment stage, by the Clinical Commissioning Group (CCG) who then made a referral to the service and provided them with a list of people's support needs. Relatives told us, "Can't fault [staff member], they were wonderful, very good" and "[The staff] were excellent. They were kind and caring. We couldn't ask for more."

We were informed by the provider that they aimed to carry out a home visit within 48 hours of receiving a referral, in order to carry out their own assessment of people's needs and develop a care plan. We looked at four people's personal records. In each record, there was an assessment and a list of support needs. We saw that the service then developed a basic support plan based on this.

The service had not developed their own person centred care plan, following an assessment of people's needs and commencement of the service. Person-centred planning is a way of helping someone to plan their support based on their needs and focusing on what's important to them. For example, developing a care plan for a number of different areas based on people's specific needs such as healthcare, support with medicines and personal care.

We saw that the service supported people who received end of life support. However, the files we looked at did not contain a personalised care plan that set out people's specific needs and how staff were to meet them in an individualised manner. For example, one person's support plan stated, "I need help and support to ensure I am washed and dressed according to my needs." However, there was no guideline in the support plan about the person's needs, wishes about how they wanted support and their preferences. Another file stated that a person required support with "washing" and then have their nebuliser afterwards. However, their support plan was not personalised. The person's assessment and support plan did not state that they required a nebuliser and for which health condition. We were informed by the provider that the staff did not provide support in relation to the use of the nebuliser as family members were responsible for carrying out this task. However, this was not clarified in the support plan. They required support from two care workers. Family members informed us that there were occasions when two carers did not arrive together which meant they often had to assist the staff.

We found assessments to be basic and brief. Although the files we looked at contained forms with headings such as nutrition and hydration, mobility, activity and lifestyle, continence, skin integrity, these sections were blank. There was a lack of personal information about people, such as life histories, preferences, likes and dislikes. Assessments were generic and not person-centred. They were mainly task orientated and lacked information about a personal routine or preferences around how care and support was delivered. Risks were associated with some care needs but not all of the person's needs.

Assessments of people's needs and the subsequent development of personalised care plans which give guidance to staff about people's specific care needs and how best to support them; are key requirements in ensuring people received care and support in accordance with their identified needs and wishes. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us that they had invested in an electronic record keeping system to support the development of all records within the service. This was at developmental stage and was going to be used for all recording of documents such as assessment and care planning.

Relatives confirmed that the service had provided a complaints policy and procedure which was available in folders in people's homes. The policy gave information about who to contact if they wanted to make a complaint or if they were unhappy with the provider's response. This included the Care Quality Commission (CQC) and the Local Government Ombudsman (LGO). It defined the expected timescales for complaints to be acknowledged. Relatives told us that the provider took their complaints seriously. They told us these were investigated and responded promptly and professionally. A relative told us, "When we made a complaint, they listened and sorted it out. They even rang us to tell us what they did and the outcome." Other relatives did not have any complaints but felt confident they would be listened to if they made a complaint.

When we asked the provider about any complaints received, they told us that they had not received any. However, as stated above we were informed of one complaint that had been made and investigated by the provider. The provider also informed us that most of the complaints were about the timeliness of care calls, which they had dealt with by adjusting staff schedules and ensuring staff worked within geographic areas so that they could attend to calls in a timely manner. However, a record of these complaints was not available. Therefore, we could not be assured that they had always been dealt with effectively as the complaint/call, investigation, outcome or lessons learnt was not completed. We discussed this with the provider who told us they would start a complaints log to ensure it would be included in the future monitoring of the service. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to receiving and acting on complaints.

We found that although the complaints had been investigated and an explanation given to the complainant, the complaint had not been identified as such and therefore was not recorded in the complaints file for monitoring purposes.

Staff told us that they had enough time to support people and did not feel rushed when providing care and support, which meant they were able to provide person centred support. They were committed to arriving on time and told us that they notified people and the office as soon as possible if there were any problems. All staff we spoke with told us they were able to build relationships and good rapport with people. This increased their understanding of the person's needs, due to the fact that they consistently attended to the same people.

Requires Improvement ●

Is the service well-led?

Our findings

Relatives of people we spoke with were positive about the service they received and with the management of the service. Comments included, "I would recommend them to others." and "They ask if everything is ok when they visit us."

We found that the governance systems at the service were not effective and did not identify the concerns that we found at this inspection. Although the provider could tell us about information we required, some of the record keeping was poor. Specifically there was a lack of written evidence in areas such as risk management, the staff induction process, development of personalised care plans, recording/monitoring of complaints about the service and quality assurance.

The service lacked audits in most areas. The quality of the service was being monitored through basic spot checks but these were not fully documented and action plans were not in place to address any shortcomings. The provider informed us that they had sent quality assurance surveys to people and their relatives to seek feedback about the service. They were waiting for responses to be returned and therefore we could not gauge an overall opinion of people. There was no evidence of any other internal quality audits being carried out. This meant that people were not receiving a service which was being properly analysed for quality and safety.

It was evident during our conversation with relatives that they felt their family members were safe and well cared for. However, the governance of the service which underpinned all of the fundamental standards was not effective enough to ensure that people received high quality, safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Staff felt they had good communication with the manager through supervision meetings, phone calls and visiting the office. One member of staff told us, "She is very very supportive. We can call her at any time and she will answer." Another staff member said, "The management are approachable and supportive. They do spot checks when we are working to make sure we do it properly."

The provider and staff told us they had staff meetings and they were able to contact the office at any time, which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to share ideas about how best to manage issues or to share best practice. However minutes of staff meetings were not available for us to view.

The manager and staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely in a lockable filing cupboard in the office. They were aware that any records held on the computer system should only be accessible by staff authorised to do so and access was password protected. Staff files and other records were securely locked in cabinets within the office to ensure that they were only accessible to those authorised to view them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not develop personalised care plans which give guidance to staff about people's specific care needs and how best to support them, to ensure that people who use the service received person centred care that was appropriate and met their needs.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate measures were not followed to ensure that risks were identified and consistently assessed. Staff were not aware of action to take to mitigate such risks.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not always identified and recorded all the complaints they received. The complaint and the investigation process, outcome or lessons learnt was not completed.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have a robust and effective recruitment processes in place for people employed by the service. Staff had not received

relevant checks to ensure they were suitable to work for the service.