

Silverjen Limited

Silverjen Limited

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Silverjen is a domiciliary care agency providing the regulated activity of personal care which is help with tasks related to personal hygiene and eating to people in their own homes. Where people received the regulated activity we also considered any wider social care provided. The service provides support to people with health conditions or those living with dementia. At the time of our inspection there were 58 people using the service.

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

Systems and processes within the agency were not sufficiently robust to identify shortfalls within the service. Administratively, there was a lack of organisation or delegation to enable records to be accessed by everyone in the office. Although staff loved their job, then felt demoralised by the actions of the registered manager. They told us they only heard the day before which care calls they would be going to the following day which left them feeling worried.

Where people lacked the capacity to make decisions for themselves, the registered manager had not always ensured they had followed the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the persons best interests.

Recruitment of staff covered a range of aspects to help ensure prospective staff were suitable for the role. However, we found that the registered manager was not always following guidance in relation to what checks should be undertaken.

People were happy with the care they received from the service. They told us staff stayed the full time expected and they had not experienced a missed call.

People received the medicines they required and they told us staff were good at prompting them to take their medicines. Although, this was the case, office staff had not robustly audited the medicines records for their accuracy and they had not picked up the shortfalls in the record keeping.

People felt safe in the hands of care staff and risks to people had been identified. and Guidance was in place for staff to help reduce any risk to the person. Where concerns had been raised of possible abuse, these had been reported to the appropriate authorities and investigated by the. Accidents and incidents were recorded and external support was sought where incidents were having an impact on people.

People told us staff treated them with respect and encouraged them in their independence. People told us staff wore appropriate personal protective equipment when providing personal care and they considered people's individual wishes in relation to their care.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People were encouraged to be independent and make choices around their care. People were treated as an individual by staff and were provided with respect. Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives;

Carers demonstrated a good ethos, one that was centred on the people they provided care to. Carers had received relevant training in caring for someone who had a learning disability.

Staff received appropriate training to enable them to carry out their role and care for people in a relevant and safe way. Staff supported people to access external agencies when they were unwell or required additional support. Such as the GP or to obtain equipment for them.

People's needs and preferences in relation to their food and drink were recorded and people were happy with this aspect of their care. Where people were able to, they could make their own decision on how they wished to be cared for. People knew how to make a complaint and individual communication difficulties were recognised by staff.

People were invited to give their feedback on the service they received. Comments were addressed and changes made to accommodate people's wishes. The registered manager worked with external agencies to compliment the service they provided and they had a vision for the future expansion of Silverjen.

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

Rating at last inspection

The last rating for the service at the previous premises was Good, published 11 February 2020.

Why we inspected

This inspection was prompted as the service had not been rated since it had moved premises.

Enforcement and Recommendations

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 and will take further action if needed.

We have found breaches of regulation in relation to adherence to recruitment checks, the principles of the Mental Capacity Act 2005 and good governance arrangements during this inspection. We have also made recommendations in relation to medicines administration practices.

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

Follow up

We will ask the registered provider to provide us with an action plan explaining how they plan to address the shortfalls we have identified on our visit. 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Silverjen Limited

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 three inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This 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 was a registered manager in post.

Notice of inspection

This inspection was announced.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 2 August 2022 and ended on 11 August 2022. We visited the location's office on both occasions.

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 reviewed information we had received about the service since they registered with us. We sought feedback professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We reviewed the documentation for seven people receiving care from the agency during our visit to the offices. We also reviewed the medicine records for people, as well as other documentation relating to people's care. We spoke with the registered manager, office staff and spoke with or received feedback from 11 care staff.

We looked at documentation relating to the governance arrangements within the agency. This included audits, surveys and five recruitment files for care staff. Following the inspection, the registered manager sent us training information for staff and recruitment documentation.

As part of the inspection, the Expert by Experience spoke with eight people and four relatives to gain their views of the care being provided by Silverjen Limited.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a possible risk that people could be harmed.

Staffing and recruitment

- Although staff went through a recruitment process before commencing in their role, we found that the registered manager was not always meeting the requirements of Schedule 3 which sets out what information is required for a prospective staff member carrying out a regulated activity. One staff member had a gap of five months in their employment history with no explanation. A second staff member had no work history and no references and a staff file could not be found for a third carer. Although the registered manager was able to demonstrate these staff were recruited through a government visa agency. Following our inspection, the registered manager told us they had found this staff file in their archived files.

The lack of compliance with Schedule 3 was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Other checks carried out by the registered manager included a person's right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Despite this, we found some documentation was missing from the recruitment folders.
- People were happy with the service they received, telling us staff generally arrived on time and stayed the time expected. Comments included, "If they get stuck in traffic, they ring me. They do stay all the time", "They are late and will explain when they arrive", "He arrives promptly" and "Yes, they are fine."
- Management recognised the need to ensure there were sufficient staff available to meet people's needs. The registered manager told us, "We have sufficient staff at the moment, but are always recruiting." The service currently had 50 staff and as such were able to cover the care packages they had.

Using medicines safely

- People received the medicines they were prescribed. We were told, "Yes, they do that (medicines) fine" and, "They just check I have taken them."
- Medicine Administration Records (MARs) were completed by staff when medicines were dispensed. Although we noticed that staff did not always use clearly identified codes as we saw one MAR where staff had put crosses the MAR without an explanation as to what they signified.
- We also noticed that staff had not double signed handwritten prescription entries. This is important to ensure that the prescription instructions have been transcribed correctly. We have addressed these shortfalls more in our key question of Well-led.
- Only staff who had undertaken formal medicines training were able to administer medicines to people.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care staff from the agency. One person told us, "I couldn't be safer. We have marvellous carers." A relative said, "Yes, she is safe."

Systems and processes to safeguard people from the risk of abuse

- Staff received training how to recognise potential signs of abuse and were able to tell us what they would do, should they suspect something of concern. A staff member told us, "I will always protect people from neglect."
- Management were also aware of how to report a safeguarding concern and they worked with the local authority to investigate any concerns raised.

Assessing risk, safety monitoring and management

- People were supported to stay safe as staff had identified potential risks. Risks and how to mitigate them were clearly recorded in people's care plans.
- Where people were at risk of falls, information in care plans clearly recorded what equipment they should use to help with their mobility and as such help reduce their risk of a fall. One person had painful knees and they used a walking aid and had a shower chair in their bathroom so they could sit down when being washed.
- Staff had received moving and handling training which helped them understand how to move someone in a safe way.
- There was an on-call service available to people should they need to contact someone out of normal office hours. This meant people could always speak with someone from the office whenever they needed. An external agency told us, "Their out of hours service was brilliant and supported the staff throughout the night."

Preventing and controlling infection

- The staff followed latest government guidance in relation to infection control practices. People said, "They use hand gel and gloves and masks" and, "Oh yes, they do all of that (wear PPE)."
- Staff told us they had access to plenty of personal protective equipment (PPE) and if they needed any more, they would contact the office and they would receive it that day. We were told, "Plenty of PPE. I wear gloves, aprons and masks when caring for clients"

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to address them. There were very few incidents, however, it was clear from the information held that staff had taken appropriate action in relation to any incidents.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's outcomes may not always be consistently good. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people who received care from the agency could not always make decisions for themselves. The registered manager had not ensured they had been provided with evidence of a family member's legal authority to make decisions on their behalf.
- It was not clear how/what capacity decisions had been reached and what best interests' processes were in place. People's care plans stated comments such as, 'daughter/partner will sign paperwork where client unable to do so', but there was no evidence in the care plan that the family member had the legal authority to do so.
- One person was noted on their MAR as having their medicine in food. Staff had been providing the persons medicines in this way since at least February 2022. There was no evidence who had made this decision or that the GP and pharmacist had confirmed it was safe to give the medicine in this way. Although the registered manager told us they had previously asked the family for this evidence but it had not been provided, they should have ensured they had the necessary documentation before asking care staff to give the medicine in this way.

The failure to follow 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

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

- People had an assessment prior to commencing a care package and there was evidence of funding authority assessments in place. A person told us, "[Person's name] came from Surrey Social Care to set up the arrangements with the agency."
- Where people's needs changed during the course of their care package, their care plan was reviewed and adjusted as necessary with involvement from the person, their relative or funding authority. We saw evidence of one person's care package changing to two staff on all care calls as the person was now confined to bed.
- The registered manager applied the Right Support, right care, right culture guidance when taking on a care package for autistic people and people with a learning disability.
- The registered manager us, "All staff have done training in Right support, right care, right culture and when we go to [person's name] we break everything into simple terms. There is a board in his flat where we record pictorial messages, such as how to contact the office. We don't do things for him; we do them with him, like going to the shops with him. We allow him to make choices and we ensure the same carer goes as consistency is important for him. He was very independent and goes out for walks on his own."

Staff support: induction, training, skills and experience

- Staff underwent appropriate training which followed nationally recognised good practice and people told us they felt their carer was competent in their role. One person said, "The full-time carers do (have the skills to look after me)."
- Staff said they underwent induction when first recruited to the role. Feedback we received was, "Training quite nice. Had manual handling, autism and fire awareness", "Before coming over (to the UK) we do on-line training and we do the practical training once we are here" and, "Two-day intensive training covering the practical elements, for example, moving and handling and first aid. This was followed by shadowing experienced staff."

Records showed staff had received training in a range of topics such as infection control, care planning, dementia care and palliative care.

- Although induction and training was provided, staff told us they did not feel supported or valued. They had raised some concerns during supervision with the registered manager. They told us they only received their rota very late the night before, or very early in the morning. This meant they did not know which calls they were doing from one day to the next, despite the registered manager telling us staff had regular care calls. One staff member said, "We only know if we've been given a day off if we don't get a rota." We have reported more on this in our key question of Well-led.

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

- People's needs in relation to their food and drink were recorded in their care plans and met by staff.
- People and their relatives were happy with this aspect of their care. People told us, "They will do my breakfast and make me a sandwich if I need one" and, "I am getting fatter by the day. They (staff) do a brilliant job." A relative said, "I buy all the food, they (staff) give it to her and do a good job."

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

- Staff supported people to access professional healthcare input to help ensure any health issues or risks were addressed. One person said, "They help me to go to the surgery for the blood tests." A relative told us, "If my mother is poorly, they will let me know."
- There was evidence of the GP being contacted by staff as well as the community agencies to support people with their changing health. Staff requested pressure relieving equipment for one person and we were told by an external agency, "They recognised when the patients were deteriorating, they acted immediately

and called emergency services." They added, "They kept us up to date with communication and worked well with all multi professionals working on the case."

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were complimentary about staff. Comments included, "They are really, really good to me", "We have live-in carer and other carers coming in. They are very good" and, "I have a laugh with the carers and they talk to me. I have found some of the girls are lovely. I am a Christian as are some of them and we have a lot in common."
- Relative's also gave good feedback. A relative told us "I am quite happy with them." Another had commented when phoned for feedback by the agency, 'the service is very good. The girls are very good and they have been regular, so she has got to know them'.
- Staff were very considerate in their overall approach to people. A person said, "[Carer name] is very good. If she has time off, we have another suitable person to come, who we now know." A second told us, "If I am very out of breath, they (staff) will wait until it passes (before carrying on)."

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

- People said they were involved in their care. Comments included, "He does what I ask, like change the bed", "They (staff) do it as I want them to" and, "If something needs to be changed, they will do it (how I like it)."
- Family members were aware of people's care plans and were involved in any reviews of care. A relative said, "They (the office) will ask me questions. I have (a care plan) on her front table."

Respecting and promoting people's privacy, dignity and independence

- People said their independence was encouraged. One person said, "They come to help me to shower and wash." A second person told us, "Yes, they do (encourage me with my independence)." One person's care plan noted they were able to wash the front of their body independently.
- People were treated with respect by staff. One person told us, "They (staff) are really respectful of me." A second said, "They ask me how I am and say goodnight, they are polite."
- People's care plans were detailed in relation to their personal care and how they liked it and staff told us they enjoyed their job in caring for people. We were told, "I enjoy going to the clients and like to make them feel special" and, "I like to care for the old."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People received care by staff who knew people's needs well. Staff were provided with sufficient information in care plans and the care plan summary on their electronic device, to know what care was required.
- Care plans included information around personal care, continence, mobility and medical history. Staff told us, "In every house there is a care plan and there is everything in there and on the rota we can read the tasks."
- People's life stories were recorded in varying degrees in people's care plans, this helped give staff a good understanding of the person and enabled them to get to know them as an individual. The registered manager told us they built on this information as staff got to know people.
- People's preferences, likes and dislikes, were recorded to help ensure staff provided care to people in the way they wanted. One person was noted as preferring female staff and the daily notes showed they were provided with this. Another person was noted as having stiff limbs at times as a result of a stroke and staff were asked to, 'be gentle when assisting me'.
- Staff were aware of guidance around Right care, right support, right culture. Staff told us, "We have had training which has explained how we should look after someone with a learning disability. What a learning disability is and how we can relate to it. With [person's name] I just treat him as if he is a normal adult. I do not judge. I will encourage him to be independent."
- The agency was not currently providing end of life care to people. However, staff had started to gather information in relation to whether people wished to be resuscitated in the event they became very unwell as well as their wishes for the end of their life. For example, one person had requested a priest was called.
- The agency worked with the local hospice in relation to people who may be at the end of their life.

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 individual communication needs were recorded and guidance given for staff.
- One person's first language was not English and staff supported this person's communication by using Google translate to converse with them.
- A second person had minimal sight in one eye and was unable to read due to this. Staff were asked to be

in close proximity when speaking with the person so they could see the staff.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place which gave information on what to expect should someone wish to complain.
- People were aware of how to make a complaint and felt comfortable doing so. Comments included, "The supervisor dealt with the complaint about a year and half ago, when one of the carers would not give me a shower when I wanted. I now have a shower every day" and, "I would just ring them up. I have not needed to complain."
- We reviewed complaints and suggestions received. One person felt their care call times were not convenient. In conjunction with the local authority, the registered manager adjusted the call times to suit the person and their family member.
- We also read of a compliment written by an external agency, which recorded, 'We had an emergency with a care package for a couple late on Friday. [Registered manager] was absolutely fantastic and respond quickly finding a team to support for 24hrs'.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was not always consistent.

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

- We identified shortfalls and disorganisation during our visits to the office although the impact to people was low as staff had handheld devices containing people's care plans and there were hard copy care plans in people's homes. In addition, staff we spoke with, knew people well and their needs.
- On the first day of inspection, the registered manager told us the cabinet containing hard-copy care plans and staff recruitment files was jammed. They told us however, that the care plans were stored electronically but we did not find this was always the case. Some care plans we requested could not be found on the system and two people's care plans had been stored under an incorrect name.
- There was confusion trying to find documentation we requested as the registered manager had some care plans on their computer and other staff had others stored on theirs.
- On the second day of inspection, the registered manager was able to show us, apart from one staff recruitment file, the documentation we requested. However, staff were unable to assist us in accessing electronic records. They said, "I do not have the password. You will have to ask [registered manager]." Staff were unable to explain how they accessed the system when the registered manager was not in the office. The registered manager told us as registered provider and manager it was up to them to access documentation and we should not be asking office staff for such access.
- Despite monthly MAR chart audits taking place and noting no issues (other than staff not using black pens) we found gaps in people's MARs and a lack of double signatures on handwritten prescription entries, meaning the audits were not being robustly carried out.
- We asked the registered manager what action had been taken in respect of staff not using a black pen on people's MARs, as this was commented on in every audit since January 2022. They told us it was discussed at staff meetings. We reviewed the minutes of staff meetings from January 2022 to date and did not find any evidence that this had been raised.
- On our second day of inspection, we noticed CCTV was in operation in the office we were using. There was no signage to inform us of this and the registered manager had not notified us of it. Therefore, they were not following guidance in relation to the use of CCTV.
- Some staff told us they enjoyed their caring role but they felt unsupported by the registered manager. They also said they did not receive their rota until the last minute, leaving them feeling stressed as they did not know what they were doing from one day to the next. One staff member said, "I set my alarm for 5am to see what my rota says and where I need to be, because my first client could be at 7am. If we don't get a rota, we know we have a day off. But you cannot plan anything because you are not told in advance when you will have a day off."

- Staff meetings were held monthly and on three separate meetings staff had asked the registered manager to provide them with a weekly rota. The most recent meeting (July 2022) noted the registered manager told staff, 'it will change'. But it had yet to do so.
- We spoke with the registered manager and they told us, "Things change all the time, so I cannot do a rota a week in advance." However, the registered manager had previously told us they endeavoured to keep staff to the same clients.
- Some live-in staff worked long shifts without a break. We reviewed the rota's for staff and noted that on two occasions, two live-in care staff worked 12-hour shifts without another carer arriving to give them a break.
- We found management did not always display integrity. We asked that staff should not be notified of our potential call to them as part of our inspection. However, staff shared with us a message sent out by the service with a list of possible questions we may ask them, together with the responses they should give.

The lack of robust governance system and processes as well as management oversight was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Management recognised when things went wrong for people and applied duty of candour in these instances, with the registered manager telling us, "We don't wait, we welcome feedback, even if it is minor."

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 said they were happy with the service they received from Silverjen. They told us they occasionally saw the registered manager as well as office staff. One person said, "I've met [registered manager] once, when I first started. I met the girls from the office when they were dropping things off." Another told us, "I've seen [registered manager] occasionally and one visit from (another) manager."
- Spot checks took place, to check people were happy with the care provided by the agency. One person said, "Now and again staff come and check to see how things are." There was evidence of phone calls to people to receive their feedback. Feedback included, 'good timekeeping that enables me to plan my day', 'care very nice and helpful. I'm very happy' and, 'you could not improve on any services'.
- Family members also had the opportunity to give their feedback and one commented, 'very happy with the care dad receives'.
- Spot audits were carried out by management in people's homes in the presence of staff. These were used to check staff arrived on time, were dressed appropriately, wearing PPE and carried out care tasks properly.

Continuous learning and improving care; Working in partnership with others

- The registered manager recognised the agency had grown very quickly in the last year and had tried to keep the agency running as smoothly as possible. They told us, "We have more office staff as we have more clients. We've purchased four more cars for staff to use. We have invested more in training and sourced two new training providers which means staff are trained promptly."
- The registered manager worked with the local authority in relation to new care packages. They were planning expansion for the future and had already discussed with the local authority the wish to expand in the local area. They told us, "We need to identify postcodes in Surrey, then they will support us."
- The agency also worked the district nursing team, physiotherapists and occupational therapists and at times participated in multi-disciplinary meetings in relation to some people. The registered manager was a member of the Surrey Care Association.

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 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to follow the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to have sufficiently robust processes and systems to ensure good governance within the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had failed to follow the requirements of Schedule 3.