

Nash Healthcare Ltd

# Nash Healthcare Ltd

## 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

### About the service

Nash Health Care Ltd - Gloucester is one of two locations run by Nash Healthcare Ltd which is a domiciliary care service providing personal care and other support to people living in their own homes.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection nine people were receiving support with their personal care.

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

We have identified concerns in relation to staff recruitment practice, record keeping and quality monitoring of the service at this inspection.

Appropriate checks had not always been completed on staff, before they delivered people's care. This put people at risk of receiving care from those who may not be suitable to work with vulnerable people. The provider had started to take action prior to our inspection to reduce risk to people from unsafe staff recruitment practices. They had identified staff with incomplete recruitment checks and they were not being used by the agency to deliver people's personal care.

People's support plans and risk assessments had not always been reviewed to reflect people's current needs and levels of risk. This put people at risk of unsafe or inappropriate care due to a lack of accurate information about their needs for visiting staff and other health and social care professionals. The risk of people receiving inappropriate care due to poorly maintained care records was also being reduced. The provider ensured people's care was delivered by a small group of regular and familiar staff, who knew people's needs well. People receiving care were also, either able to direct staff themselves or had a representative present who could advise. Staff knew how to report any concerns about people's care to the agency's office where arrangements were made to address these.

The provider's quality monitoring processes had not been effective in identifying these shortfalls and driving necessary improvement in a timely manner. This put people at risk of receiving unsafe services. However, changes were being made to how the service was being managed and quality monitored. A representative of the provider was now based in the Gloucester office and managing the service. Processes and systems were being introduced to help better monitor the quality of services provided to people and ensure staff received appropriate training and support. Existing processes were being reviewed to ensure they were operated inline with the company's policies, procedures and expectations. As this was work taking place at the time of the inspection, we were unable to assess whether these changes would be effective in driving improvement to the service and whether these would be sustained.

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

Staff worked with people and their representatives to ensure people received the support they required and preferred. This had included adjusting the times of people's care calls to better suit people's needs or preferences. People told us they were happy with the care they received.

People were confident their care visits would be completed. One person told us they were informed if the care staff were going to be late, but this was now rare and, a relative commented that previous problems with care visits running late, had been resolved.

People had access to healthcare professionals and staff ensured they followed instructions given by these professionals. Staff communicated effectively with professionals to aid consistent care.

People were supported to have maximum choice and control of their lives and systems in the service supported this practice. People's consent was sought before care was delivered and staff were aware of how to support those who needed help with daily decision making.

People receiving care told us staff were kind, caring and helpful. Where this had not been the case the staff involved were no longer used. One person said, "I think they are brilliant; my choices are met." Another person described how staff went out of their way to support their requests and preferences. This included going to collect take away food.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update):

This service was registered with us on 5 June 2018 and this is the first inspection.

#### Why we inspected

A planned comprehensive inspection was brought forward due to concerns received about staff recruitment and, missed and late care visits. A decision was made for us to inspect and examine these concerns.

#### 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Nash Healthcare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Type of service

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 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 29 May 2019 and ended on 1 June 2019. We visited the office location on 29 May and 1 June 2019.

#### What we did before the inspection

We reviewed the information we had about the service and sought feedback from the local authority. We used all of this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

We visited four people who used the service. We asked three people and one person's representative about their experience of the care provided. We spoke with four members of staff which included two care assistants, one care coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records as well and one person's medication record. We looked at six staff recruitment files, the main training record and staffs' supervision records.

We looked at variety of records relating to the management of the service, which included the staff duty roster, a staff recruitment record audit, medicines audits, spot check reports on staffs' competency and practice, complaints record, selection of policies and accident and incident records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found. We requested copies of their recruitment audit and action plan and confirmation that staff training was being organised.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

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

### Staffing and recruitment

- Safe staff recruitment procedures were not followed. Full and robust checks on staff had not always been completed before they worked with people. This included insufficient or no references, unexplored gaps in employment history and in the case of one member of staff no clearance with the Disclosure and Barring Service (DBS).

This put people at risk of receiving care from those who may not be suitable to care for vulnerable people. This is a breach of Regulation 19 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had started to take action to protect people from staff who may be unsuitable to care for them prior to our inspection. They were only using staff who had been fully and safely recruited and they were in the process of requesting the missing information for the other staff.

- Enough correctly recruited staff were available to meet people's needs.

### Assessing risk, safety monitoring and management

- People's risks had been assessed and risk assessments were in place giving information about these. This included risks related to the environment people lived in, use of mobility and moving equipment, falls, falls from the bed and development of pressure ulcers.
- Action had been taken to reduce or mitigate risks. One person had fallen from their bed and arrangements had been made with NHS professionals for the provision of bed rails. This person told us they felt safe with these in place and they had not had a further fall. Another person was repositioned during each care visit to prevent the development of pressure ulcers by relieving the pressure on their skin.
- Risk assessments however showed no evidence of having been reviewed to ensure the actions in place remained effective in managing people's risks. Risk assessments were generic in their wording so not personalised to the person's specific risks or needs. For example, one person's risk assessment, for mobility, referred to a walking aid in use; it was not specific about what kind of aid was needed. A later change in equipment to help move the person safely had not prompted a review of the risk assessment or alteration to its guidance for staff. The current information did not reflect the current care being delivered.
- Risks of unsafe care being provided to people were reduced because the staff attending people knew what their current needs were because they had worked for some time with this person. These

arrangements would not however be safe if people were attended to by staff who did not know them well.

This put people at risk of receiving inappropriate or unsafe care due to a lack of accurate information about people's risks and care needs in their care records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider planned to review all risk assessments to ensure they contained the right information for staff guidance.
- Risks which required the attention of visiting healthcare professionals, such as people not eating, not taking their medication, changes in skin condition or any safeguarding concern were effectively communicated to the professionals involved. This was done through communication books in people's home or by telephone call from the agency's office.

#### Using medicines safely

- Staff were trained to administer people's medicines. We did not visit anyone whose medicines were administered by the staff whilst we were present. Staff verbally reminded one person about their medicines and made sure these were near to hand during their care visits.
- Where medicines were administered by staff, the medicine administration record was checked during spot check visits by senior staff, to ensure staff were maintaining these correctly and people were receiving their medicines as prescribed.

#### Preventing and controlling infection

- Staff had received training on how to deliver people's care safely and in a way, which reduced the risk of spreading infection. Staff wore protective aprons and gloves when delivering people's personal care, they disposed, appropriately, of continence pads which contained body fluids and they removed protective clothing used for personal care and washed their hands before preparing food and drink for people. They followed individual agreed arrangements for the laundry of people's clothes and bed linen.

#### Learning lessons when things go wrong

- Incidents and accidents were reported to the agency office and action was taken to address these and adjust people's care accordingly.
- Lessons had been learnt during a time when care staff had not arrived to support a person as planned. A system was being introduced so the provider could track the arrival and departure of agency staff in people's homes.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support had not always achieved good outcomes or had been inconsistent.

Staff support: induction, training, skills and experience

- Staff training had not been sufficiently monitored and staff records showed a variation in staffs' completion of necessary and relevant training subjects. A recent audit of staff files, by the provider, had shown that records about staffs' training were poorly maintained and it was unclear what training had been completed by staff. A decision had been made for all staff to complete a day's training in in basic and relevant subjects. This was to include safeguarding adults and health and safety related subjects.
- Spot checks carried out by the provider representative had also helped to identify staffs' individual training needs and where update training in subjects was required. A previous incident, involving the care of a urinary catheter, had highlighted the need for additional training in this area of care for all staff so this was also to be organised.
- Arrangements were made for less experienced staff to work with those more experienced and who held nationally recognised qualifications in care. This was the case during the inspection for one relatively new member of staff who was still completing their induction training. Induction training for this member of staff had included becoming familiar with the agency's policies and procedures and completing the care certificate. The care certificate includes modules of training, completed by staff who are new to care, to provide them with a nationally recognised standard of knowledge and skills in care.
- The provider had recognised, prior to the inspection, that improvements were needed to staff training and in the monitoring of this.
- The provider's representative had completed training which qualified them to deliver training to staff in medicines management, so they also planned to update this training.
- Other subjects would be completed through a mixture of face to face and computer-based training. As improvements to staff training were yet to be completed we were unable to access the effectiveness of these. At the time of the inspection we did not identify any concerns relating to people's care which maybe caused by a lack of staff knowledge or skill.
- Staff records showed that staff had completed 'shadow shifts' (staff working alongside an experienced member of staff) when they first started work with the company.
- Most staff (17 out of 21 staff) had received recent supervision (time to discuss, with a manager, any concerns and professional development needs). This had been combined with the spot checks by the provider's representative.

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

- People's needs were assessed before the service delivered care to them. This ensured staff could meet these needs and that the environment was safe to deliver care in.
- Cultural and religious preferences and discussion about people's expectations were included in the assessment.
- People's choices and wishes were discussed with them and where safe to do so these were met in practice. One person said, "I think they are brilliant; my choices are met." One person's representative told us the service had listened to them about the timing of their care visits and these had been adjusted to better meet their needs and preferences.
- Best practice guidance was followed in supporting people for example, with their medicines and in how staff supported people to move and mobilise.
- People's protected characteristics were identified in accordance with the Equality Act 2010 and needs and wishes from these incorporated in people care plans.

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

- Where people required support to eat and drink this was provided during care visits. Staff were assessed on their ability to produce appropriate foods for people when they first started work with the agency.
- Staff made sure each person had access to a drink and any other snacks they wanted before they finished their care visit.
- Any concerns in relation to people's appetites or refusal to eat were reported to other involved healthcare professionals or where appropriate, to the person's representative.

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

- The service provided care visits to people who were funded to receive care through commissioners of health and adult social care.
- Where support was needed staff helped to co-ordinate reviews of people's health or adult social care needs.
- In two people's homes there was evidence of regular communication between the agency's staff and visiting community nurses. This ensured all visiting staff to this person worked collectively to provide consistent and timely care.
- The agency's staff worked alongside other professionals, agencies and people's relatives to ensure people's environments could support their care at home. One person's bed was moved downstairs to accommodate their needs. Another person was supported by the agency's staff, to receive care in their home, whilst the council made improvements to their environment.

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

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

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection no one using the agency had been legally deprived of their liberty through the Court of Protection.
- Staff we spoke with understood the principles of the MCA. They supported people to make their own decisions about the care they received and other daily living activities. Staff only delivered care where consent had been given to receive this. Staff worked with people's legal representatives to ensure people's best interests were met when care was delivered.
- Records showed that staff had been included in a best interests meeting, along with other professionals and family members for someone who had previously used the service. This was in connection with whether this person's care could continue to be delivered safely in their own home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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

- During our visits with staff, we observed people being treated with kindness and compassion.
- Staff spoke with people in a respectful manner. This remained the case when one person spoke to them in a condescending way. Staff managed this by respecting the person's choices. This person later confirmed their fondness for the staff visiting them and they said, "I would marry them today."
- Where there had been reports from people about a lack of respect and kindness, these staff were no longer used by the agency.
- One person's representative told us the staff who cared for their relative were always respectful and polite. They also appreciated the fact that staff took the trouble to call them if they were going to be late, which now was rare.
- The service had an equality and diversity policy and they employed staff from overseas. One person commented how polite and well-spoken the staff from overseas were. They said, "They really care."

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

- Staff listened to what people had to say and to the choices they made, and they supported these. In one person's case they had not wanted personal care delivered on their first care visit but had accepted this on the second visit.
- Another person sometimes decided to miss a care visit as they did not require support at the planned time. Staff accommodated this wish but also worked around other visits to attend to this person when they did require support. Staff told us they would not allow this person to go unattended if the person needed help in-between their planned care visits. This showed caring and compassion for the person's situation and a desire to support the person's dignity.
- We observed friendly banter between people and staff and it was clear people enjoyed their care visits.
- One person's legal representative made decisions about their relative's daily care. This included whether, in the person's best interests, they sat out in a chair or were too tired to do this and remained resting in bed. Staff worked closely with this representative to ensure the person's care met their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff delivered care in a way which preserved people's privacy and dignity; personal care was delivered in private.
- People's dignity was upheld by staff referring to people in the person's preferred way and by providing people with opportunities to make personal choices.

- Staff recognised when people required support and when people were able to be independent.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant systems were not in place to ensure people's needs were always fully met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care which met people's personal needs and preferences had not always been delivered and people's care plans had not been regularly reviewed (the same as people's risk assessments). Care plans did not always accurately reflect changes in people's care, current needs or preferences. In one person's case their care plan, written in 2017, showed no evidence of review or alteration, despite the support needed, and the equipment used to care for them, having altered since then. Another person's care plan had not been altered to include new guidance for staff following action taken to reduce falls. This person's care plan also made no reference to another important aspect of their care. In practice this was being met because an experienced member of staff was always in attendance when their personal care was delivered and ensured this was addressed.
- The risk of people receiving inappropriate or unsafe care, due to a lack of accurate care plans had been reduced because people were receiving care from a small group of regular staff, who knew their needs well, inexperienced staff worked with those who were more experienced, and staffs' competencies had been recently reviewed during spot checks. At the time of the inspection people were happy with the care provided to them and told us it met their preferences.
- Recent changes in the organisation of the service had helped to ensure, people now received the support they needed at an improved standard. For example, closer monitoring of staffs' attendance at care visit, changes in the use of some staff and improved communication between the staff and the agency's office.
- The provider's representative confirmed that the agency's care record review tracker however had not been sufficiently maintained. They planned to review all people's care plans to ensure they contained relevant and accurate information for staff and visiting professionals to reference.
- Copies of people's care records were kept in their homes and securely in the agency's office.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication care plans gave guidance to staff about people's individual communication needs and how they required information to be given to them.
- This guidance included people's specific needs in relation to their protected characteristics; for example, age, culture and physical disabilities. One person spoke little English and required an interpreter for more

complex communication and decision making. This was provided by family members. Communication during care visits was done predominantly done through hand gestures, use of simple words and pictures.

- Another person lived with dementia and was unable to verbally communicate but responded to staffs' facial interactions, a smile or touch. This person's representative told us the staff delivering care always tried to interact in some way with their relative.
- Staff were aware of the potential for loneliness and isolation when people lived on their own, so they tried to make their care visit a social visit also. Good relationships had been built up with most people and staff were able to talk with people on a social basis and exchange laughter and banter where it was appropriate. It was clear that the people we visited enjoyed their care visits.
- There were arrangements in place to communicate effectively with people's relatives, where this was appropriate to do so.

Improving care quality in response to complaints or concerns

- Complaints received by the agency were recorded, although not all actions in response to these, either in paper or electronic form, could be found by the provider's representative. The actions we were able to review as well as verbal explanation given by the provider's representative, demonstrated that complaints were responded to, investigated and actions taken to address these.
- Actions had included financial reimbursement and changes to staff practice.

End of life care and support

- Although at the time of the inspection no-one was receiving end of life care, staff did support people at the end of their life in their own homes.
- One person had first needed care from the agency as they had been assessed as being near the end of their life. The assessment completed by the agency, at that time, made no reference to end of life care or needs and still had not. There was no end of life advanced care plan in place recording end of life wishes or recording that there may not have been any. A lack of record, in relation to people's end of life wishes, potentially puts people at risk of not having these met.
- Staff were aware that end of life medicines had been prescribed for this person in case these were needed by the community nurses at any time. These were recorded on the person's medicine administration record kept in their home. Staff would therefore be able to signpost other community healthcare professionals to this record.

## Is the service well-led?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- □ The provider had not met their responsibilities in making sure effective quality monitoring systems were in place. There were shortfalls in the systems, processes and practices of the agency's Gloucester office.
- □ Overall provider monitoring of the service had not been strong enough to ensure, senior staff met their individual responsibilities in relation to the quality monitoring of the service and that management issues were resolved. This had led to a lack of information about the performance of the agency's Gloucester office for the provider and risks to the service and people who use it, going unchallenged.
- □ Insufficient quality monitoring and the subsequent result of poor management was evidenced during the inspection. Shortfalls identified during the inspection were in relation to the agency's recruitment practices, lack of maintenance of care records, lack of up to date information relating to staff training and the quality of staff training, poor maintenance of records relating to incidents and complaint actions and no auditing of accidents and incidents to determine trends and patterns.
- □ A change in the senior management structure of the company had resulted in recent changes being made to the management of Nash Healthcare Ltd – Gloucester. As the provider's representative was now present in the Gloucester office most days, this had resulted in their improved understanding of the shortfalls at this office location.
- □ Some action had therefore just started, prior to the inspection, to address shortfalls in staff recruitment, staff training, the monitoring of care visits and staff competency checks. As this was still work in progress, at the time of the inspection, we have been unable to report on its effectiveness in driving improvement and sustaining this

We found no evidence that people had been harmed however, systems had not been in place and were still not robust enough to fully demonstrate that potential risks to people from poor-quality service and inaccurately maintained care records could be effectively identified and action taken to drive improvement. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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



- □ A positive staff culture had not always been promoted. The result of this was seen in previously poorly delivered care to one person and a lack of professional conduct exhibited by staff in the past.
- □ Action had been taken by the nominated individual to visit everyone receiving care from the agency's Gloucester office. This was to check that people were happy with the care provided and happy with the way it was being delivered. At the same time, they had observed and been involved in delivering care with staff, so they could observe staff practice and interactions with people. They had listened to people and acted when people had not been happy with the staff who had attended them. They could be contacted at any time by people using the service or by staff. At the time of the inspection they were 'on call' at all times when the main office was closed.
- □ A care coordinator had recently been employed and they were helping to bring the offices systems and process in line with the company's policies and procedures. Their role was to communicate with staff and support the organisation of care visits. Staff told us it was now easier to communicate with the office when they needed to.

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

- □ The complaints records and actions described by the nominated individual, in the absence of written records of these, demonstrated that they understood their responsibility in relation to duty of candour. Explanations and apologies had been given to people (or their representatives) when things had not gone to plan.
- □ Records relating to incidents and the action taken following these could not always be found. A new system which would ensure all incidents, accidents and complaints, to include subsequent actions, were correctly recorded electronically, was to be introduced.

Continuous learning and improving care

- □ The nominated individual acknowledged their shortfall in the quality monitoring of the Gloucester office and was aware of what was needed to be compliant with necessary regulations.
- □ There were arrangements in place for staff to be able to report concerns and changes in required care, which the nominated individual said would be acted on to improve people's care and safety.

Working in partnership with others

- □ The agency worked in partnership with commissioners of health and adult social care to provide people with care in their own homes.
- □ Staff also worked in partnership with people's representatives, other professionals and agencies to ensure people's care could continue to be met in their own homes. This included occupational therapy services, GP surgeries, pharmacies, local safeguarding teams and advocates.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks associated from</p> <ul style="list-style-type: none"><li>• <input type="checkbox"/> ineffective quality and risk monitoring of the service</li><li>• <input type="checkbox"/> a lack of appropriate staff recruitment records</li><li>• <input type="checkbox"/> insufficient and accurate maintenance of people's care records.</li></ul> <p>Regulation 17 (2)(a) (2)(b) (2)(c) (2)(d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use services were not protected against the risks associated from unsafe staff recruitment practices.</p> <p>Regulation 19 (2)</p>