

Ann Mason Care

Ann Mason Care

Inspection report

Unit 4 Holton Business Park
Holton St Mary
Colchester
CO7 6NN

Tel: 01206233372
Website: www.annmasoncare.co.uk

Date of inspection visit:
13 June 2016
14 June 2016

Date of publication:
01 November 2016

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inadequate ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Ann Mason Care is a domiciliary care agency, which provides personal care and support to people in their homes. People received a range of different support in their own homes, from daily visits, to a 24-hour live in care service. At the time of inspection there were 46 people using the service.

There is a Registered Manager at this location. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

During the inspection, we identified a number of concerns about the care, safety, and welfare of people who received care from the provider. We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking further action in relation to this provider and will report on this when it is completed.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures.' Services in special measures will be kept under review. If we have not taken immediate action to propose to cancel the provider's registration of the service, they will be inspected again within six months. You can see what action we told the provider to take at the back of the full version of the report. The expectation is that providers found to be providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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.

During the inspection, we found, the provider did not have a robust selection and recruitment process and had employed care staff without obtaining all of the relevant information to make sure they were suitable to provide care and support to vulnerable people.

Some staff reported that training offered to new care workers was not effective. There were ineffective systems in place to ensure that staff were provided with training. Some staff had identified they needed additional support. Staff were not supported and did not have access to regular supervision or an appraisal.

We found the provider had not ensured people were safe because they had not always provided care and support in accordance with people's individual care plans. We found that the provider had not ensured that people had been protected from the risks of unsafe care because people's needs had not been appropriately assessed and reviewed. Care plans did not contain enough detail to enable staff to meet the individual needs and preferences of people. The provider had not identified that some people's care plans were not accurate in all areas and did not ensure all relevant risks were identified. Where risks were documented, some people's care plans did not state actions to reduce risk. Some relevant information about meeting people's individual needs was not available in people's homes.

Care plans were generic and focused on tasks, which did not reflect the different needs of each individual. This meant the provider could not be assured that care staff had the correct information and guidance about how to care for people based on their current needs.

The principles of the Mental Capacity Act 2005 (MCA) had not been properly followed in regard to obtaining signed consent to care. When people required assessments to include mental capacity, care plans were not in place. This meant that staff might not always have the correct information needed to carry out their role effectively. Staff were not familiar with Mental Capacity Act 2005, and told us that they had not received training in this area.

Complaints and concerns raised by people were not reviewed to enable review of the quality of service provision.

Positive relationships had been developed between care staff and people. People told us that they thought most of the care staff were kind, and respectful. People told us they were spoken to in an appropriate and caring manner by staff. Staff spoken with showed a kindly and approachable attitude towards people.

The provider had not identified they were not always ensuring confidentiality of people's information when emailing information.

The provider did not have fully developed systems to ensure the safety of people when supporting them with taking medicines; however records were available to care workers in people's homes.

The provider and the registered manager did not undertake necessary checks to ensure the quality of the service they provided to people. When shortfalls were identified, actions were not taken to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were not detailed enough to manage risks and not reviewed regularly or when needs had changed.

Pre-employment checks of staff ensured the service did not reduce the risk of unsuitable people working with vulnerable adults.

People expressed confidence in the ability of the service to keep people safe.

Is the service effective?

Inadequate ●

The service was not effective.

People were not supported by staff who had received adequate training, supervision, and monitoring to carry out their roles effectively.

The provider did not give staff clear information from health professionals to ensure that staff had adequate guidance to make sure that people at risk were protected.

Care staff were not trained in the Mental Capacity Act and had poor understanding of how to support people to make decisions and choices.

Is the service caring?

Is the service caring?

Requires Improvement ●

The service was not always caring.

People told us that staff was respectful people's dignity and privacy.

People were not involved in making choices about their care and their independence was encouraged.

Staff understood the importance of building a good rapport and

developed meaningful relationships with people.

Is the service responsive?

Inadequate ●

The service was not responsive.

People's care plans were not personalised and lacked the information that care staff required.

The provider did not have an effective complaints procedure and people's complaints were not always responded to and acted upon appropriately and in a timely manner.

People told us that they had regular carers and were pleased with the overall care that they received.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not identify risks and did not have strategies in place to minimise these risks.

Quality assurance systems and audits were not in place to monitor the service provided to people, and so the registered manager was unable to identify shortfalls in the safety or quality of the service.

Annual surveys had been completed to seek the views of people using the service, but this information had not been used to drive continuous improvement.

Ann Mason Care

Detailed findings

Background to this inspection

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

This inspection took place on the 13 and 14 June 2016 and was unannounced, which meant the provider did not know we were coming. One inspector carried out the inspection.

Before the inspection, we reviewed information we held about the service including notifications and other we had information received from members of the public. A notification is information about important events, which the provider is required to send to us. Prior to this inspection, we received information raising concerns about the quality of service provided by Ann Mason Care.

We looked at the care plans of six people and fifteen staff files; we also reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During our inspection, we spoke with the registered manager, nine members of staff, and five people who use the service and one health professional.

In response to the inspection, a meeting with the provider was held on the 1 July 2016.

Is the service safe?

Our findings

People told us they felt the service was safe. One person said, "I always feel safe when the carers come." Another said, "I feel safe." Despite people telling us that they felt safe, we spoke to staff and checked records and found that the service required improvement in this area.

Prior to this inspection, we received information raising concerns about the quality of service provided by Ann Mason Care. These concerns were mainly around staff not being appropriately recruited and trained.

We checked records, and found that staff had not received regular training in safeguarding people from abuse. All of the staff we spoke with could explain how they would recognise signs of potential abuse and how to escalate their concerns. Most staff told us they had not been given training since being employed by Ann Mason Care but knew what to do because they had worked in health and social care previously and had received training with previous employers. One member of staff told us that they had significant concerns about new people who may be recruited if they were not already trained and experienced due to the lack of training and support that staff received.

The registered manager told us applicants attended an interview to determine their suitability. However, interview records were not always available to evidence how the provider had assessed applicant's suitability to meet the requirements of the role. We checked records and found that checks to make sure that staff were recruited safely were not consistently carried out as part of recruitment. For example, some staff did not always have references obtained prior to them starting employment, and others had no records of application forms on file. We noted that a number of staff had not had a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant that we could not be certain that the provider had assessed people's suitability for the post.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked records, to look at the ways in which risks were managed and found that they lacked information and guidance for staff. This meant that we could not be certain that staff would always have the correct information needed to make sure people were safe and protected from harm. For example, in persons care record it had been identified that a person was allergic to rubber. No further information was recorded. This meant that we could not be certain that staff would be clear about what action to take if the person was at risk of anaphylaxis which is a severe, potentially life-threatening allergic reaction.

Some staff told us that, on occasions two care staff were required to support people to move safely, for example when transferring from their bed to a chair. We were told that at times, new members of staff had been sent to assist to provide double up care without being given manual handling training, and that this had impacted on how much the person could assist the other carer. This meant that we could not be certain that people may not be moved and assisted correctly and may have placed people at risk of harm.

People we spoke with told us there was enough staff on shift and that on occasions staff would turn up late but that did not give them cause for concern. One person told us, "If they are short staff they ask if they can do another day, I don't mind." We checked records relating to staffing levels and found there were sufficient numbers of staff available. We looked at rotas and the providers approach to allocating work. The provider used an on call system to track and allocate work. This system required staff to call at the end of each shift to confirm that all the care calls had been completed.

We spoke with staff and they told us there was enough staff on shift to enable them to carry out their role. If people were absent due to sickness staff told us they were flexible and covered absences.

People told us they received the support they required with their medicines. We looked at records and found they did describe the type of support and the amount of medicines people needed. Some of the records we reviewed which were stored at the office did not have a copy of the medication administration record (MAR) retained on file, despite the assessment indicating that medication was given, when we checked records at people's home, we found that MAR's were correctly completed.

Staff members had not received training from Ann Mason Care in the administration of medicines. We noted that some staff had a competency assessment completed, but it lacked detail specifying what practice had been observed and what areas staff were competent in. We checked records and systems and found the service had an inconsistent approach to reducing the risk of medication errors. For example, the registered manager told us that when MAR's were returned to the office they were audited to look for potential errors. We looked at people's records and did not see that this had taken place. This meant that whilst people were not at immediate harm the provider did not check to make sure that people were receiving their medicines safely.

Is the service effective?

Our findings

We spoke with staff, they all told us that they had either not received or had been given very little in the way of training since working for Ann Mason Care. One staff member told us, "I think this company is new at providing care. They are trying to learn, but the training really needs to be more structured." We spoke with the registered manager about this and they told us that all staff had been enrolled on to an e learning system. We noted that this system offered some e learning training linked to the care certificate induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that these workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. When we checked the system against the staff list we had been given, we found that not all staff had been enrolled to complete this training as we had been informed. We noted, some staff had competency assessments completed and this was retained within their file, However the record of what care practice had been observed was vague. We checked records and found that the provider did not review the skill mix of staff. we spoke with the registered manager about this and they told us they were in the process of using a new system. The registered manager explained, "Staffing levels not assessed. The co-ordinators know instinctively what staff to allocate in relation to training." The provider showed us the current electronic system they used. Staff training had to be entered manually. The registered manager explained, "The training information on the system had not been entered, but our new system [System Name] should be up and running in July." This meant that we could not be assured that people were being supported by staff that were appropriately trained and competent.

One staff member told us, "I think this company is new at providing care. They are trying to learn but the training really needs to be more structured."

We checked the records of people who had recently been employed by the provider and found that some people had not completed an induction. One member of staff told us they received a one day induction when they joined the company and were enrolled on working towards the care certificate. Another staff member we spoke with explained they did not have an induction, but that they were very experienced and had received lots of training with other companies.

We spoke with the registered manager about this, they explained that they had recently introduce a new online system linked to the care certificate and were in process of enrolling all staff on to complete this.

Staff we spoke with told us that they did not have regular supervision or an annual appraisal. We checked records and could not find evidence of staff receiving supervision, spot checks, or appraisals. This meant that the provider could not assure us that people were receiving effective care, from staff that had regular supervision and guidance from management.

Due to staff not receiving adequate training and supervision, this is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an observation of a handover of 24-hour care staff. When we arrived we were greeted by the

supervisor who informed us that the 24 hour live in carer was not going to be available that day as she had to leave the previous day. When the next live in carer arrived, we observed that a handover was not going to be given, until the new carer prompted the supervisor to provide them with a hand over. The supervisor explained that they were unsure and needed to call the office. They left the room for some time. When they returned, they provided a brief handover to the carer. We spoke with the registered manager, and ask why the live in carer was not at the home and they were unable to give us an explanation. This meant that we could not be assured that the provider was delivering the agreed care in a safe and effective way.

We checked care records and found information regarding dietary needs, preferences and food allergies were not always clearly reflected within the care plan. When people required support from the speech and language therapist (SLT) their advice had not always been reflected within the care plan. Not all people's care records showed the involvement of health and social care professionals when they were involved in someone's care. For example, we noted that care plans had been reviewed, and changes had been made, just before our visit. When we checked records, we did not find any medical guidance from health professionals to inform some of the changes that had been made. When someone was at risk of malnutrition and dehydration we noted records were not in place to review the quantities that were being consumed. This meant that we could not be assured that staff had access to the correct information to enable them to be effective in their role.

We spoke with the registered manager about this, they told us that they did not always think it would be relevant to include this information. Staff told us that they knew whom to contact if there was a concern. One staff member explained that, "I have a clip board that I keep with me. I have collated this myself so that I know who to contact in the event of an emergency." This meant that we could not be assured that staff had the correct information available to them to be able to contact the correct professionals in case of an emergency.

People told us that staff always asked for their consent before they provided care to them. We checked records and noted that staff had not received training in the Mental Capacity Act (MCA) 2005. We spoke with staff they were unable to explain that they understood the act and could not describe how they supported people to make decisions. Most staff told us that they felt they needed training in this area. 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.

We found that people did not always have their best interest explored before decisions were made for them. For example, we noted that some 24 hour live in care staff assisted people to access their money. At the time of our inspection, the provider did not have a policy or procedure in place to inform the approach or provide guidance to staff. When we spoke with the registered manager about this, they said that they would write one immediately. We noted that the registered manager had no systems in place to audit when staff were supporting people to manage and access their finance. As the provider did not have oversight of this area, this meant that we could not be assured that people would not be open to financial abuse. We noted that where best interests were being made for people that this was not recorded within the care records.

The manager told us that some people had family members who had lasting power of attorney. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When this was in place, we noted that this was not recorded within the

care record.

As staff are to understand the requirements of the Mental Capacity Act 2005, and help people make informed decisions, and as the provider did not have a policy or procedure in place for obtaining consent to care when this was required. We found 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

We found staff were experienced and had a caring approach, however as the provider did not provide a robust framework of recruitment, supervision, training or care planning we could not be certain that this could be consistently maintained.

People told us that they thought most of the carers were kind and caring. One person said, "The care I have received is brilliant." Another person told us, "We have a right laugh."

People told us staff treated them with dignity, respect, and upheld their right to privacy. One person explained, "The staff are very respectful towards me, and I have never had any problems."

Staff we spoke with could explain about the importance of encouraging people to do as much as they can for themselves. Staff told us that they understood the importance of promoting people's independence and told us they encouraged people to do as much for themselves as possible.

One staff member described how they maintained people's privacy and dignity when providing personal care. They said, "When I am giving personal care I always make sure the person is covered with a towel, and shut the curtains." We observed staff being kind towards people.

People told us that most of the staff knew what they liked and provided them with the correct care according to their needs. Most people we spoke with told us that they had not had their care reviewed regularly. We spoke with a relative of a person who was very complimentary about the carers and the service their relative received. They told us, "The staff are very good, and they have good laugh with [Name.] Sometimes they will stay over the allotted time if there are things that need doing."

Is the service responsive?

Our findings

People told us they felt the provider was responsive to their needs. One person said, "If I want something done they do it." Despite people telling us that they thought the service was responsive we checked records and spoke to staff and found that the service was inadequate in this area.

People told us they were supported by carers who met their needs. Some people we spoke with told us that the staff would often run late but that this did not create a problem for them. One person said, "There can be a lot of hold up with the traffic which can make them arrive late, but that doesn't bother me."

On the day of our inspection, we found that people were not having their care reviewed regularly, even when there had been a change in someone's circumstances. For example, one person's records showed that there had been guidance provided from Speech and Language professionals (SLT) about how to deliver safe care when eating. We noted the care plan had not been updated and there was a handwritten entry for office staff to research the condition. There was no evidence that this had been done.

In another person's records we noted that they required their blood pressure to be taken, when we visited the persons home, we noted that the care plan had been reviewed an hour prior to our inspection, and it had been recorded that this was no longer required. There was no clinical information from health professionals explaining when this should be stopped.

We spoke with the staff member who carried out the review, they explained that the registered manager had told them that this was no longer required, which was why it had been changed, but that they had not seen and any instructions from health professionals. We noted that there were no records to show that the person's blood pressure had ever been taken, and there was no guidance for staff in the records, advising them of what action to take in order to reduce risks. This meant that we could not be assured that people were not at risk of inconsistent care and may not always receive the care and support they need.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with told us that they had not been involved in reviewing the care provided to them. We spoke with staff, who told us that they were not involved in reviewing peoples care, and explained that this was down to the registered manager or the senior carer. The registered manager later clarified that they sent regular updates by the care supervisors. On the day of the inspection, we found that this was not always done consistently. Poor information sharing processes meant that staff did not always have the information needed to be responsive to peoples changing needs and that when peoples care was reviewed, it took into account all of the relevant information.

The registered manager told us that we were unable to speak to some of the people we selected due to them having advanced dementia or because they did not want to speak with us. We checked records relating to people who had a diagnosis of dementia, and we noted that there were no records explaining to

staff about how to manage the condition. We also could not find evidence that staff had received dementia awareness training. This meant that they may not know how to respond to a person changing needs and behaviour.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they would phone the office if they had a complaint. No one we spoke with during the inspection had raised any concerns or had any complaints about the service. One person said, "I have had no reason to complain."

We checked the provider's complaints process and found a system was in place but it was managed inconsistently. For example, the provider did not have a formal record of all the complaints they had received. The registered manager explained that some complaints were stored on a member of staff's email. We asked to look at complaints and had some emails printed off. This meant the provider did not process complaints in line with their policy. Prior to our inspection, we had been contacted by a member of the public who had told us that they had raised a complaint with the provider, this information was not available to review. The registered manager told us that they did not carry out an audit of complaints that were received to look at ways in which the service could be improved for risks to people reduced. This meant that we could not be certain that complaints would always be dealt with in a consistent, open, and transparent way.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At the time of our inspection we found that the service was not well led. Despite some people telling us they thought the service was well led, we spoke to staff and checked records and found that the service required improvement in this area.

Staff told us that moral was not as positive as it could be, but that they were focused on getting on with the job in hand and supported each other well. Staff told us that they thought the service was often reactive and that the registered manager was not always open or approachable. One staff member said, "[The registered manager] has the clients best interest at heart, but can pass her stress on to others."

Whilst the registered manager had overall responsibility for the service, and could answer some of our requests for additional information or give an explanation when gaps had been identified, some areas were down to others to coordinate. We noted there were a number of people responsible for leading certain areas. For example, a person was lead for training and administrative duties. When we asked these people for additional information to support us with our inspection, they did not provide it too us.

The registered manager and staff did not understand the principles of good quality assurance, and there were no audits in place to review the quality of the service. We noted that a survey had been sent out to people but these had been filed away and the results not reviewed. At the beginning of the inspection, we asked to look at quality assurance records and audits. The registered manager told us that the only audits undertaken were on the Medication Administration Record (MAR) when these were returned to the office. We reviewed care records and could not find any instances where these audits had been carried out. Later that day, the registered manager explained that they had recently introduced spot checks and produced records that showed that a spot check had been carried out on two occasions. The registered manager told us that they needed to complete more and was unable to explain how they would use this information to improve the quality of the service. There were no audits available to assure us that the service monitors and improves the quality and safety of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of our inspection, staff told us that they did not feel supported by the registered manager. We found that staff had not been given opportunities to share their views which contributed to the running of the service.

We checked records and found staff meetings took place on an ad hoc basis. All of the staff we spoke with, told us that they did not have frequent meetings. One staff member told us, "I don't think they have got the structure in place. They need more regular meetings with us and to have an agenda rather than it being ad hoc." The registered manager told us that regular meetings were held with staff, and showed us the records of two meetings that had taken place. We noted that the meetings were a forum for the manager to discuss the service, and were not used to make changes to the way the service was delivered or learn where mistakes had occurred.

The provider's values were not integral to the company's approach, and we found that staff could not tell us what these were. One staff member told us, "vision or values, I think that's on the website, have you had a look on there."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Design care or treatment with a view to achieving service user's preferences and ensuring their needs are met. Regulation 9 (3) (b)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Providers must make sure that staff who obtain consent of people who use the service are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any of the people they are caring for. Regulation 11.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assess the risks to the health, safety, and welfare of receiving the care and treatment. Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Assess the risks to the health, safety, and welfare of receiving the care and treatment. Regulation 16 (2) (a) (b)

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements. 17 (1) (2) (a) (b) (e) (f)</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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff did not have the qualifications, competence, skills necessary for the work to be performed by them. Regulation 19 (1) (b) People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 19 (1) (c).</p> <p>The provider must regularly review the fitness of employees. Regulation 19 (5)</p> <p>Recruitment procedures must be established and operated effectively to ensure that persons employed meet condition.</p>

The enforcement action we took:

From the 24th June 2016, The Registered Provider must not provide personal care to any new service user and must not agree to increase the level of personal care being provided to current service users, without prior written agreement of the commission.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled, and experienced persons must be deployed. Regulation 18 (1)</p> <p>Staff should receive appropriate support, training, supervision, and appraisal as is necessary to enable them to carry out their duties. Regulation 18 (2) (a)</p>

The enforcement action we took:

From the 22nd July 2016, the Registered Provider must ensure that care is being delivered to all service users receiving 24 live in care by ensuring that all care staff that are appropriately employed in accordance with the Health and Social Care Act 2014.