

RLR Lotus Ltd

Clarriots Care (Leeds East & Kirklees)

Inspection report

Suite 3, The Beehive,
225-229 Longwood Road,
Longwood,
Huddersfield
HD3 4EL
Tel: 03332 005 831

Date of inspection visit: 19 August 2015
Date of publication: 21/10/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

The inspection of Clarriots Care (Leeds East & Kirklees) took place on 19 August 2015 and was unannounced. Clarriots Care (Leeds East & Kirklees) was registered with the Care Quality

Commission in February 2015. This was the first inspection of the service since their registration.

Clarriots Care (Leeds East & Kirklees) is registered to provide personal care. Care and support is provided to people who live in their own homes within the locality of east Leeds. One the day of our inspection 24 people were receiving support with personal care and seven staff were employed by the service.

Summary of findings

At the time of our inspection there was no registered manager in post. On the day of our inspection an acting manager was overseeing the management of the service but they were not yet registered with the Care Quality Commission. They had commenced employment as the assistant manager in July 2015. 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.

All but one of the people we spoke with told us they, or their relative felt safe with Clarriots Care (Leeds East & Kirklees) staff. Staff we spoke with were able to describe the possible signs of abuse and the action they would take in the event of a concern being raised.

People's risk assessments lacked detail or adequate instruction for staff to provide safe care. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff were often late for their calls and there had been occasions when staff had failed to turn up at all. The acting manager said they begun to recruit more staff and had taken action to re-organise the allocation of calls for staff to improve efficiency. The registered provider was not able to evidence staff had received role appropriate training or induction when they commenced employment. These examples evidence a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager and care co-ordinator had knowledge of the Mental Capacity Act but none of the care and support plans we looked at referred to people's capacity or their ability to make decisions. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the staff we spoke with was clear about how they encouraged and enabled the people they supported to access their GP when this was required.

People told us staff were kind. The acting manager told us about the action they had taken to begin to improve the work load for staff and ensure people received continuity of care.

The acting manager told us that staff recruitment files were incomplete and did not contain the documentation required to evidence safe and thorough recruitment of staff had been undertaken.

People's care and support records were also incomplete and lacked sufficient and accurate detail to ensure people received safe and appropriate care and support. No formal assessing or monitoring of the service provided to people had been completed by either the previous manager or the registered provider. Feedback from people who used Clarriots Care (Leeds East & Kirklees) was that the service was not well led. These examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence complaints were not recorded and dealt with effectively. This demonstrated a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been 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

Summary of findings

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.

You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

Staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Risk assessments were not reflective of people's individual needs.

The provider was not able to evidence recruitment procedures were robust.

People told us staff were often late and some calls had been missed.

Inadequate



Is the service effective?

The service was not always effective.

People told us staff did not consistently have the skills or knowledge to meet their needs.

The provider was not able to evidence staff had received appropriate induction and training.

Staff had not received training in the Mental Capacity Act 2005.

People's care plans included information regarding the support people needed with eating and drinking.

Requires improvement



Is the service caring?

The service was caring.

People told us staff were caring.

The acting manager told us about the actions she had taken to improve staff continuity for people and work load for staff.

Staff we spoke with were aware of how to protect people's privacy.

Good



Is the service responsive?

The service was not always responsive.

The acting manager told us many of the care and support records contained insufficient information and some documents were unaccounted for.

People were not protected from the risks of unsafe or inappropriate care and support because accurate and appropriate records were not maintained.

There was not an effective system in place to record and investigate complaints.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well led.

The registered provider told us they had not monitored the performance of the previous manager.

No audits had been completed by the registered provider or the previous manager to assess the quality of the service being provided to people.

There was no evidence feedback had been gained from people since May 2015.

Inadequate



Clarriots Care (Leeds East & Kirklees)

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.

This inspection took place on 19 August 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service including notifications, and we spoke with the local authority safeguarding team. We had also received information of concern regarding the termination of the registered manager's employment, people not receiving their care and support and/or not receiving their prescribed medicines. At the time of the inspection a Provider Information Return (PIR) was not

available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spent time looking at four people's care and support records. We also looked at three records relating to staff recruitment and training, and documents relating to the service's quality assurance. We also spoke with the registered provider, acting manager and a care co-ordinator. Following the inspection we spoke with two senior care staff on the telephone.

After the inspection an expert by experience spoke on the telephone with four people who used the service and seven relatives of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The experts by experience on this occasion had experience in providing care and support to older people.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. Everyone we asked, with the exception of one person, said they did. One person said, "I feel safe when they come." A relative said "She's never said, 'I don't want that person to come'. She's safe when they come. She's never felt threatened by the staff." One person who told us they did not feel safe said, "I live on my own and am concerned about the number of people who come to my home and know the passcode to get in."

We asked the acting manager about their understanding of safeguarding. They were able to verbalise an understanding of what constituted a safeguarding concern, potential signs of abuse and the action they should take in the event of a safeguarding concern being raised. They told us that although they were not fully aware of the registered provider's policy regarding safeguarding, they were able to seek guidance from a staff member at head office and they also took advice from the local authority safeguarding team.

The care co-ordinator told us they had last received safeguarding training in November 2014 with their previous employer. One of the senior care staff we spoke with told us they had not received safeguarding training with the registered provider, but added, "I know the basics. I know what abuse is. I would report it to the manager or CQC and I would document it." They were also able to identify a number of different types of abuse, including physical, financial and neglect. This evidenced these staff were aware of the action to take in the event of a safeguarding concern being raised.

When we reviewed staff training files we only saw documented evidence in two of the four files where staff had received training in safeguarding vulnerable people. This meant the registered provider had not taken reasonable steps to ensure all staff had received appropriate training in safeguarding people from the risk of harm or abuse.

We saw risk assessments in each of the care and support records we looked at. These contained minimal information and were not reflective of all the risks identified with individuals care. One person's file contained a needs assessment completed by the local authority, this identified a number of risks including entrapment (in the

bed safety rails) and pressure sores. The risk level identified by Clarriots Care (Leeds East & Kirklees) for this person was recorded as 'low'. A care plan identified staff were to 'check the person's skin on their bottom'. There was no entry to tell staff to check any other areas which may be at risk of pressure sores, the signs the staff were looking for, or what action to take in the event of them being concerned. There was no risk assessment in place about the risk of entrapment. This meant people's care and support was not reflective of their needs and was not planned or delivered in a way which reduced risks to their safety and welfare.

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

We asked one of the senior care staff what action they would take in the event that someone they were providing care and support to did not answer their door. They said, "I wouldn't leave, I would check through the windows, ask the neighbour and notify the office." This demonstrated the senior care worker was aware of their responsibilities in ensuring people were safe.

We asked the acting manager if we could review a selection of staff recruitment records. They told us when they had taken over the post of assistant manager they had found many of the staff files to be incomplete. They said they had begun to audit each of the files and ask staff to come into the office so they could ensure the relevant paperwork and documentation had been completed. We looked at three staff files and found missing paperwork in each one. For example there was no application form in one file and in a second staff file the application form had been dated the day prior to our inspection. The acting manager told us this was because the staff member had come to the office the day before to complete the application form as the original one could not be located. Only one of the staff files contained references however, we were shown evidence checks with the Disclosure and Barring Service (DBS) had been completed. This meant the registered provider was unable to evidence thorough recruitment and selection processes were in place to ensure staff had been properly checked to make sure they were suitable and safe to work with people.

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

Is the service safe?

When we asked people who used the service if staff arrived on time. Feedback was overwhelmingly negative. One relative said, "On the Saturday night nobody came to put (relative) to bed. We rang and someone came very late. Then they didn't turn on the Sunday morning either." Another relative told us, "They are so unprofessional. They either don't turn up or turn up late." However, two relatives told us that timekeeping had improved over the previous couple of weeks. One relative said, "To be fair they've got the carers coming in fairly regularly now and there haven't been any misses over the past two weeks." Another relative said, "It was chaotic, mainly the time timekeeping. If we put down for 8.45 it could be 10.30 before they came. It has improved over the last couple of weeks."

The acting manager told us that since the registered manager had left they had begun a drive to recruit more staff and they had staff interviews planned for the coming days. The acting manager said they had provided care and support to people to try to ensure people received the care they required. They said they were aware that many people had not received their full package of care and support but their short term priority had been to ensure people received a call and did not miss meals or medicines. When we spoke with a senior carer they told us a new member of staff had recently commenced employment and that further staff interviews were being scheduled.

This evidenced the registered provider had not ensured sufficient numbers of staff were employed to ensure they could meet people's assessed care and support needs. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People also expressed concern over a lack of continuity of staff. A relative said, "There have been so many people through the house, it is worrying." Two of the relatives we spoke with told us there had been a little bit more continuity over the last couple of weeks. One relative said, "We have a regular girl now. She comes at the right time."

The acting manager told us since the previous manager had left they had reviewed the way people's calls were allocated to staff. They said there had previously been three 'runs' for staff, this had now been divided into six. They said this meant the work load was more manageable for staff and people could get more continuity with their care worker. When we spoke with a senior care worker they corroborated this saying, the recent review of the 'runs' meant they were no longer 'cramming' a number of calls into a single time slot. They also said the acting manager was ensuring staff received their rota in advance to ensure they knew the calls they were due to attend. They said the previous registered manager had sent a text to staff the night before to tell them about the calls they were scheduled to make. This evidenced the acting manager was taking steps to ensure people received continuity of care at a time which suited them.

As part of the inspection we reviewed how the service supported people with their prescribed medicines. Due to the lack of information in staff files we were not able to evidence staff had received training or had their competency assessed in supporting people with their medicines. The acting manager told us in future staff competency would be assessed as part of their induction and it would be re-assessed annually. They also said medication awareness training was included in the induction training package for new employees.

In order for us to establish if people were receiving their medication we asked to look at the Medication Administration Records (MAR) for a selection of people. The acting manager said that many service user MAR sheets were unaccounted for since the previous manager had left. We looked at the MAR for one person and saw staff had signed to confirm the person had taken their medication or, in the event the medicine had not been administered a code had been entered to explain the reason the medicine had not been administered.

Is the service effective?

Our findings

We asked people who used the service if staff had the skills to meet their care and support needs. One person said, "They do what I ask them to do." Another person said, "The carers seem to not know what to do. They don't seem to have any experience. They don't seem have had any training." A relative said, "Occasionally the carers have come without really knowing what they have to do."

The registered provider's training policy indicated new staff received training in a variety of topics. This included moving and handling, infection prevention and control and role of the care worker. We saw a document in one staff member's file that evidenced they had completed a three day induction which included information and training relevant to their role. However, we could not see documentary evidence in the two other staff files we reviewed. There was no evidence one staff member had received any training at all.

One of the staff we spoke with told us that previously they had been sent home to complete the training and had been given the answers to the questions in the work books. The care co-ordinator told us they had not yet completed all their mandatory training but were aware this was something they needed to do.

This evidenced staff were not given adequate training to provide them with the skills and competency to perform their role effectively. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager said all new staff would complete a three day induction. This would include completion of relevant training including, where appropriate, practical training, for example in the use of hoists. They also said new staff would shadow more experienced staff for a number of shifts to gain the skills and confidence they required. One of the senior care staff we spoke with told us a new staff member had recently begun work and they were currently shadowing a more experienced carer.

The acting manager said they did not have an up to date matrix detailing the training staff had completed, they said this was to be actioned shortly. The acting manager was able to clearly verbalise the training they felt staff required to enable them to meet people's needs.

This demonstrated the acting manager had plans in place to support new staff in their role and to ensure all staff employed by the service had the knowledge and skills to perform their job roles.

The Care Quality Commission monitors the use of the Mental Capacity Act to ensure that people using supported living services are looked after in a way that does not inappropriately restrict their freedom.

The acting manager and care co-ordinator were able to verbalise knowledge of the MCA and how this legislation may impact on their role. One of the senior staff we spoke with told us they had not received training in this subject and we did not see evidence in any of the staff training records that staff had completed this training.

Although each care and support plan contained a document where the person or their relative had signed their consent to the care and support being provided, none of the care and support plans we looked at made reference to people's capacity or ability to make decisions.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the people we spoke with told us part of their care package, or that of their relatives, involved supporting people to prepare meals and drinks. One of the care and support plans we looked at detailed 'staff to ask me what I want, cook it for me and serve it on my tray'. The plan also instructed staff where to leave the person a flask to enable them to access a drink when the care staff were not there. This evidenced people received support with eating and drinking where required.

We asked one of the senior care workers we spoke with what action they would take in the event of a person they supported being unwell. They said they would ask the person if they wanted them to call their GP and then ring the surgery for them. If they declined, they would record this. They told us they would discuss this with the office or with the person's family if they felt it was in the person's best interest. This demonstrated this staff member was aware of their responsibilities in enabling people to access other healthcare professionals.

Is the service caring?

Our findings

We asked people who used the service if they thought staff were kind and caring. People were very complimentary of some of the care workers. One person said, "The people who come are very nice, willing and helpful. I'm pleased to have them coming." A relative said "My (relative) seems to be quite happy with the carers. She feels safe and has no worries about them coming."

All the staff, including the registered provider spoke with us and about the people they supported, in an appropriate and caring manner. The acting manager and the care co-ordinator told us how they had worked extra hours to support the team of care staff to deliver peoples care. The care co-ordinator said, "They (people who use the service) are the priority."

The acting manager told us that prior to taking on any new business they would assess whether they could accommodate the person within the staffing hours they already had as well as assessing if they could meet their care and support needs. They explained senior staff would meet the person and/or their family so their care and

support plan could be developed. The acting manager also said senior staff would be part of the staff team delivering the person's care initially, this was to ensure the care and support plan was appropriate.

When we asked staff how they promoted people's privacy and dignity they told us they 'closed doors and curtains'. One of the senior care staff we spoke with said if family or visitors were present, they would ask them to leave the room before they commenced any personal care. This demonstrated staff were aware of the importance of maintaining people's privacy and dignity.

One person told us they had been asked if they had a gender preference for the staff who provided their care and support, "I was asked, in advance, if I was happy for a young man to come to help me. I could have refused if I had wanted to." This demonstrated staff respected people's individual preferences.

Staff we spoke with were able to clearly explain how they offered choices to the people they supported. A senior carer told us how they supported one person to make a choice about the meals they ate. Another staff member told us how they provided care and support to a person. They verbalised a thorough understanding of the person's needs and personal preferences.

Is the service responsive?

Our findings

We asked the acting manager if we could review four people's care and support records. They told us when they had taken over the post of assistant manager they had found many of the care and support records contained insufficient information. They also said that some documents, including people's daily logs were unaccounted for since the termination of the previous manager's employment. The acting manager told us they had begun to make appointments to meet with people who used the service and/or their relatives so they could complete a thorough review of the needs and ensure that people's care and support plans accurately reflected their needs and the package of care being delivered to them.

We reviewed four people's care and support records. The files were neatly organised and an index provided directions as to where documents were filed. Each file contained details including the person's name, address, family contacts and GP. An 'updates and changes' document was in place which recorded the date the file was implemented. There was also brief information regarding people's life history. For example their family, work history, hobbies and interests. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staffs' understanding of individual's personalities and behaviours.

Each of the files contained a detailed assessment from the local authority. One person's file contained an initial assessment completed by Clarriots Care (Leeds East & Kirklees) staff, we noted the information within this lacked the details provided by the local authority. The initial assessment document for another person recorded the name of their family contact but no other information was recorded, for example, where they lived or their telephone number.

One plan we looked at recorded the person could eat finger foods however, another document within the persons file referred to an assessment by a speech and language

therapist (SALT) which recorded the person required a 'soft' diet. We brought this to the attention of the acting manager on the day of the inspection who told us they would take action to ensure the person's care was delivered appropriate to their needs and the records were accurate. They assured us the person was not at risk, due to their family's involvement in their care.

Another plan recorded the person wanted their medicine placing in their mouth for them. When we spoke with the care co-ordinator they told us the person relative supported them with their medicines.

These examples demonstrated people were not protected from the risks of unsafe or inappropriate care and support because accurate and appropriate records were not maintained. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection we reviewed how the service managed complaints. We saw the registered provider had a complaints policy and people's care and support records included information about how to raise a complaint about the service. We saw one complaint was logged in the complaints file which evidenced the complaint had been dealt with appropriately. The acting manager told us that since they had taken over the day to day management of the service, they had been informed by the local authority of a number of complaints which had been raised with the previous manager. They said they were not logged in the complaints file and therefore they had not been aware of them until the local authority informed them about them. They explained that as they became aware of people's complaints they were taking action to address the issues raised. Following the inspection, three of the people we spoke with told us they had contacted the office to raise a complaint about the service. This demonstrated the registered provider did not have an effective system in place to manage complaints.

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

Is the service well-led?

Our findings

When we asked people who used Clarriots Care (Leeds East & Kirklees) if they thought the service was well led, the feedback was poor. People said, "The organisation leaves something to be desired.", "It doesn't seem to be well organised. Whoever is doing the rotas doesn't seem to have any experience." and "The carers seem to come and then leave. Nobody who comes seems to be happy with the firm." Relatives of people who used the service told us, "Communication was a problem." and "I think they are trying very hard but they are missing because they haven't got the people, the right people."

The registered provider was there on the day of our inspection. They told us when it was brought to their attention that there were a number of problems with the service, they had acted promptly to address the issue. They said they were working with the acting manager to improve the current problems at the service. We were satisfied that the provider understood the issues and was taking the appropriate steps to ensure the problems were resolved.

The acting manager told us they would be commencing their application to register with the commission in due course. They told us they had a number of years' experience working in a domiciliary care setting and since taking over the day to day management of the service they had already taken a number of steps to begin to address the problems within the service.

Care Co-ordinator told us, "Things are getting better slowly." They told us they felt supported by the acting manager. One of the senior care workers we spoke with said, "It is getting better, the day to day running. The organisation is improving."

We asked the registered provider how they had monitored the performance of the manager and assessed the quality of the service being provided to people. They told us they had not completed any audits or formal monitoring of the manager or the service.

The acting manager told us they were not aware that any audits had been completed by the registered provider. They said they planned to implement audits on care records, MAR records and daily logs over the coming weeks.

We asked if feedback from people who used the service had been gained. They showed us a file which contained

over 40 service user review forms but none had been completed since May 2015. These were a selection of reviews completed after 24 hours and seven days after the service commenced. In one of the care and support records we looked at we saw evidence that a review had been completed after 24 hours, seven days and then six weeks following commencement of the service to the person. The six week review document recorded a minor concern had been raised but there was no recorded evidence to support if this matter had been addressed to the satisfaction of the person.

The acting manager told us that previously a quality feedback form had been sent to people who used the service. However, only four forms had been returned. One person had commented, 'It would be helpful to know who is coming. I would like notice of these details and also the time to expect them. I would like to keep the same carer'.

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

The acting manager also told us how they intended to monitor staff performance and to provide staff with the support they needed. They said that due to the number of issues they were currently dealing with they intended to do monthly supervision with staff. They added they wanted staff to feel able to talk to them at any time and had an 'open door' policy. They explained spot checks would be implemented with staff. These would be unannounced and would be with the aim of ensuring staff were working to the required standard and where shortfalls were identified, providing staff with the opportunity to improve. This demonstrated the acting manager had plans in place to ensure staff compliance with the service's procedures was monitored.

We saw minutes of meetings were recorded and a variety of topics were discussed. These included staffs' role and training. The acting manager said they had held one staff meeting since they had taken over the service and another was planned in the coming days. Two senior care staff told us they had been notified of the next scheduled date for the staff meeting. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service.

Is the service well-led?

While we could see action was being taken to address the regulatory breaches identified within this report, we were not yet able to evidence they had improved the quality of service people 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

Personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered provider had failed to evidence people's care and support was provided in line with the requirements of the MCA 2005.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had failed to assess the risks to the health and safety of service users.

Regulated activity

Personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered provider had failed to ensure record and act upon complaints.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had failed to establish or effectively operate systems and processes to assess and monitor the quality and safety of the service. The registered provider had further failed to make sure accurate records relating to the care of the people were maintained.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were available to meet people's assessed needs.

The registered provider had failed to ensure staff received appropriate support and training.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.