

Care @ Home Newbury Limited

Care @ Home Newbury Ltd

Inspection report

Landmark
450 Brook Drive, Green Park
Reading
RG2 6UU

Tel: 07739468221

Website: www.careathomenewbury.co.uk

Date of inspection visit:
18 May 2022

Date of publication:
21 July 2022

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Care @ Home Newbury LTD is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, people living with dementia and people with a physical disability. At the time of our inspection the service was providing personal care to 24 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were not always protected from the risk of harm or abuse. There were no records of staff training in safeguarding. The provider had not notified us of an allegation of abuse by a staff member against a person using the service. The provider did not have records of safeguarding referrals. The provider was not able to evidence there were enough suitably trained staff available to provide safe care for people. Recruitment files did not contain all of the required information. Medicines were not managed safely. There were no records of incidents and accidents and no evidence of lessons learned by staff.

Care plans did not contain sufficient guidance for staff to enable them to provide individualised care for people. Staff did not receive supervision. There were no records of staff working with professionals to meet people's health and wellbeing needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were not enabled or supported to express their views on care and support provided. There was no evidence to show people were involved in making decisions about their care and support.

There was no record of complaints or concerns received by the provider. There were no records of plans in place to provide compassionate care and support to people at the end of their lives.

There were widespread and significant shortfalls in governance and leadership. The provider did not use any systems or processes to monitor and improve quality and safety in the service. People, staff and the public were not involved in how the service was run. The provider did not support staff to learn through reflective practice. There were no records of staff working in partnership with other agencies and professionals.

Staff treated people with kindness and compassion. They promoted people's dignity and privacy.

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 this service was good (published 18 November 2019)

Why we inspected

We undertook a focussed inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staffing and governance. A decision was made for us to inspect and examine those risks.

We inspected and found there were also concerns about assessments of people's needs, records of staff's interactions with professionals, records of people's consent to care and treatment and mental capacity assessments, records of staff support and training, evidence of people being included and involved about decisions about their care, and records of concerns and complaints. We widened the scope of the inspection to become a comprehensive inspection which included the key questions of safe, effective, caring and responsive and well led.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections at the end of this report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care @ Home Newbury LTD on our website at www.cqc.org.uk.

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 identified breaches in relation to person centred care, consent, safe care and treatment, safeguarding service users from abuse, investigating and responding to complaints, good governance, staffing, notifications of other incidents and fit and proper persons employed at this inspection.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Care @ Home Newbury 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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 18 May 2022 and ended on 30th May 2022. We visited the location's office on 18 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including concerns raised about the service.

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 took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We also spoke with the registered manager and operations director. We received feedback from four staff in total. We sought written feedback from 10 staff. We received feedback from two staff. We spoke with two staff. We reviewed a range of records. This included five people's care and support plans, four people's medicines administration records (MARs), staff competency checks, four staff recruitment files, the provider's policies for safeguarding, medicines management, consent, duty of candour and the provider's business continuity plan.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not adequately protected from the risk of harm or abuse.
- Staff told us they had completed safeguarding training. We asked to see the staff training matrix. The provider told CQC they did not have the staff training matrix.
- The provider was aware of their duty to report safeguarding concerns to the local authority safeguarding teams. We asked to see records of safeguarding referrals made to the local authority. The provider told CQC they did not have any.
- CQC were informed of a police incident where a staff member had committed theft whilst providing care and support to a person. The provider had not told CQC about this incident.
- We asked for the provider's investigation into the incident and subsequent actions taken to protect the person from further harm. The provider did not have any records of an investigation or of any actions taken to protect the person from further harm.

The registered person had not established and operated effective systems to investigate allegations of abuse and to protect people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People's care and support documents contained some information about risks such as the risk of falls and the risk of a person developing a pressure ulcer from not moving around enough. However, there was a lack of specific guidance available for staff to help them mitigate risks for people.
- For example, one person had a catheter. There was no information recorded in the person's care plan to instruct staff on how to provide catheter care and prevent the person acquiring an infection through the catheter.
- Another person needed support to move around safely. The person's care plan had a moving and handling assessment with four sections in it. Staff had completed a scoring tool to indicate the level of risk and support needed from staff. The three other sections entitled "manual handling", "equipment and mobility" and "personal Handling plan" had all been left blank.

The registered person had failed to assess the risks to the health and safety of service users of receiving care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not included all the required pre-employment information in staff's files.

- Disclosure and Barring Service (DBS) checks were not included in the four staff files we reviewed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- In addition, the four staff files did not include full and complete employment and education histories for the four staff members.
- We asked the provider to send CQC evidence of the missing information from the staff files. After our first request the provider sent CQC copies of two of the certificates. They stated one certificate was not available and sent a record of the DBS check which had been completed for the other staff member. However, this record did not state whether or not the staff member had any convictions, only that the DBS check had been completed.
- We made a second request to the provider to ask for evidence of the DBS certificates for the four staff members. The provider sent CQC evidence of DBS certificates for three staff.

The registered person had failed to establish and operate recruitment procedures effectively to ensure the required information was included in staff recruitment files. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were not deployed effectively to meet people's needs.
- People told us staff did not arrive at consistent times for care visits or were frequently late. One person said, "There [have] never actually been set times, more around that sort of time. Sometimes emergencies crop up...sometimes [staff arrive at] 8:30, sometimes, 9:30". Another person told us, "Let's just say three of them do [arrive on time] one of them doesn't...[staff member], she comes and goes as she pleases. I'm lucky if I get 10 minutes."
- A staff member told us visits were often scheduled so they overlapped, leaving them insufficient time to deliver all support needed and to travel to the next care visit. They said, "That's an issue...within the company. The timings are wrong. I'll have a client at 7am, then another at 7:45 with only 15 minutes travel time...then a client from 11 until 12:30, also a client at 12:15 until 12:45, bearing in mind I was at other clients house...then another at 12:00 for one hour."
- The registered manager told us they regularly completed care visits as there were not enough staff. They told us, "We do struggle. It's something we have tried to correct...it seems like the more [staff] we get the more we lose. That's the reason we are keeping our clientele very low."
- The operations director also regularly completed care calls. Staff rotas showed on one day, the operations director was allocated a care visit at 7pm and the following care visit at 7:20pm. We asked what the travel time was between the two people's houses. The operations director told us, "It's ten minutes." We questioned whether scheduling two care visits so close together allowed enough time to deliver care and support, whether there was sufficient travel time between visits, and whether these care visits were completed on time. The operations director stated they usually managed this as the first visit was for minimal support.
- The registered manager told us they did not have a log of late or missed calls to help the provider identify the reasons for late and missed visits to improve care and support delivered.

The registered person had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were effectively deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were not managed safely.
- We reviewed electronic medicines administration records (e-MARs) for four people. There were a large

number of omissions which were not accounted for.

- One person's MAR records showed doses of one medicine had not been administered on the 3rd, 4th, 10th, 12th, 15th, 17th, 19th, 25th, 29th and 31st December 2021. In the same person's record, for another medicine, records showed that medicine had not been administered on the 3rd, 4th, 10th, 12th, 19th and 25th of December 2021.
- Another person's MAR records showed staff had not prompted the person to take one medicine on the 1st, 6th, 7th, 8th, 14th and 15th May 2022.
- A third person's MAR records showed staff had not prompted the person to take doses of medicines on the 6th and 10th of May.
- There was no record in people's MARs to explain these omissions.
- In addition, we noted the MARs also contained details of the times people required care visits.
- We discussed the omissions and the times of care visits recorded in people's MARs with the registered manager and operations director. They stated they could not explain the omissions as they had no overall medicines audits. They also stated they were not aware the MARs contained details of the times of care visits and stated this was an error in the system they had not been aware of.

The registered person did not manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The registered manager did not record a log of incidents and accidents therefore there was no evidence of lessons learned by staff when things went wrong.

The registered person had failed to evaluate and improve their practice. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff used personal protective equipment when delivering care and support for people.

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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's care plans contained assessments completed by staff. However, there was a lack of clear guidance for staff in people's care plans to support them to provide individualised, person centred care.
- Care plans were task based with minimal personalised information. They contained lists of things for staff to do at each visit but few specific details about how people liked things to be done.
- For example, one person lived with dementia. There was no specific information in the person's care plan to help staff provide individualised support for the person. In addition, in the section entitled, 'What is important to me, social activities', staff had written, "I don't do anything." In the section entitled 'how I want to be supported with my social activities', staff had written, "I don't have any."
- In another person's care plan, in the section entitled 'social support' staff had written, "None needed."
- People told us they had not been involved in reviews of their care plans. One person told us, "The only [care plan] I've seen is the one I've had when I first started. I was due for another one but I haven't seen it...they haven't got a list of my things I'm allergic to." Another person said, "It has been updated once."
- There was no documented evidence to show people's care plans had been reviewed and no written indication of how frequently they should be updated.
- People received some support from staff to help them eat and drink.
- People's care plans contained basic information about the support they needed to maintain a healthy dietary intake. Again, there was a lack of specific, personalised information about how people preferred to have their food prepared. One person's care plan only stated, "I like my food on a plate".
- We saw no evidence in people's care plans to show staff had liaised with health and social care professionals to promote people's health and wellbeing.
- The registered manager told us one of the people they supported had removed their catheter. Staff had contacted the district nurse about this. The registered manager confirmed there was no record of this event and no log of conversations with the district nurse.
- We asked for contact details of the professionals who had worked with the service to deliver care and support to people. The registered manager stated they did not hold any contact details for professionals from health and social care.

The registered person had failed to plan care and treatment which was appropriate, met people's needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff training records were not available. We requested evidence of the staff training matrix. The registered manager told us they were not able to access the matrix and that it had not been updated recently. We had no evidence staff training was up to date.
- There was no evidence of staff supervisions, competency or spot checks being completed since 2019.
- Staff told us they did not receive supervision. One staff member said, "No, I know I'm due one". Another staff member told us, "Not supervision as such." A third staff member stated they did not receive supervision.

The registered person had failed to ensure staff received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not supported to have maximum choice and control in their lives by staff.
- There was a lack of evidence in people's care plans to demonstrate staff understood and applied the principles of the MCA when providing care and support. Assessments of people's capacity to consent to receiving care and support were not always completed by staff where information suggested that people might lack capacity to consent to elements of their care.
- For one person living with dementia, it was not clear from records whether they had capacity to consent to care. Staff had not completed a mental capacity assessment for this person. However, in the care plan section relating to personal care staff had written, "Support [person] to have a wash or a shower. Don't ask her as she will say no." The care plan instructed staff to deliver care even if the person refused. There was a risk the person could experience harm or distress from staff delivering care without their consent or in their best interests.
- In the same person's care plan staff had written, "Please don't ask if she wants a meal just get it out and give it to her. She will [possibly] say no. But please try." There was no evidence of guidance for staff about different strategies to use to support the person to make choices about what they wished to eat.
- In another person's care plan, their family member had signed the consent to care and support form. We asked the operations director and registered manager if the person had capacity to consent to care and support. They told us the person had been assessed by professionals who had determined they did have

capacity but the person had asked their relative to make decisions on their behalf regarding medical treatments. There was no record of this in the person's care plan.

- There was no evidence in the person's care plan to indicate they lacked the capacity to consent to receiving care and support from staff and no evidence of a capacity assessment completed by staff. There was a risk decision about the person's care and support could be made without their consent.

The registered person had failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not supported to express their views about care and support provided by staff.
- There was a lack of evidence to show the provider sought feedback from people using the service.
- The registered manager told us they had not been seeking any feedback from people about their experiences of the care and support delivered.

We recommend the registered person establishes an effective system to enable them to seek and act on feedback from people using the service and other relevant persons.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- People told us they received care and support from compassionate staff who took an interest in them and consistently treated them with kindness. One person said, "[Staff member is] always asking how I am, she sits and talks to me, I feel I can ask her any questions I want to...she's just so helpful in every way." Another person told us, "[Staff member is] an angel...she has a good old conversation with me."
- People described the ways in which staff helped them to maintain their independence. One person said, "As I got better I did say I like to...do my dusting...I do jobs myself but I do value their company in the morning...I know if I can't get out bed somebody is going to come." Another described how staff supported them to take part in enjoyable activities. They said, "Getting out to the garden for example they help me get shorts and a top on and they have to take me out to the garden."
- Staff knew people well and spoke about with respect. They had developed caring relationships with people, promoted their independence and ensured their dignity was protected.

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 changed to requires improvement. This meant people's needs were not always met.

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

- People were not involved in planning their care and support. There was also a lack of evidence in people's care documents that they had been involved in reviews of their care and support needs.
- People told us they did not know what was written in their care plans.
- Care plans did not contain information about how people's health conditions affected them or specific information about the type of support they needed. People's social histories were not explored and their needs and preferences were not reflected in their care plans. There was a lack of information about people's personal histories, preferences, interests, hobbies and aspirations. This meant this information was not available to staff to help them plan individualised care and support.
- People did not always receive individualised or appropriate care and support at the end of their lives.
- At the time of the inspection the provider was not supporting anyone with end of life care needs. We questioned the registered manager and operations director about the plans they would put in place and the ways in which they would work with professionals to provide end of life care and support if it was needed. The operations director told us, "We would prepare a care plan...we would have to be there...just bed care, more or less and that would have been it...we wouldn't have been doing any feeding or anything like that."

The registered person had not carried out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had raised concerns or made complaints when they were not satisfied with the care or support delivered.
- The registered manager told us they did not keep an overall log of complaints and concerns. They stated any individual complaints were recorded in people's care plans. We saw no evidence of this.

The registered person had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There were significant and widespread shortfalls in governance and leadership.
- Following an allegation of abuse by a staff member against a person using the service the provider had failed to notify CQC 'without delay' of this allegation.
- We prompted the provider twice to submit a notification to us. When they submitted the notification it did not contain the information we had requested.

The registered provider failed to notify the Commission of notifiable incidents 'without delay'. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider did not use quality assurance systems and processes to monitor and improve quality and safety in the service.
- The issues and concerns identified during the inspection had not been identified by the provider. Systems were not in place to enable the registered manager and provider to identify where they were not meeting their legal obligations and the fundamental standards. Staff were not deployed effectively to provide person-centred care.
- Staff were not supported to develop their practice to provide individualised care.
- People, staff and the public were not involved in how the service was run.
- The provider told CQC they had not held team meetings since the start of the pandemic as they had not been able to arrange a time when all staff could meet. The provider had not supported staff to reflect on practice to make improvements to people's care and support.
- The registered manager had not sought the views of people using the service.
- There were no records of staff liaising with professionals from health and social care to promote people's health and wellbeing.

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sought and acted on feedback from relevant persons and other persons on the services provided in the

carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person had not evaluated and improved their practice. These areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to plan care and treatment which was appropriate, met people's needs and reflected their preferences.</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to assess the risks to the health and safety of service users of receiving care. The registered person did not manage medicines safely.</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and</p>

improper treatment

How the regulation was not being met:

The registered person had not established and operated effective systems to investigate allegations of abuse and to protect people from the risk of abuse.

Regulated activity

Personal care

Regulation

Regulation 16 HSCA RA Regulations 2014
Receiving and acting on complaints

How the regulation was not being met:

The registered person had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

How the regulation was not being met.

The registered person had failed to establish to establish and operate recruitment procedures effectively to ensure only suitable staff were employed.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met:

The registered person had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were effectively deployed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sought and acted on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person had not evaluated and improved their practice.</p>

The enforcement action we took:

We served the provider a warning notice.