

Bridging the Gap Ltd

# Bridging the Gap Limited - Oldham

## Inspection report

The Honeywell Centre  
Hadfield Street,  
Oldham  
OL8 3BP  
Tel: 0161 6206557  
Website: [www.btg.care@gmail.com](http://www.btg.care@gmail.com)

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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?

Requires improvement



### Overall summary

This was an announced inspection on 29 and 30 July 2015. The inspection was announced 48 hours prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection visit.

Bridging the Gap is registered to provide personal care and support to people in their own homes and to access the local community. At the time of our inspection 44 people used the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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.

People we spoke with told us care staff were nice and good at what they did, we observed staff treating people with respect and people told us they felt safe when staff visited them at home.

We found care records were not always accurate and complete and did not contain information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed.

People were involved in decision making throughout the initial assessment process but continued involvement of people in reviews of risk assessments and support plans was not always being carried out and documented clearly. Risks were not mitigated because there was a lack of detailed risk assessment about people's safety and care needs.

## **This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Although systems were in place to manage medicines safely, some staff did not follow these systems and did not complete records appropriately. This meant that accurate records of medicines either prompted or administered to people were not being maintained.

## **This was a breach of Regulation 12 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014**

The provider did not have effective quality assurance systems in place for regularly reviewing care plans, managing medication, monitoring staff competencies and ensuring staff had the correct and current level of training in order to be able to complete task

## **This was a breach of regulation 17 (1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014**

We saw that that ten care workers had been employed by the service long enough to be required to complete the mandatory refresher course in Safeguarding Vulnerable People.

## **This was a breach of Regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We found the provider was in breach of Regulations. You can see what action we told the provider to take at the back of the full version of the report.

Robust recruitment processes were in place to ensure staff employed by the service were safe to work with and support vulnerable people.

The staff we spoke with were knowledgeable about their roles and responsibilities. All Staff received mandatory training and were working towards a nationally recognised qualification the 'Care Certificate'.

We saw evidence to show the service matched care staff to people's needs, to ensure people were provided with the care and support they wanted and needed, this included communication in people's chosen languages.

Staff at Bridging the Gap supported people to access the community and attend regular health appointments.

Procedures were in place to help keep people safe and staff had a good awareness of these procedures and what action they would take to protect people's health and wellbeing

The registered manager and care manager have encouraged a positive culture amongst care staff and shared learning to try to improve practices and the quality of service provided.

## **The overall rating for this service is 'Requires Improvement'**

**Services require improvement will be kept under review and, will be inspected again within six months.**

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Care records were not always accurate and complete and did not contain sufficient information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed.

There were no monitoring systems in place to ensure the safe administration of medication. There was no evidence to show how medication administration record sheet (MAR) charts were being audited by office staff.

Staff were recruited in a safe way and had a good awareness of safeguarding and how to report concerns about people's wellbeing.

The service had adequate staffing levels but some staff had lapsed their mandatory training

**Requires improvement**



### Is the service effective?

The service was not always effective.

Carer's were provided with appropriate training and support to enable them to fulfil their role effectively but not all staff had essential up to date training and competencies in place required to maintain effective care.

Policies were in place in relation to the Mental Capacity Act 2005. The registered manager understood their responsibility under the Mental Capacity Act 2005 (MCA) and had a good knowledge of the people they supported and their capacity to make decisions.

Monitoring of fluid and nutritional intake was not always reviewed by the manager

Access to external healthcare was sought in a timely way

**Requires improvement**



### Is the service caring?

The service was not always caring.

People and their relatives did not receive support from staff to make decisions about the care they received.

Care staff were knowledgeable about the people they supported. People spoke positively about care staff and told us they treated them with respect.

Care workers respected the confidentiality of people using the service

**Requires improvement**



### Is the service responsive?

The service was not always responsive.

**Requires improvement**



# Summary of findings

Care was planned and delivered to ensure it met people's needs and preferences but records were not kept up to date.

Where people communicated changes about how their care was to be delivered it was not always clearly documented in reviews and updated in office files.

Complaints were investigated and responded to.

## Is the service well-led?

The service was not always well-led.

The provider had a range of audits in place, such as quality assurance, review of support plans but some had not been carried out regularly, such as auditing medication administration record (MAR) charts and reviewing of risk assessments.

The registered manager and care co-ordinator encouraged a positive culture in the work place amongst care staff and operated open door policy for staff to help drive improvements forward.

Systems were in place to monitor and assess the quality of the service provided but this was not feedback to people or care staff.

**Requires improvement**



# Bridging the Gap Limited - Oldham

## 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

We contacted the Registered Manager 48 hours before our visit to advise them of our plans to carry out a comprehensive inspection of the service. This was to ensure that the register manager and any relevant staff would be available to answer our questions during the inspection process.

The inspection was carried out over two days by one inspector.

On this occasion we did not ask the provider to complete a provider information record (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Before we visited the location we checked information that we held about the service. No concerns had been raised since the last inspection. We contacted the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch and local commissioners told us they had no concerns with Bridging the Gap.

We observed care being delivered to eight people and spoke with 5 people using the service and 2 relatives. We reviewed 4 care records, 4 staff files, and medication administration record (MAR) sheets for 3 people, the staff training plan, quality audits, and complaints.

We spoke with the registered manager, care co-ordinator, a senior care worker and four care staff.

# Is the service safe?

## Our findings

We were not assured that risks to people's safety were being well managed. We saw that one person had a risk assessment completed which identified unbalance on feet, but no support plan had been developed to manage this risk or guidance for staff to follow procedures if this person did fall. We saw that the health and safety risk assessment for this person had not been reviewed since December 2013 and found that the manual handling risk assessment was incomplete, with no up to date information recorded. We saw this person being supported by carer's offering their arm for the person to balance but this support was not documented in the care plans or risk assessment.

In the care plans we reviewed there was a single generic risk assessment, covering the person's home environment, mobility, self-medication, slips and falls. None of the risk assessments were personalised. There was no evidence to show how each risk had been assessed and no information to guide care staff on how people's care should be managed and delivered to mitigate the risk when supporting the person. In line with the provider's policy all risk assessments should have been reviewed yearly. However, we found some risk assessments had not been reviewed within this timeframe. We saw that a risk assessment for one person using the service, who was at risk of developing pressure sores, had not been reviewed since December 2012. We saw another risk assessment had not been reviewed since December 2013 and did not properly identify how risks would be managed. Risks were not mitigated because there was a lack of detailed risk assessment about people's safety and care needs.

### **This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

The registered manager explained that all reviews of care plans and risk assessment had been carried out and all updated paperwork was kept in the person's home file but may not have been updated in the office files. We did not visit any people's home to confirm this.

The registered manager explained there was a procedure in place for recording incidents and accidents and that care workers completed a form in the event of an accident or incident. An outcome form is also completed indicating what action had been taken by the care worker or

registered manager and if the support plan had been updated. We looked at 3 records of incidents and accidents that had occurred in 2015, these records had been completed in full.

One of the people using the service we spoke with confirmed the care worker administered their medicines. The registered manager explained that all care workers received training on the administration of medicines as part of their induction. We looked at staff training records to see if all staff had completed their medication training and saw that out of 38 carers 9 carer's refresher medication training was overdue.

We looked at the monthly medication administering record (MAR) charts for 2 people who had between two and four visits per day. We saw care staff had not signed off the administration of medicines during the visits on the MAR chart but had recorded the administration of the medicines in the daily record for each visit. Although systems were in place to manage medicines safely, some staff did not follow these systems and did not complete records appropriately. This meant that accurate records of medicines either prompted or administered to people were not being maintained. We saw that the registered manager had introduced medication competency check forms for all staff but this had yet to be implemented

### **This was a breach of Regulation 12 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014**

The people and relatives we spoke with told us they 'felt safe' when their care workers were in their home and felt that the carers respected their homes and property. One person said "I feel comfortable with my carers, and I feel safe with them"

We saw information relating to safeguarding concerns was kept in a folder with all related correspondence including the outcome of any investigation. There were policies on safeguarding vulnerable adults which identified the responsibilities of managers and support workers. There was also a whistleblowing policy and procedure. The registered manager explained that carer's completed training on safeguarding vulnerable adults as part of their induction. Care workers we spoke with gave thorough explanation on types of abuse and what they would do if they needed to report any abuse. Carers had a good awareness of the service's safeguarding procedure and

## Is the service safe?

were confident in what action they would take to report any concerns about the people's wellbeing. All of the carer's we spoke with told us they would report any safeguarding concerns to the management and if they felt appropriate action was not taken to respond, they would escalate their concerns to outside agencies such as the local adult protection unit or police.

We spoke to one carer who told us that they had not completed safeguarding training with Bridging the Gap but had completed it with a previous employer. We saw that from the training matrix provided there were 10 carer's who had not received refresher training in safeguarding. The providers training identified that care staff were expected to complete a refresher course every three years, this meant that these staff had not received appropriate training required for their role as identified as mandatory by the provider.

The registered manager explained that the number of care workers required for each visit was based upon the person's care needs that were identified during the initial assessments and in discussions with the local authority, the person and their relatives. Care workers were allocated based on their skill set, location and any preferences identified by the person using the service for example gender or language.

We found that the provider had a recruitment process in place. The registered manager explained that before a person was invited to interview they would discuss the role with them and before an interview the person would complete an application form and pre interview questions related to the role. As part of the recruitment process prospective carers attend an interview and all pre-employment checks such as obtaining two references are requested. New carer's could not start their role until a disclosure of barring check (DBS) had been carried out to see if they had a criminal record. A DBS identifies people who are barred from working with children and vulnerable adults and ensures a person's suitability to work with vulnerable people.

In the staff folders we reviewed we saw that the provider had received two suitable references for each member of staff, the references had been verified, notes had been taken during the interview and a check with the disclosure and barring service had been completed.

We looked at 3 staff rotas and 4 care records which reflected each person's support plan, to determine if correct level of support was being provided. We were satisfied that all staffing levels had been assessed appropriately and the correct level of care staff was being deployed. We saw that all people who required two carer's had always been provided with the correct level of support.



# Is the service effective?

## Our findings

We saw people being cared for by staff that had not received the necessary training to deliver care safely and appropriately on the day of the inspection. All new staff completed a two day induction course which included sessions on principles of care, safeguarding, policies and procedures, moving and handling, confidentiality, and medication management. The registered manager explained that they have developed the new induction training sessions based on the requirements for the new Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New care workers complete a short test at the end of each session of the induction to check their understanding and knowledge. Following the induction all new staff member complete a two week period of shadowing an experienced care worker and only then to work independently.

The provider had identified four mandatory training courses for all staff to complete which they felt was necessary to provide safe care, Safeguarding Vulnerable People, medication training, moving and handling and health and safety training covered in their induction. Care staff was expected to complete a refresher course every three years in accordance with Bridging the gap training policy. However, the registered manager provided a spreadsheet identifying the training records for all 38 care workers. We saw that that ten care workers had been employed by the service long enough to be required to complete the mandatory refresher course in Safeguarding Vulnerable People. We saw that eight care workers who had not completed their medicines management refresher course and ten care workers moving and handling training was out of date. This meant that these staff had not received appropriate training required for their role as identified as mandatory by the provider.

### **This was a breach of Regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered manager explained that each carer should receive supervision every eight weeks. The carer's receive five supervisions and an appraisal and two observations while they were providing care each year. We examined the supervision and appraisal records for five carer's and saw that the care workers were receiving supervision every

eight weeks and one care worker had received supervision on a monthly basis. We saw evidence of work based observations being carried out; however, there were no current appraisals in place. The registered manager was aware that staff appraisals were not being completed and is going to introduce these within the next few months.

Carer's we spoke with told us that the registered manager was always available should they need support. One carer said, "Definitely well supported by the manager, I receive supervision every six to eight weeks." Another carer said "The manager is approachable and I have full confidence in her." Carer's did say that the care co-ordinator and registered manager were always available should they need to discuss anything. One care staff said, "My line manager is approachable and I have full confidence in her."

During the Inspection, we observed care staff asked people for their consent and explained to people what task they were doing before any personal task was undertaken. We observed a staff member discreetly supporting a person with personal care, by communicating to the person in their first language and asking if they needed support. This was done in a respectful manner.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. People living in their own homes are not usually subject to the Mental Capacity Act or DoLS. However, the registered manager explained that if they identified that a person had a problem making a decision about their care and wellbeing they would record the information and inform the local authority for a reassessment of needs. The carers we spoke with confirmed they had received training on MCA.

People were supported to have sufficient to eat and drink to maintain a balanced diet. We saw in care records information about people's preferred foods in line with their dietary needs. We saw training records confirming care staff supporting people with peg feeds had received appropriate training to support and manage their nutritional needs via a gastro feed. We saw that people



## Is the service effective?

were given a choice of drinks and meals when they were visiting the activity room at the main office. However, food and fluid monitoring charts were not always collated and analysed by the manager. And some nutritional records we looked at had not been added up to show if the required amount of liquids had been taken by some people.

People we spoke to said they were supported to maintain good health, and had access to healthcare services such as

the GP, counselling services, and diabetic clinic. One person told us, "Very happy with the service, I receive help with my family, they take me to see the doctors, I have my diabetes checked regularly, no complaints with the service." One person said "I need my care workers and don't want to lose her; she translates for me when I go to my health appointments."

# Is the service caring?

## Our findings

All the 5 people we spoke with spoke positively about the care they received and said they could not do without this service. They spoke highly of the care staff manners towards them and how the support had enabled them to become more integrated in an isolated community. One person told us “I now go out shopping and have friends.” And another person said “My health problems have reduced and I feel better in myself since I have had the support to build the confidence to leave home, my carers are a lifeline.”

The 4 care records we looked at showed people and their relatives were involved in developing care plans at the initial assessment process. However, as care records were not always complete and up to date it was difficult to establish an accurate view of how involved people were during any reviews. Some people told us they had never attended a review of their care.

People who use the service we spoke with told us that the carer's called them by their preferred names. One person said “My care worker calls me aunty as a form of respect in my culture. I prefer this as she is younger than me.” Another person said “They are always polite, I like all my carers, and they're more family, as I have no other family members.”

In conversation we had with people and relatives, we were told that the relationship built between the care workers and them was one of trust and confidence. We saw care workers talking to people in their chosen language, Bengali, and Mirpuri with warmth and compassion. People we spoke with told us they were at ease and comfortable with their care workers.

All the people using the service and relatives we spoke with agreed that the care workers maintained the person's dignity whilst providing care. One person said “The carers respect my dignity and faith and give me my space to practice my faith.” We asked staff how they maintained the

dignity and privacy of the person they are providing care for. One care worker told us “I always close the curtains when I am supporting people with their personal care. I make sure the door is shut, and if the person doesn't need me I will stand outside the door until they call me.” Another care worker said, “while I give personal care I always cover them with a towel to respect their dignity.”

We saw in the support plans we looked at, that people's ethnicity, religion and what name they preferred to be called were recorded. Support plans also identified the support a person needed to maintain their independence. We saw that the support plans had little information on background information or history of the person. This information is important for the care workers in order for them to deliver a more person centred approach, the registered manager agreed and said they would review the support plans to look at making them more person centred and detailed. This meant that people using the service might be at risk of receiving unsafe or inappropriate care.

The service respects the confidentiality of people using the service. One person said “The care workers do not share information about me with other people, especially coming from a close community.” Care workers confirmed this with us. We saw that all confidential information was stored securely in the office and only the management team had access.

Staff told us that they felt they were a good team and that they all cared about the people who they supported. One staff member told us, “We give excellent level of support to service users and their families; we go beyond, because it touches me the support we give.”

The care staff we spoke with understood the importance of providing good care at the end of a person's life. Care plans contained information about people's care and treatment but at the time of the inspection there was no person on End of Life Care.

# Is the service responsive?

## Our findings

People we spoke with confirmed they had been involved in the development of their support plan at the initial stage. However we saw no evidence to show that people were involved in the review of their care plans or risk assessments. There was no evidence documented to say that they had translated the support plan to people in their chosen language and the person consented to the agreed care needs. However one person told us that she could choose to swap her days of support if she needed to be flexible. The five care workers spoke with and the registered manager confirmed they were flexible around people's needs by offering alternative times and dates if people requested this.

We saw that individual care needs assessments were carried out by the service before the service was delivered. The registered manager explained that when the service received the new referral the service co-ordinator arranged to visit the person at their home to develop a support plan and agree on the level of support needed at home and in the community. This assessment was used to identify if the service could meet the level of support needed by the person. The completed assessment identified the person's individual support needs including mobility, how support was required, communication needs, dietary needs, and support with personal care. An assessment was also carried out in relation to the person's medication needs. The assessment identified if the person required medication, and if the care worker was required to prompt or administer the medication. This information was used to develop the support plans and risk assessment.

A care worker told us that support plans should be reviewed at least annually. However we saw that in one person's support plan, health and safety risk assessment had not been reviewed since December 2013. The registered manager explained that the review had taken place but as there was no change to the risk assessment

there was nothing documented. We also saw that the general risk assessment for this person had not been reviewed since December 2013. We saw that in another person's risk assessment it stated "Unbalanced on feet" but this was not documented in the support plans. This posed a risk to the person by not being responsive to their needs. We saw that one person was nil by mouth and was supported with oral suction, we noted that although this person had a full review completed in November 2014 their risk assessment had not been reviewed and so this posed a risk in supporting with his needs by not identifying clearly the risk associated with using a suction tube and chocking. This meant that people using the service might be at risk of receiving unsafe or inappropriate care.

We saw daily records were completed by carer's on every visit and kept in people's files at their homes. These provided information for care staff at each visit and they could read what had occurred during previous visits. We requested people's daily log records and found that these reflected the support plans. The daily records were stored securely in the office.

There was a complaints policy in place. People's concerns and complaints were encouraged.

People told us they felt able to raise complaints with the registered manager. One person told us, "I can talk to the manager, she is approachable, but I have no complaints". We saw that formal complaints were kept and these were fully investigated and responded to. The provider had a complaints procedure in place which was promoted to people during the initial assessment process.

We saw that people were encouraged to access the local community. One person told us "The carer's take me swimming, and shopping. I would not leave home if it was not for my carer" Another person told us "I'm very happy with the service and I look forward to going out of the house"

# Is the service well-led?

## Our findings

The service had a registered manager in place since 20th January 2011 as required under the conditions of their registration with the Care Quality Commission (CQC).

We asked staff who used the service if they found the service well managed. A staff member said “I have confidence in the manager, I can raise concerns, and I feel really happy working here, I get a real satisfaction in my role as we’re giving back to the community.” A person we spoke with told us “I have no problems with the office staff, I come and see them every week”

We spoke with the registered manager about how they asked for feedback from the people who used the service. They explained that surveys were sent to people who used the service and their relatives every yearly. We reviewed the results of the last survey from April 2015. Comments people made about staff and the support they received was positive. For example, one person said; “The service is great because my grandma is having great care four times a day, which gives us all a break too.” Another person wrote “I’m pleased with the fact that the service provider has male carer’s for their service users, respecting privacy and dignity.”

Despite the positive comments from people who used the service we found that people were not protected against the risks of unsafe and inappropriate care. This was because the provider did not have effective quality assurance systems in place for regularly reviewing care plans, monitoring of staff competencies and ensuring staff had the correct and current level of training in order to be able to complete task. As an example the registered manager had developed on the computer a useful management system that could be used to monitor staff training and development plan. However the system developed did not identify any overdue training, therefore the information was not always accurate and up to date. The registered manager told us they would be introducing appraisals as an additional way of monitoring the quality of the service provision.

Spot checks entail a senior member of staff visiting the house of a person receiving care unannounced to check on the care and support being delivered by care workers. They

therefore offer a good method of gaining information about service delivery. We found records of completed spot checks but the information captured was not always in detail and had no outcome of the spot check documented.

We saw that records held in the office had not always been maintained consistently. As an example there were staff training checklists in place on the office computer. But the staff files had not been updated with the training records to show what training had been completed. The files had not been synchronised with the database and did not contain up to date information. One care worker we spoke with said “I have done no Mental Capacity Act training.” Another staff member said “What’s that.” But when we checked against the training record both staff had completed some Mental Capacity Act training in with their Safeguarding training.

We found that people were not protected against the risk of unsafe and inappropriate care. This was because the provider did not have effective quality assurance systems in place for regularly reviewing care plans, managing medication, monitoring staff competencies and ensuring staff had the correct and current level of training in order to be able to complete task

### **This was a breach of regulation 17 (1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014**

Care workers said they felt the service had an effective management structure in place. One care worker told us they “enjoyed the work”, and “there’s always someone in the office to help us and support us if we need it.” They were confident the registered manager and care co-ordinator listened to what they had to say and would always take seriously any concerns they might raise with them about the service.

However, the provider did not have a formal system to ask care workers for their views about their work and the quality of the service. They also told us they had not had any team meetings covering the organisation and work practice. Care worker’s told us they thought team meetings would be useful because it would “give them a chance to discuss what they did well as well as what could be improved.”

The registered manager told us arranging team meetings, where sufficient numbers of care workers attended was difficult because of their working patterns and other

## Is the service well-led?

commitments however they did organise specific support meetings where all staff who supported the same person would attend to discuss their support. The registered manager recognised it would be helpful to have regular team meetings so that they could gain staff views about the service and offer them an opportunity to contribute to the development of the service as well as give staff up to date information on policies and any reviewed documents and practices.

There was a complaints policy in place. People's concerns and complaints were encouraged. The people we spoke with told us that they never have had to make a complaint

We saw questionnaires had been sent out to all people receiving care and support in April 2015, asking for their feedback on the service and the quality of care they receive. The registered manager told us that the returned questionnaires were analysed but this information had not been passed back to the care staff or the people who used the service. The registered manager showed us the result of the satisfaction which showed that people who received care and support and their relatives were happy with the standard of care they received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>Risks were not mitigated because there was a lack of detailed risk assessment about people's safety and care needs.</p> <p>Accurate records of medicines either prompted or administered to people were not being maintained</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective quality assurance systems in place for regularly reviewing care plans, managing medication, monitoring staff competencies</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed. Person employed by the service provider must receive appropriate support, training, professional development supervision and appraisal in order to carry out their employed duties</p>