

Aspects 2 Limited

Aspects 2 Supported Living Service

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 27 and 28 July and 1 and August 2018. We previously inspected the service on 21 May 2016 and it was rated 'Good' overall. At this inspection we found the provider did not meet all the requirements of the regulations and we rated the service 'Requires Improvement' overall.

Aspects 2 supported living provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone living at Aspects 2 receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

This is the first time the service has been rated as 'Requires Improvement'.

People using the service lived in different supported living households across Gloucestershire. At the time of our inspection there were 18 people receiving personal care in different households. As part of our inspection we visited four households.

There was no registered manager in post. 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 and associated Regulations about how the service is run.

In February 2018 Aspects 2 supported living changed provider. In June 2018 the registered manager unexpectedly left the service, alongside 13 other staff members. A new manager commenced employment in July 2018 and they were planning to register with the CQC.

We spoke with a representative of the provider and the new manager on the second day of our inspection. They gave us reassurances that plans would be put in place to improve areas identified as requiring improvement during our inspection. The provider had been slow in assessing the quality of the service and putting safeguards in place to mitigate the risk of people receiving unsafe care for example, in relation to the induction of agency staff. Records and information relating to the management of the service was not readily available to ensure evidence how the provider was ensuring the service met the requirements of the regulations. A letter had been sent out to families, staff and people supported by the service on 16 July 2018 stating who would be the new registered manager.

At one of the households, medicines were not always safely managed because some documentation in relation to medicine administration practice was not in place.

The service had suitable systems for identifying and responding to allegations of abuse. Recruitment processes ensured that new staff were of good character and suitable to work with people.

Training records confirmed that all staff had received the provider's required training to support people effectively. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction.

The service worked in line with the principles of the Mental Capacity Act 2005 in terms of people's consent to care and acting in their best interests where appropriate.

People experienced good services in some respects. People were supported to maintain good health and eat healthily. The advice of community healthcare professionals was appropriately sought and acted upon.

Permanent staff members knew people well and people relied on these staff to support them to make day to day choices about their care and daily routines. Some people living at Aspects 2 supported living had very limited vocabulary and found it difficult to make decisions about their care without support. We did not find accessible means of written communication used throughout the service to make sure that people have understood staff.

Staff we spoke with said they felt anxious about the service provided and that morale was low. We observed staff trying to support people in a caring and patient way during the inspection; however, staff told us they felt unsupported and communication was poor.

Some people living at Aspects 2 supported living had very limited vocabulary and found it difficult to make decisions about their care without support. We did not find accessible means of written communication used throughout the service to make sure that people have understood.

It was unclear from speaking with staff how the service supported people to express their views and to be actively involved in making decisions about their care, treatment and support. Available sources of information, advice or advocacy to help people and their families were not readily available.

The service was not always responsive to people's needs. Support plans and risk assessments were out of date and lacked the detail required to provide consistent, high quality care and support.

People did not always have sufficient activities to support them to socialise and lead a fulfilling life.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some areas of the service were not always safe and the service had deteriorated to 'Requires Improvement'.

Recruitment procedures were safe. There were enough staff to meet people's needs. However, a high number of agency staff were being employed which meant staffing was not always consistent.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse.

At one of the households, medicines were not always safely managed because some documentation in relation to medicine administration practice had not been updated.

Risk assessments for some people were not updated and reviewed regularly.

Requires Improvement ●

Is the service effective?

The service was not always effective and had deteriorated to 'Requires Improvement'.

Staff were not always supported and did not receive regular supervision to develop their day to day practice. A plan was put in place to ensure staff had regular supervisions and appraisals.

Training records confirmed that all staff had received the provider's required training to support people effectively.

People's Mental Capacity was assessed and best interest decisions recorded.

Requires Improvement ●

Is the service caring?

The service was not always caring and had deteriorated to 'Requires Improvement'.

Requires Improvement ●

It was unclear from speaking with staff how the service supported people to express their views and to be actively involved in making decisions about their care, treatment and support.

Staff were clearly trying to provide care and treatment effectively and treated people with kindness and compassion.

People were supported by permanent staff that respected and promoted their independence, privacy and dignity as much as possible.

Is the service responsive?

Some areas of the service were not responsive and had deteriorated to 'Requires Improvement'.

People's daily notes were thorough and informative. However, we found people's care plans had not been updated and reviewed regularly.

People at one of the households were not always supported to take part in meaningful activities.

We were unable to ascertain whether complaints and concerns were managed effectively due to the lack of records available to us.

Requires Improvement ●

Is the service well-led?

The service was not well led and had deteriorated to 'Inadequate'.

Since the new provider started providing the service February 2018, internal auditing and quality assurance systems were not always planned for or carried out regularly

Accurate records on the care and treatment people received were not always updated or reviewed.

All the staff and relatives we spoke with told us that they felt the provider change had not been managed well. They felt too much time had lapsed without communication from the new provider.

Inadequate ●

Aspects 2 Supported Living Service

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 was planned to check 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.

Inspection site visit activity started on 27 July 2018 and ended on 1 August 2018. We visited the office location on 27 July 2018 and 1 August 2018 to see the manager and office staff and to review care records and policies and procedures. This was an unannounced inspection, and was carried out by one adult social care inspector.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

As part of our inspection we spoke with seven members of staff including the new manager. We also spoke to three relatives and one health and social care professional.

During our visit, we briefly spoke to three people using the service. As we were unable to speak to everyone because of their communication or learning disabilities we spent time observing what was happening within the service.

We looked at the care records for seven people being supported at the service, six staff files, organisational records, staff rotas and other records relating to the management of the service.

Is the service safe?

Our findings

We received mixed feedback from people, their relatives and staff about the safety of people being supported by Aspects 2 Supported Living. One person said, "Its good". However, two relatives and all six of the staff we spoke with told us consistent staffing was a concern and that a high use of agency staff meant staff were not always as familiar with people's risk management plans as permanent staff members. Staff told us agency workers were never working alone and permanent staff members were always on shift to support and guide agency staff.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. The provider had a number of staffing vacancies and were reliant on agency staff whilst recruitment was ongoing. All staff we spoke with in the different households told us they needed to spend time on shifts to support agency staff and were concerned that it was affecting the time spend with people. One staff member said, "I am doing longer hours now as I can't leave just agency staff. I am working all weekend". One relative told us that they had moved their relative from the service as they were concerned that there're were not enough staff left that knew them well. The new manager told us they were aware that more permanent staff were needed for the service. This had been identified in the provider's July 2018 improvement plan which noted that a new management structure had been put in place across all services. Five team managers and five new support staff had also been recruited.

To ensure new agency staff understood people's risks, the provider had introduced an agency induction checklist that needed to be completed with agency staff before they supported people. This was to provide agency staff with information about people's needs and risk management plans. We were unable to review any completed checklists during our inspection as the new manager was still not familiar with where these were kept. Following the inspection visit the new manager provided us with a blank induction form that should be used so that these matters would not be repeated. However, they could not provide assurances or records to demonstrate that agency staff had received the required risk management information they needed to know how to keep people safe.

People were supported to take risks to retain their independence; these protected people and enabled people to maintain their freedom. We saw individual risk assessments in people's care and support plans with information in areas such as; manual handling, health and wellbeing, personal safety, community access and mobility. However, these had not always been updated regularly. One person's risk assessment for using a wheelchair in the community had last been updated on 7 August 2017 when this person had broken a bone and was in a plaster cast. When we spoke to this person they told us they no longer had a plaster cast and did not require a wheelchair in the community. The same person had a risk assessment for eating and drinking whilst in a plaster cast which had been reviewed in October 2017 but had not been updated. This meant that staff who may not know this person well followed guidelines that were not relevant for this person.

One permanent member of staff at one of the households showed us a white board with bits of paper attached which gave important and specific risk information about people living at the home for those who

didn't know them well. However, as people's support plans and risk assessments were out of date and not reviewed regularly we could not be assured that newer or agency staff would have current information available to them to be able to support people safely.

Medicine administration records (MAR) had been completed for each person and showed people had received their medicines as prescribed. However, at the Meadows, improvement was needed to ensure staff would always support people to manage their medicines in accordance with current best practice. Guidance was not available to inform staff how people were to be supported to take their medicines, including people's preferences on how they would like to take them. Records were not always current which increased the risk of medicine errors occurring. For example, one person's 'as required' medicine stated the medicine was provided in tablet form. However, when we checked the medicine it had been changed to a liquid some months prior to the inspection but the care plan had not been updated. There was no record book available for staff to promptly record the unused medicines that needed to be returned to the pharmacy to ensure good medicine management. The staff member on shift told us a book had been ordered.

The above demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for six staff which evidenced staff had been recruited safely.

Health and safety checks were carried out to ensure the environment remained safe. Fire checks and fire evacuation drills had taken place in some areas. However, a first impressions assessment for one of the households stated a fire evacuation had not taken place for some time. We were told that more audits and action plans were due to take place across all areas. There were policies and procedures in the event of a fire and each person had a personal emergency evacuation plan (PEEP) to ensure their support needs were identified in an emergency situation. The provider had completed a first impressions assessment at one of the households which stated that PEEPs needed updating however, we were unable to see that this had been completed. From our observations, it was evident there were sufficient food safety practices in place. There were different coloured chopping boards used for different foods to minimise the risk of cross contamination.

Is the service effective?

Our findings

Some people spoke positively about staff and told us they were skilled to meet their needs. One person at Beggars Roost said, "I'm ok". One relative said, "Things were really good, but now everyone has been leaving. There are lots of new staff". One staff member said, "We used to have lots of training but there hasn't been any for five months".

At all the homes we visited, staff had not consistently received regular one to one supervisions or an appraisal with a line manager. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. This meant the provider had not systematically monitored staff performance and identify their support and development needs. One staff member said, "I don't feel supported at all right now". The provider had identified this as a shortfall in the service and was taking action to ensure staff would receive the support they needed. An action plan completed by the new manager in July 2018 stated 'There is a new structured supervision form now in place, and a log and a matrix is now in place to ensure these are done and when they are next due. Supervisions will now take place in the form of a 1-1 meeting, medication competency and workplace observations'. At the time of our inspection, this action was still to be completed before we could make a judgement whether it would be effective in ensuring all staff were sufficiently supervised and assessed as being competent to undertake all relevant care tasks.

Training records confirmed that all staff had received the provider's required training to support people effectively. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Staff were able to complete an induction when they first started working with the provider. This was a mixture of face to face training, online training and shadowing more experienced staff.

People were able chose the food they wanted and were supported by staff to assist with food preparation. People were supported to eat a healthy diet and to manage their dietary needs. People had been referred to the dietician or speech and language therapist when needed for advice around their diet and safe eating and drinking. People were supported to plan what they would like to eat and were able to change their mind if they didn't feel like what was on the menu.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed if

required and records confirmed this. Where people were lacking capacity and were being deprived of their liberty, the appropriate applications had been made. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP).

People received support to keep them healthy. People had access to a range of medical professionals including, doctors, dentists, a chiropodist, and an optician. Where people's health needs had changed some appropriate referrals had been made to specialists to help them get better, for example one person had visited the dentist in March 2018. One relative said, "[The person] always had support from professionals, this has never been an issue".

Is the service caring?

Our findings

Throughout our inspection we found staff had a caring attitude and person-centred approach. At all the households we visited we found many examples of how this had resulted in people experiencing their staff as being caring, compassionate and kind. Permanent staff members knew people well and people relied on these staff to support them to make day to day choices about their care and daily routines.

Some people living at Aspects 2 supported living had very limited vocabulary and found it difficult to make decisions about their care without support. We did not find accessible means of written communication used throughout the service to enhance people's understanding. For example; information was not available in an easy read format or with pictures to aid people's understanding, increase decision making or engagement with their support. This included their own support plan, risk assessments and a complaints form to enhance opportunities for them to be involved in their care. Staff that did not know people well might therefore not have all the tools they needed to support people to engaged with their care.

It was unclear from speaking with staff how the service supported people to express their views and to be actively involved in making decisions about their care, treatment and support. Available sources of information, advice or advocacy to help people and their families were nor readily available. All the relatives we spoke to told us in recent months they had not had any communication with the new provider. People and their relatives might therefore feel they were not listened to and or supported to express their views.

The provider had not given consideration to the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people living with a disability or sensory loss are given information in a way they can understand. The provider had identified this as an area that required improvement in their first impressions assessments at Storrington and The Meadows. They were putting plans in place to review support plans and easy read/ picture formats were to be implemented for those people who required them. At the time of our inspection, this action was still to be completed before we could make a judgement whether it would be effective in ensuring that people who had limited vocabulary would receive the support they needed to make decisions and be involved in their care.

Some staff knew the people they supported well including their care and wellbeing needs. For example, one support worker discussed the preferences people such as how they liked to run their home and spend their days. They told us, "We are protective of [The person], agency workers would be no good, so we cover shifts between us, there are a group of four staff and three of us have been here for 14 years, we know them well".

Support workers promoted people's dignity and wellbeing. They told us how they ensured people's dignity was respected when supporting people with their personal care tasks such as showering and getting dressed. One staff member knocked on one person's door before entering and spoke to them in a dignified manner.

Staff told us supporting people to maintain contact with their family and friends was an important part of providing good care and support. A relative of one person who lived at one of the households told us, "They

come home occasionally and we always feel welcomed when we visit". Each person had a one-page profile of their family contacts in their support plans. This included contact details and birthdays and special occasions.

People were supported to dress accordingly to their individual tastes. On the first day of our inspection we saw one person who had been out into the community and returned in clothing that was appropriate for the extremely warm weather on that day. Any support needs with regard to people dressing and undressing were clearly stated in support plans. One person's support plan stated '[The person] requires assistance with buttons, zips and laces'.

People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were met in this area. Care and support plans we looked at contained information with regards to people's preferences in areas such as; practising faith or religion and people's values and beliefs. One person's support plan stated they did not currently wish to practice faith but this would be reviewed regularly.

Is the service responsive?

Our findings

Each person had a care and support plan to record and review information. Each support plan gave guidance on what was important to people, what people liked and what others admire about them and how to support them. Each support plan detailed individual needs and covered areas such as; communication, support needs, keeping healthy, leisure/hobby interests. Some of the information recorded about people in their care plans was not regularly updated; therefore, they did not always reflect current needs. Staff completed daily notes for each person every day. The section in the daily notes about what people did each day were thorough and contained a good level of detail of how people had spent their day. The daily notes contained information around what support had been provided to people, what they had to eat and drink and any activities they had taken part in. This gave staff a good overview of how people were feeling and if any emotional support was needed. If people were feeling anxious or upset this was clearly documented.

There was a risk that staff not familiar with each person could be misinformed if they followed the information in people's care plans. Examples of this included; risk assessments giving conflicting information about how to support people and some behaviours that may challenge were not clear. The new manager told us, "We know this is an issue and we will be reviewing care and support plans as soon as we can". An action plan completed in July 2018 stated, 'All client support plans will be put on to a new format, and will be reviewed every three months and updates will be done as and when they occur'. At the time of our inspection, this action was still to be completed before we could make a judgement whether it would be effective in ensuring that people's care plans always reflect their current needs and preferences.

Most people had regular access to meaningful activities. We found that some people led busy and active lives whilst others had fewer opportunities to participate in activities that met their needs. People at one of the households did not always receive the support they needed to pursue their interests and social needs outside of their home. Due to the staffing concerns at the service in recent weeks people were not always accessing the activities on their planners. One staff member said, "The three people who live at one household don't have any access to a car, they either have to walk or get on the bus. Lots of places are inaccessible for them. I don't know why they don't have a car share. I don't think it's been discussed with them". The provider told us a car share arrangement had been in place but the arrangement had broken down. Some examples of activities people participated in were; local community groups, walks, disco, cooking, cinema, bowling, horse riding, watching DVD's and having a massage. These were clearly documented in people's support plans and each person had a weekly activity planner.

Staff and resident team meetings were not being held regularly. This meant that people and staff did not always have the opportunity to voice concerns or discuss people's care and support needs to ensure a consistent approach. Two staff members we spoke to told us they had not attended any team meetings for over eight months and one said, "There are not enough staff to attend a meeting, they've all left and morale is low". There were no records of meetings for people using the service to discuss issues arising within the home. An action plan completed by the new manager in July 2018 stated, 'During the 1-1 meetings with the team managers, I have asked for these to take place and for myself to attend'. The new manager told us an open day was planned for the next week and all people, relatives and staff were welcome to meet and greet

the new management team.

Records relating to complaints were not readily available as the new manager was not yet familiar with this information. No current complaints were being investigated at the time of our inspection. One relative told us, "I had a great relationship with the registered manager but now they've left I don't know who to ring or who to contact". The provider told us the management team had sent out a letter to families, staff and people supported by the service on 16 July 2018 explaining who was the new registered manager. Improvement was needed to ensure relatives and people using the service would receive information about the provider's complaints procedure.

Is the service well-led?

Our findings

The registered manager had left the service in June 2018 and a new manager started on the second day of our inspection. They were planning to complete their registration with CQC to be the new registered manager. Due to provider and management changes and many staff familiar with the service leaving, the service appeared to be somewhat 'chaotic'. New staff could not find the information we required for example in relation to agency staff induction, team and resident meeting minutes and supervision records. The provider told us after the inspection that lots of the information did not exist, therefore could not be made available for our inspection.

The provider had delegated the day to day management of the service to the new manager; however, the new manager did not have all the information available to them to inform an inspection and to assure themselves whether the service was meeting the requirements of the regulations. It would have been reasonable to expect that the provider would have information for example in relation to complaints readily available to the new manager after the registered manager left. Where information was not available it would have been reasonable for the provider to have plans in place to show how the lack of records and information was being managed to ensure the regulations were being met and the impact on the quality of the service people received were mitigated. The senior managers were responsive to our concerns during our feedback and assured us they would take action.

All the staff and relatives we spoke with told us that they felt the provider change had not been managed well. They felt too much time had lapsed without communication from the new provider. We found this had made relatives and staff anxious about what the future held. Some staff told us they were unclear about their roles and responsibilities in the new provider's staffing structure and duty requirements. Relatives and health professionals knew who the previous registered manager was but had not been formally told that they had left the service in June 2018. A new staffing structure had been implemented however staff were not aware of this. One relative said, "There are lots of changes, so many that it's hard to know who to go to". One staff member stated, "I don't know whether I have a job or who my manager is. Communication has been so poor". The provider told us after the inspection that lots of the information did not exist, therefore could not be available for our inspection.

Since the new provider started providing the service February 2018, internal auditing and quality assurance systems were not planned for or carried out regularly at Aspects 2 supported living. The provider could not provide us with any completed medicine or other relevant audits. Two first impressions provider assessments had only been completed in July 2018 at two of the households five months after the provider took over the service which identified most of the concerns we found.

There had been a delay in identifying these shortfalls which placed people at risk of receiving unsafe and inappropriate care. We received an action plan by email from the new manager however this was brief and did not show what immediate safeguards had been put in place to mitigate the risk of people receiving unsafe and inappropriate care whilst further audits were being completed by the provider's quality team. Action to identify shortfalls and assess the quality of the service people received had been slow to take

place. An action plan completed by the new manager in July 2018 stated 'Team managers will support staff members and ensure that regular supervisions take place so that staff can raise concerns or queries. A new questionnaire has been designed which will be posted to each member of staff, the feedback will allow support to be tailored to each staff members concerns. Time was needed for audits and action plans to be completed and evaluated before we could judge them to have been effective in supporting the new provider and manager to make the required improvements.

Systems in place to support staff through supervision and team meetings had not operated effectively throughout the service. The manager therefore did not have all the information they needed to identify any risks relating to staff performance and practice in the service. Team meetings were not being held regularly and the provider could not provide us we were unable to locate any meeting minutes. One staff member said, "There are no keyworkers, no meetings and morale is low". There were no records of meetings with people using the service to have a voice or discuss issues arising within the home.

Feedback from people using the service had not been sought. Comments and views were not recorded in care records, minutes of meetings held with people, comments or complaints received or as a result of satisfaction surveys. This meant people and their relatives had not been given regular opportunities to provide feedback on the service received from the new provider. We were told a senior manager and a quality team were going out to services to meet teams, this would establish lines of communications and so that staff are aware of who their management team consists of.

We found that the quality monitoring systems implemented to managed risks in the service were not always effective and record keeping was sufficiently maintained. This was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

Staff worked hard and maintaining a person centred service. Staff working at two of the households told us, "We really do care and we are really trying to help the people here. But it's just so difficult right now. Morale is so low". We observed staff who were clearly trying to provide positive support and care to people at the services we visited. They told us that they had spent time trying, and were committed to sorting out things for people but there was 'a lot to do'.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to assess risks to the health and safety of people living at the service and they had not always been assessed or reviewed. 12(2)(a)</p> <p>The provider had not done all that was reasonably practicable to mitigate risks. 12 (2)(b)</p> <p>Medicines were not always managed effectively. 12(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were no regular audits in place to improve the quality of the service. 17(2)(a)</p> <p>No systems were in place to identify risks to the health and safety of people who lived at the service. 17 (2)(b)</p> <p>The registered person failed to ensure records relating to people were up to date and reviewed regularly. 17 (2)(c)</p>