

Verrolyne Services Ltd

Verrolyne Services 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Verrolyne Services Limited is a domiciliary care agency located in the London Borough of Havering. It is registered to provide personal care to people in their own homes. It is registered to support adults aged 18 years and over, and children aged up to 17 years, all of whom may have mental health needs, learning disabilities, physical disabilities and sensory impairments. 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 the inspection, 53 people were using the service who received personal care.

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

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

Right Support

Since our last inspection in April 2023, there had been a change in ownership of the provider which caused some disruption to the service. The service was not always safe because risks to people were not assessed and managed thoroughly. Systems and processes to protect people from the risk of abuse were in place but staff did not have up to date training in this area. We did not find evidence people had been harmed. However, there were concerns people were at risk of neglect because people experienced missed visits when the service failed to provide the care people had expected. Staff followed infection control procedures and people were protected from the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives told us staff were respectful and caring.

Right Care

Care to people was not always person-centred. Care plans and assessments of people's needs lacked information for staff to meet people's needs safely. Not all staff had received up to date refresher training at the time of our inspection. There was a risk of staff shortages. People told us they had mixed experiences and feelings about staff punctuality and reliability. This was due to delays to their care and changes to their regular staff who attended their home. People's dignity, privacy and human rights were respected.

Right Culture

Leaders and the culture they created did not always support the delivery of high-quality care. Quality

assurance systems were not robust to identify some of the shortfalls in the service. People and relatives were contacted for their feedback about the service. The provider did not notify us of changes to the service in a timely way. The provider acknowledged that further work was needed to make improvements to the service. Staff told us they were supported by the new management team and received supervision to discuss their performance.

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 was Good, (published on 23 May 2023).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Verrolyne Services Limited on our website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received following a change in ownership of the provider since our inspection in April 2023. We received concerns about staff recruitment, staff training, the coordination of care and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment of people, staff training, safeguarding people from the risk of abuse and good governance at this inspection. We have made recommendations about how the service records staff support with people's medicines and completes initial assessments of people's needs.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Verrolyne Services 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 2 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

Verrolyne Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered manager

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

At the time of our inspection there was not a registered manager in post. The service had a nominated individual who the provider had recruited to manage the service. The nominated individual had also applied to register as manager with the CQC and this was in progress at the time of our inspection.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or members of the management team would be in the office to support the inspection. Inspection activity started on 13 September 2023 and ended on 06 October 2023. We visited the provider's office/service on 13 and 19 September 2023. We held a meeting with the nominated individual on 3 October 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and feedback from social care professionals and partners. We also reviewed notifications we had received. A notification is information about important events, which the provider is required to tell us about by law. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 2 care coordinators, 1 field care supervisor, 1 recruitment manager and 4 care staff. However, the nominated individual was unavailable during our inspection. We were supported by the care coordinators in the office. We arranged a meeting with the nominated individual at a later date as part of the inspection process to seek further clarification and assurance about the management of the service. We spoke with 2 people who used the service and 7 relatives for their feedback on the service. We also spoke with 3 social care professionals for their feedback.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 8 people's care plans, which included needs and risk assessments. We looked at other documents such as those for quality audits, staff training and recruitment. After the inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks to people were not assessed effectively. At our last inspection of the service in April 2023 we noted that risk assessments required further development to ensure they were robust. We saw that work was in progress to ensure assessments were suitable. However, sufficient progress had not been made since our last inspection.
- Risk assessments were carried out as part of the initial assessment process to determine the risks people faced in their day to day care. These included the risk of falls, pressure sores and health conditions such as diabetes.
- We found assessments to contain limited information about these risks. For example, one person had a condition that could affect their breathing but their risk assessment contained little information about the significance of this condition and how to mitigate any risks to prevent the person from coming to harm. There was no guidance to explain what the symptoms of the condition were and what action staff should take if the person experienced these symptoms.
- Another person had a heart condition but there was limited information about the condition and how to mitigate any risks to prevent the person from coming to harm. These issues meant people may not receive safe care and treatment because staff did not have access to sufficient guidance on how to support a person experiencing symptoms such as breathing difficulties, heart problems or low or high blood sugar levels. This placed people at risk of harm.
- A third person with physical and learning disabilities, required the use of a medical gas. The person's risk assessment did not contain sufficient information on what the risks to the person were and the reason the gas was needed. This gas can be a dangerous fire hazard. We did not see a risk assessment carried out or guidance on how to store the gas safely or what action to take if the power supply was disrupted. Staff we spoke with about the person were unable to tell us what their risks were.

Systems to robustly assess the risks relating to the health safety and welfare of people were not effective which could place people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For assurance, we spoke with the third person's relative who told us they assisted staff in supporting their family member to mitigate risks and ensure the person was safe. We also spoke with social care professionals involved in the person's care who told us staff were supported and competent in their roles.
- People and relatives told us they felt the service was mostly safe. A person said, "I feel very well and safe." A relative told us, "Yes, it's safe. Invariably the carers are pleasant. There's no threat from them."

Systems and processes to safeguard people from the risk of abuse

- At the time of our inspection, we were not assured staff had received the necessary training on how to report concerns of abuse. This included training around safeguarding adults and protecting children because the service supported some children.
- Records showed that not all staff had received training in these areas. This meant staff may not have the skills or knowledge needed to be able to identify if people were at risk of abuse and what procedures to use to report abuse. Staff we spoke with were not always clear about what the procedures were or the types of abuse that people could experience, such as physical, financial and verbal abuse.
- It is a requirement in health and social care regulations for safeguarding training to be updated at appropriate intervals for staff and enable them to recognise different types of abuse and the ways they can report concerns. We noted that since our last inspection in April 2023, the provider's ownership and management had changed. We found that not all records had been reviewed or updated during this transition. The management team were unable to demonstrate if staff had received new or updated safeguarding training in the past 12 months.
- We found that some people experienced missed visits, sometimes on more than one occasion, in the past few months. This meant no staff arrived for their scheduled visits to people and they were left at risk of neglect, which was a form of abuse. However, these incidents had reduced in frequency as the management team made efforts to investigate and resolve these issues. People confirmed to us their visits were missed. One relative said, "During August and September, some weekend visits to [family member] were missed." The local authority were informed of the missed visits by the provider.

Systems and processes were not operated effectively to prevent abuse of service users because staff did not have up to date training on how to protect people from the risk of abuse. This placed people at risk of harm and was a breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection, the nominated individual confirmed and showed us that some staff had now completed their training in safeguarding adults and safeguarding children, although the majority of staff were still to complete their training.
- Safeguarding procedures and child protection procedures were in place, however, to protect people from the risk of abuse. We reviewed records which showed the management team worked with local authority safeguarding teams to assist with safeguarding investigations.

Using medicines safely

- People were supported with taking their medicines. The provider assisted a small number of people with this by prompting them or reminding them.
- At our last inspection, we recommended that the provider follows best practice national guidance on recording when supporting people with medicines. This was because the provider's policy for reminding people to take their medicines was not specific enough about how staff should be recording medicines after 'prompting' people to take them in line with national guidance.
- During this inspection, we noted the provider kept a record of what medicines staff had prompted people with. Staff completed records to indicate which medicines people had taken on each visit. The care coordinator also checked the record daily to ensure people had received their medicines as prescribed.
- The care coordinator informed us that staff helped people to take their medicines but they did not know why people were taking them or what they were used for.

We recommend the provider follows best practice guidance and have information in place for staff so that they are aware the reasons people are taking medicines and what they are used for, including any side

effects.

- Electronic medicine administration records (MAR) were used for medicine recording and management. We viewed MAR records and found them to be completed appropriately. There were risk assessments where people took their medicines by themselves.

Staffing and recruitment

- The provider's recruitment procedures required appropriate recruitment checks to ensure staff were safe to work with people. This included criminal background checks with the Disclosure and Barring Service (DBS), obtaining two references, proof of identity and eligibility to work in the UK. However, we found staff were supporting a child without an up to date DBS check to confirm they were safe to work with children. This meant the provider had not followed a safe recruitment process which could leave people at risk of receiving care from staff who were not suitable.
- We raised this with the management team and after the inspection, they confirmed they had completed the check for the staff member. We found other staff records to be completed appropriately.
- At our last inspection in April 2023 we noted there was potential risk the service would not have enough staff to support people. The provider sponsored staff to come from outside of the UK and work. However, we were aware that some staff could potentially no longer have a legal right to work in the UK. This could leave the service short of staff. This risk was still present at this inspection.
- The provider told us that up to 48 existing staff could be affected. Records showed they were in progress of recruiting reserve staff in the event of staff shortages. However, we could not be assured that enough new staff would be in place to cover any gaps should the current staff no longer be employed.
- Staff were monitored to check they had arrived and completed their visits to people's homes. The provider used an electronic call monitoring system to plan and monitor visits. Staff logged in and out of visits using a device linked to the system. We looked at the data this provided and it showed the majority of staff had enough time to travel in between visits to ensure they arrived at their next visit on time. We spoke with staff who confirmed they had sufficient travel time scheduled. There were processes to cover staff who were running late or who were off sick to ensure people received a service and there was as little disruption as possible.
- People and relatives, however, provided mixed responses about staff punctuality, the consistency of the service and the standard of work carried out. People mentioned they did not always have regular care staff and they saw new staff without any warning or notice given to them. A person told us, "On the whole, yes, they come on time. But the carers are always in a hurry and don't always get things done. Visits are sometimes late but not too bad." A relative said, "The carers don't come on time. In recent months they haven't turned up or have come wildly out of expected times."

Preventing and controlling infection

- The provider ensured there were effective systems to prevent and control the spread of infection. People and staff were protected through the use of personal protective equipment (PPE) by staff. These included gloves, face masks, aprons and hand gels. The management team told us they were able to ensure a full supply of PPE at all times for staff to use.
- Staff told us they were aware of their responsibilities around hand hygiene and PPE. A person told us, "The carers always wear gloves and aprons. If they give me personal care then they change gloves to do house work afterwards. They put used gloves in the bin and then empty it."

Learning lessons when things go wrong

- Lessons were learned following incidents or situations when things went wrong. There was a reporting procedure for an incident or accident in the service. This included recording the details of the incident such

as a fall or injury to a person and what action needed to be taken to keep the person safe.

- The management team drew lessons from incidents they investigated. They shared these with staff to ensure staff were aware of actions they needed to take in future to prevent re-occurrence of the incident.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff were not always supported with training to carry out their roles. We found training records to be out of date or inaccurate. We found most of the staff had yet to complete their refresher or updated training in key areas, since our last inspection.
- The provider had a training programme for all staff to complete. This included systems to monitor which training staff had attended and when they were due for refresher training. Staff had classroom-based training as well as online training. We saw training certificates to confirm training courses staff had previously attended.
- We viewed a training matrix which showed when training was last completed but some information was missing or inaccurate. At the time of our inspection, the care coordinator told us that staff had not completed their refresher training and the provider had a plan for staff to complete their training by the end of September 2023.
- We spoke with the nominated individual as part of our inspection in early October 2023 and they confirmed that refresher training had taken place for some staff but many staff still had training outstanding. The manager sent us an updated training matrix. However, the training matrix indicated some staff had completed about 18-20 online training courses, which the provider classified as mandatory, on the same day. The training included safeguarding adults, safeguarding children, infection control, moving and handling, catheter care and basic life support. The provider had informed us that these courses would normally take a week to complete.
- We were not assured that staff would have the capacity to complete them all in a day. Training certificates showed that staff completed 2 courses on the day. Therefore, the information was not consistent.
- People and relatives had mixed responses about the skills of staff. Some people considered staff to have the skills to do the job but felt newer staff were not as well trained. A person told us staff had to be informed by them on what tasks needed to be done. Another person said, "I wouldn't say the carers are fully trained. They do what they can. They are often young students." Another person told us, "The carers we get are basically trained for caring but don't have confidence to provide more demanding care tasks. I'll have to speak to the agency about [family member's] needs as they increase in the future."

Staff did not always receive such appropriate support, training and professional development as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual also confirmed that staff were to be provided updated specialist training by

district nurses, so they knew how to support people who had a specific medical condition.

- Staff received appropriate supervision and support which helped to ensure they were able to provide effective care. Staff had regular one to one meetings with their line manager and a range of issues were discussed, including staff training needs and people's care needs. New staff undertook an induction before providing support to people. This covered a number of areas including training and familiarising themselves with policies and procedures. Staff shadowed more experienced staff until such a time they felt confident to work on their own.
- Staff told us they felt supported by the new management team. They told us they received training and supervision when needed.

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

- At our last inspection we found improvements in the way assessments of people's needs were carried out because the information was more accurate and consistent. At this inspection, we found some instances where further work was required to ensure assessments were thorough and more person-centred.
- People's needs were assessed before they began using the service to determine if they could be supported by staff. Assessments did not always capture people's needs and the action to take to meet identified needs. This meant that staff reading these records would not have the guidance or instructions to provide care to people which was person-centred. In 1 case, for a person with complex needs who had a number of medical conditions, their care plan covered some areas where they needed care and support, but it was not comprehensive. For example, the care plan mentioned staff needed to monitor their sleeping position and this had to be recorded. It stated the person must always be in the right position but the care plan did not specify what the right position was.

We recommend the provider follows best practice guidance on completing more person-centred needs assessments and care plans.

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.

- The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded.
- Staff had knowledge of the MCA and told us they asked for people's consent at all times, before providing them with support.
- Consent forms were in place to confirm people were able to make day to day decisions about their lives and how they would like to be supported. For example, people were able to request either male or female staff to support them. This was recorded in their care plans. One person said, "The carers ask me if I want a shower and don't do it if I don't want it. They do encourage me." Another person told us, "Usually the carers get on with it. If I don't want it they won't do it. They don't force me."

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

- People were supported to eat and drink to meet their needs. A person said, "The carers make me a drink every time. They sometimes do my breakfast. I do ready meals and they get them to me. I always choose what I want." However, we noted that a person's care plan mentioned staff were to leave plenty of fluids near the person on their table. There was no information about what the fluids should be or the amount. This meant care records did not contain sufficient information about the care and support people needed in relation to keeping people hydrated. We discussed this issue with the management team as part of our recommendations to help improve the service.

- Staff told us they knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition.

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

- People were supported to maintain good health and to access health care services and professionals when they needed them.

- Contact details of professionals such as doctors and social workers involved in the person's care were available so staff could contact them when necessary. A person said, "I have a doctor. The carers said 'let us know if you need the doctor'. They have my personal health needs in the office."

- We saw district nurses visited people as required and also administered medicines to them as needed.

Is the service well-led?

Our findings

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

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

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

- Quality assurance systems to help monitor and improve the service had not been effective in ensuring the continuing safety of people.
- Since our last inspection in April 2023, the provider's previous director and owner had transferred the ownership to new directors and a new management team.
- We received concerns from 1 local authority who commissioned the service. Concerns related to the operation of the service, reports of late and missed visits, concerns about staffing levels and staff training. During our inspection we were able to confirm that people did not receive care they expected on some occasions, which led to people being left at risk of neglect and harm. The management team explained this was due to staff payment issues which led to a staff shortage but the provider had now resolved this.
- There was not a registered manager in place at the time of our inspection and there had been two changes of nominated individual. The nominated individual at the time of our inspection was responsible for managing the service on behalf of the provider. However, they had yet to apply to register as manager or appoint a manager. They told us they would submit an application to us for this position.
- We took into account there had been some disruption to the service due to the change in ownership. The new management team had taken on existing records and systems that were already in place. However, we found areas that required further improvement.
- Audits had not identified that care plans and risk assessments were not robust. They lacked detail to ensure risks to people were effectively assessed and monitored. Governance systems had failed to identify that training records were not accurate or up to date and staff were overdue training. Recruitment checks had not identified that some staff did not have an up to date DBS to confirm they were safe to work with children.
- The service was at risk of staff shortages, which meant people could be left without care. The provider had put provisions in place to mitigate the risk of a reduced workforce but the number of staff and people that could be affected was high. Therefore, we could not be assured that the provider's governance systems would be sufficient to ensure there were enough staff to support people at short notice.
- We were concerned about the provider's awareness of their responsibility to inform the CQC of changes to the service. The provider had changed their business address and the address of the service but had not notified us of this ahead of their move to new premises. This meant the provider was not always meeting the conditions of their registration. We will contact the provider about this concern.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not robust. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual, senior staff and care staff were clear about their roles and had some understanding of quality performance, improvements and reviewing risks. The nominated individual was supported to manage the service by 2 care coordinators and field supervisors. They carried out audits and monitoring checks on the quality of the service and received feedback from people or their relatives.
- The provider notified the CQC of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The nominated individual told us they understood the need to be open and transparent with people and relatives when things went wrong, under their duty of candour.
- There was a system for continuous learning and improving the service. The management team met to discuss improvements and review policies and procedures. They acknowledged the concerns and issues raised by other professionals and told us they were working on improving the service's systems.
- The care coordinators told us feedback about the service was received and analysed to help improve the experience of people as much as possible.
- Senior staff and care staff felt supported by the provider and nominated individual. Comments included, "The new directors are very supportive and very involved. We had some problems and they sorted them out. They are always in contact with us to see how things are going."

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

- Despite the change of ownership we found staff were mostly positive of the new management team and owners. Staff told us there was an open-door policy and could approach the management team with any issues. A staff member said, "The new owners seem to be very nice and helpful." Another staff member told us, "Yes, the new manager is good."
- Records showed feedback from some people and relatives was received through telephone monitoring and through spot checks of staff competency. However, some people told us they did not always get phone calls to ask their views about the quality of the service. A relative said, "The office very rarely phoned us to check if all was alright with the service. They rarely phone us to say the carer will be late. You phone them to leave a message about lateness but the office never phoned the carers in response." The office staff told us they now always made sure to contact people when necessary and answer the telephone.
- Some people said conversations with the office staff were difficult due to language problems and communication. A person said, "I've seen someone from head office twice. The person on the end of the line has very poor English and it led to a difficult conversation. Communication with the office in English can be difficult. I was asked about the service quality." We discussed potential language barriers with the management team and they told us they would look into resolving any communication issues with people.
- People and relatives told us staff were kind and caring. A person said, "The carers are caring, thoughtful and have a chat with me. They call me by my first name and are not in a hurry."
- There were mixed responses from people and relatives about the management of the service. A relative said, "I am not satisfied with how they run the service." Another relative told us, "We are OK with the staff but not with the management."
- Staff meetings were used by the management team to share important information and discuss any issues and topics the staff wanted to raise.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.

Working in partnership with others

- The provider worked with doctors, district nurses, local authorities, social workers and other social care or health professionals, to help maintain people's health.
- The nominated individual told us they keep up to date with new developments in the care sector and would share best practice ideas with the service.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Processes to protect people from the risk of abuse were not effective as staff did not have up to date training in safeguarding. People were at risk of neglect.</p> <p>Regulation 13(1) Safeguarding people from abuse</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate systems to assess, monitor and improve the quality and safety of the service. The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(2a) Good governance</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not always supported with up to date mandatory training to enable them to carry out their duties.</p> <p>Regulation 18(1) Staffing</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 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of not receiving safe care and treatment. Risks to people were not effectively assessed or managed which meant people could be at risk of harm. Regulation 12 (2a) Safe care and treatment

The enforcement action we took:

We issued the provider a Warning Notice.