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The Bungalow

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

The Bungalow is a supported living service. At the time of the inspection three people were receiving a service who all lived together in one house. The service shares the same staff, office and manager as another supported living service (Grove Villa Supported Living) which is based on the same site. The Bungalow and Grove Villa Supporting Living were inspected on the same dates. The house was a single-story building based on a large site where there were two other services provided by the same provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Well-led and Responsive to at least Good. We found that the provider had not undertaken all of the actions in their action plan. The service was previously Requires Improvement Responsive and in Well-led, we found that it was now Inadequate in Well-led and remains requires improvement in Responsive. All other key questions had deteriorated: Safe is now rated Inadequate, and the key questions of Effective and Caring are rated Requires Improvement.

There was no management oversight of the service and no oversight by the provider. For example, there was a lack of auditing, complaints were not always recorded, and staff performance was not monitored. This meant that there was a risk that people were not always receiving the high quality, person centred, safe service they should expect to receive.

People were at risk of harm. Risks to people were not always assessed, managed or monitored safely. This impacted on individual's safety in their day to day lives. People could not be assured that the provider, manager or staff would provide the right support to keep them safe from harm. People were not always receiving their medicines as prescribed which could have a possible impact on their health or well-being. People were not always protected from risks and when things went wrong there was a lack of action and learning to ensure that concerns did not escalate or happen again. The service did not always report concerns to safeguarding or CQC. This meant that neither CQC nor the local authority safeguarding team could check that staff had protected people from the risk of abuse or other harm at the time of the incident.

Staff did not have the training they needed to support people and undertake some of the tasks they were asked to do. Staff were not up to date with best practice which could have an impact on people's safety. For example, staff were supporting people to cook for themselves but did not always have food hygiene training. There were also concerns about the provider's staff recruitment practices, for example some staff had been recruited without the references the provider's policy stated that were required.

People were happy with the service they received and told us that they liked the regular staff. People led busy lives and we often out. They were able to be independent at the service and staff supported and

encouraged them to be so. However, people were not always supported to keep their home clean and we made a recommendation about this. When people were unwell they were assisted to access healthcare and people were supported to remain active and to live healthily.

People did not have care plans in place which fully described their support needs, preferences and interests. When people's needs and wishes changed, their care plans had not been updated to reflect this. There were enough staff to support people: Regular staff knew people well and knew people's likes and dislikes. However, some non-regular staff provided support for people and the absence of accurate care plans and risk assessments meant people could not always be assured their needs would be known or met. The service had not asked people about their preferences for the end of their life. This meant that staff may not have known people's preferences.

The outcomes for people using the service did not always reflect the principles and values of Registering the Right Support; Although staff recognised that people had the capacity to make day to day choices, people did not always receive the right support to keep them safe. People were supported to be independent and undertake daily living activities. People were engaging in the community, for example through attending clubs, accessing local shops and visiting local pubs.

We found a number of breaches of the regulations. The service did not meet the characteristics of Good in any area; more information is in the full report.

Rating at last inspection:

At the last inspection on the 31 May 2018 the service was rated Requires Improvement for the second consecutive time.

Why we inspected:

This inspection was brought forward due to information of concern.

Enforcement and Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

The Bungalow

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

This service provides care and support to people living in a 'supported living' setting, so that they can live 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the manager had applied to become the registered manager.

Notice of inspection:

We did not give notice of our inspection as this inspection was unannounced.

What we did:

- Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
- We spoke to three people who used the service and one person's relative.
- We looked at three people's support plans and the recruitment records of six staff employed by the provider as staff worked flexibly across the providers services.

- We viewed, medicines management, complaints, meetings minutes, health and safety assessments, accidents and incidents logs. We spoke with the provider, the manager, one team leader and one support worker.
- We sought feedback from relevant health and social care professionals and commissioners from the local authority on their experience of the service.
- At the inspection we asked the manager to send us some further information about the support for one person, contact information for relatives, information on training and the medicine policy. Some of this information was received in a timely manner, however some documents we asked for about one person's care were not sent.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed, managed or monitored safely.
- One person needed support to maintain their continence health. If the person became unwell this could seriously impact on the person's health and wellbeing. There was no evidence that staff were supporting the person to monitor their condition. This meant that there was a risk that early warning signs of concerns would not be identified and addressed to prevent the issue from becoming more serious.
- There was no risk assessment in place for one person who had displayed behaviours that could put themselves or others at risk. Where concerns had occurred, staff had not acted to prevent further incidents. This meant that staff had not kept the person and other people safe from potential harm.
- The manager and staff told us that they had concerns that there were risks associated with possible financial abuse for one person. However, there was no risk assessment in place to mitigate these risks and no actions had been taken to protect the person.
- Where people needed equipment such as walking aids to remain safe this was in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had failed to ensure staff including the manager understood their roles and responsibilities to safeguard people from the risk of abuse.
- Some concerns had been raised with safeguarding and appropriately managed. However, there were other concerns that had not been reported to safeguarding team when they needed to be. For example, there had been two incidents in January 2019 that should have been raised with the safeguarding team and reported CQC. The manager met with staff from the local authority safeguarding team regularly to discuss any issues at the service but had failed to raise these concerns with them.
- Some staff had not received up to date safeguarding training. However, when we spoke to staff they were able to explain the signs of abuse and knew how to report this both within the organisation and who to report to externally if they felt that the concern had not been addressed. Despite this, staff, including the manager had failed to recognise the risk of financial abuse for one person, and had failed to report incidents of abuse when they occurred.

Learning lessons when things go wrong

- Lessons were not learnt when things went wrong.
- Incidents had not always been fully investigated and incident reports were not fully completed. For example, one incident report we looked at included a statement about the initial event. However, there was no investigation in to what had led to the event occurring if it could have been prevented and how it could be prevented from occurring again.
- Following incidents people's support plans were not updated. This meant that people were not protected

from the risk on an incident re-occurring.

- There was no analysis of incidents for trends to determine if there were any wider measures that needed to be taken to address concerns should they be repeated.

Using medicines safely

- Medicines were not always managed safely, and people were not always receiving their medicines as required.
- There were gaps in the medicine administration records which had not been accounted for. Staff kept records of some medicines stock levels. When we looked at these records they did not match the number of tablets left in the box. According to the records there was one more tablet in each box than there would have been if the person had received their medicine as prescribed. The manager told us that they were not aware that there were gaps in the MARs or missed doses and no action had been taken in regard to this.
- People were being supported to take their medicines by staff who's records showed that they had not completed medicine administration training. Since the inspection staff have completed on line training in medicines.
- Medicines were kept locked in a medicines room or in cabinets in people's rooms. However, the keys were left in an unlocked draw in a communal area. We raised this with the manager at the time of the inspection and on the second day we saw that they keys were kept securely.
- There provider had not conducted any medicines related audits. After the first day of the inspection an audit around medicines was undertaken the deputy manager.
- Some people that take medicine only when required (PRN) had protocols in place to provide staff with information to know when the medicine was to be given. However, these were not in place for all the PRN medicines which meant that staff may not administer the medicines when people needed them or in a consistent way.

The provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety. Medicines were not always managed safely. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe staff recruitment procedures had not been operated. There was no proof of identity including a recent photograph for three members of staff.
- Staff had not always been recruited in line with the providers policy. The providers policy stated that staff needed to provide 2 references from previous employers. One staff file only contained one reference. Another staff file had one reference from a previous employer and one reference from a client that they had supported. Two staff files did not contain terms and conditions of employment and the manager said that these were being updated for all staff.
- Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There were enough staff at this service to support people who lived there. There was some use of agency staff to cover staff shortfalls such as sickness and annual leave. Where people needed support to go out this was arranged flexibly.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Preventing and controlling infection

- People were not being supported to keep their environment clean. On the first day of the inspection the

kitchen was not clean, the floor was sticky and there were bits of food under the fridge and counters. Staff cleaned the kitchen whilst we were there. However, on the second day of the inspection the kitchen was unclean again.

- Checks on the cleanliness of the people's environment had been completed weekly prior to 13/08/2018. However, no checks had been completed since then.
- Records of staff supporting people to decontaminate equipment such as walkers and shower chairs had been completed up to 13/08/2018. However, no checks had been completed since then.
- Staff were supporting people to cook and manage the storage of their food. However, some staff were not up to date with food hygiene training. This meant that the provider had not ensured that staff knew how to do this task safely.

We recommend that the provide ensures that the service has systems and processes in place to ensure the management and the control and prevention of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff did not always have the training they needed to support people. This meant that there was a risk that staff did not have the knowledge they needed to support people safely and effectively.
- After the inspection the manager sent us a copy of the training matrix as this was not available during our visit. This showed that there were significant gaps in the training that staff had undertaken. For example, there were no records that one member of staff had recently undertaken any training in fire safety, medicine administration training, manual handling, safeguarding or infection control.
- Only one member of staff had completed training in learning disability awareness. This was a concern as it meant that staff would not be up to date with current best practice.
- Staff had not received regular supervision. For example, one member of staff did not have a supervision recorded since April 2018. There were no records of staff appraisals having been undertaken. This meant that staff performance had not been reviewed and staff were at risk of not being supported appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's risk assessments had not been regularly reviewed.
- Where there had been incidents or concerns people's needs had not always been re-assessed. This means that staff would not always have the information they needed to keep people safe from harm.

The provider had failed to ensure that staff had the training they needed to support people safely and failed to assess the risks to the health and safety people using the service. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with appropriate levels of support to eat and drink and maintain a balanced diet. Staff supported people to do their own shopping and planning their own menu. People were involved in the preparation of their own food and cooking.
- People could choose where they wanted to eat. We saw people help themselves to snacks and drinks with support from staff where this was needed.
- One person needed support to eat a specific diet to maintain their health and this support had been provided.
- Where people were at risk from choking they had seen the speech and language team (SaLT) and there was guidance in place to enable staff to support the person safely and which staff followed.

Staff working with other agencies to provide consistent, effective, timely care

- People had healthcare passports in place. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports included information about the people's healthcare, medicine and what support they needed with communication.

Supporting people to live healthier lives, access healthcare services and support

- People continued to have access to healthcare services when they needed it. There was information about people's healthcare and appointments such as doctors, dentists and opticians.
- One person needed regular support from a nurse which they received. We saw that there were appointments for people to access the optician and the dentist.
- People were positive about the support they received when they felt unwell. One person said, "They help me a lot when I feel poorly".
- Relatives told us that people were encouraged to remain fit and active and enjoyed walking and other healthy activities.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found that they were. No one at the service lacked the capacity to make decisions. People were not subject to restriction and were free to leave the service if they chose to do so. There was evidence that people's choices were respected, and staff knew that people had the right to make unwise decisions where they had the capacity to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- The provider had not ensured that people were being treated with respect in that systems to keep people safe from harm and protect them from risk were not robust.
- Care and support did not always meet people's needs in that actions were not taken to prevent risks from re-occurring and people's risk assessments were not up to date.
- People told us that they were happy with the support they received from staff and that staff were nice.
- We observed that they were relaxed in the company of staff and greeted staff warmly.
- People told us that felt comfortable inviting their friends to their home if they wanted to do so.
- No one at the service wanted any support with their culture, religion or sexuality but the service had considered this and would offer this support if it was needed.

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

- People living at the service were able to express their views independently. When they did need extra support, they had been referred to an advocate as appropriate. An advocate is an independent person who supports people to express their thoughts and feelings. People told us that felt listened to.
- There were annual reviews of people's care. People were able to invite who they wanted to support them and the relatives we spoke to said that they had the opportunity to attend. Relatives told us that people were encouraged to attend these reviews and that staff had supported people to feel confident to do so.
- There were daily records in place for each person. These gave people the opportunity to feedback on how their day was but were not used by staff to contribute to the ongoing assessment of people's changing needs.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were supported to be independent. People were supported by staff to undertake activities of daily living such as cleaning their own room, doing their own washing and shopping.
- People's privacy was respected. People had keys to their own rooms and could lock these when they went out. Staff knew to ask people's permission before they entered their room.
- People's personal information was stored securely. One person had chosen to keep their care plan in their own room and this decision was respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans were not always up to date with person centred information. For example, staff told us that one person needed more emotional support at the moment. Staff had taken action to support the person to access an appropriate health and social care professional but had not updated the person's support plan. This meant that staff who did not know the person well would not know how to support the person.
- Care plans included information in people's goals. However, these were not dated, and we were not able to establish how old these were. We discussed goals with one person at the service. They told us that they would like to work towards being employed. When we raised this with the team leader they told us they were not aware of this. The manager told us that "Goals are not up to date at the moment".
- People told us that the regular staff knew people's preferences and how they wanted to be supported. For example, the staff we spoke to knew that some items were important to people and when they needed to be changed they needed to work with people to seek their agreement.
- People told us that they led busy lives and they were happy with the activities they undertook. People went out regularly. Activities were included going to day centres, out for meals, to disco's and participating in education.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals for example, there were pictures in people's support plans to enable them to understand these.

End of life care and support

- At the last inspection we made a recommendation that the provider considers current guidance on end of life care for people with a learning disability. We found that staff had not asked people about the care and support preferences when they came to the end of their life. At this inspection we found that staff had been booked on to a training session. However, people had not been asked about their preferences.
- One person using the service had died. Their funeral was planned by the person's family. However, the staff at the service had not ensured that they were aware of the person's own preferences. People had been supported to attend the funeral and mourn the person they had lost.

The provider had failed to ensure that people's support was person centred in that it meet their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Although there was an accessible complaints policy and people and relatives told us that they knew how

to complain, the provider had not ensured it was followed.

- There were no records of complaints at the service. However, there was evidence that there had been some complaints that had not been recorded as such. These complaints had been dealt with appropriately, but the provider and the manager would not be able to review these for trends as records had not been kept.

The provider had failed to ensure that systems or processes operated effectively to manage complaints. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection on 31 May 2018, we asked the provider to take action to make improvements to systems to assess, monitor and improve the quality and safety of the service provided. The provider sent us an action plan telling us how they planned to improve. However, these actions had not all been completed. The action plan stated that "Audits will be completed to accurately record actions identified and dates that actions have been completed".

At this inspection we found that auditing had deteriorated, and these checks had not been undertaken. For example, there had been no audits of staff files, support plans, medicines or infection control.

- The provider had not identified or addressed the concerns we found on inspection. For example, the provider had not identified that people's medicine administration records were not complete and that some risks had not been assessed. The provider had not identified that some staff training had not been completed nor put this training in place.

- Since the last inspection there was a new manager in place. The new manager had begun the process of registering with CQC for The Bungalow and two other services the provider owned on the same site.

- At the last inspection we found that the then registered manager spent the majority of their time at one of the other providers services. At this inspection the management of the service had not improved. The day to day management of the service was undertaken by a team leader who had experience of the service but had not been provided with the training relevant to the role. This meant that the manager, appointed by the provider, did not have the day to day oversight of the service. We spoke to the provider about this who said that "obviously I am spreading the management too thin."

- The provider did not have oversight of the service. The provider told us that they had a consultant to audit all three of the services on the site. However, the manager confirmed that this audit had not included this service. When we spoke to the provider about this they were not aware of it. The provider and the manager told us that they met regularly. However, when we asked the provider if they knew about important events that related to people who used the service, they did not.

- Staff were asked to complete tasks they were not trained to undertake and were not supported or supervised appropriately. For example, staff were asked to arrange fire drills with staff and people but had not completed fire awareness training. When we asked the manager if these drills had taken place they did not know that they had.

- There was not a culture of improvement within the service. Some of the concerns we had identified at the last inspection had not been addressed.

- There was a lack of systems to enable the manager and provider to review the quality of care delivered. For example, some complaints we identified had not been recorded as complaints. This meant that the

provider could not analyse trends and act accordingly.

- The provider was not learning from incidents and making improvements. Incident reports were not fully completed and there was no review of incidents or analysis to see if there were any trends. This meant that the provider could not monitor trends and make wider improvements where these were needed.
- There was a lack of management oversight on staff practice. For example, some staff had not had a supervision session for some time.

The provider had failed to assess, monitor and improve the quality and safety of the services provided and the risks relating to the health, safety and welfare of people. The provider had failed to ensure that contemporaneous record in respect of each person were kept. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the third time.

- The provider had not always understood their legal obligations. Two notifications had not been sent to be sent to CQC when they should have been. These notifications would tell us about any important events that had happened in the service. We use this information to monitor the service and to check how events had been handled. There were two incidents in January 2019 that CQC was not informed about. These incidents should have also been reported by the service to the safeguarding team at the local authority, but where not.
- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service.

The provider had failed ensure that notifications were submitted to CQC when there was a notifiable event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they were able to share their views at staff meetings and felt listened to. There was a staff meeting in January 2019. Neither the manager nor the provider were present for this meeting which was led by a team leader. A second meeting was planned for 01 February 2019, but this meeting did not go ahead.
- There was an annual service review. This involved seeking feedback from people, relatives, staff and other people involved in people's lives. Relatives told us that the service kept them updated and that they were listened to.
- There had not been a meeting for people for some time. People told us that they felt involved in the service but did have some questions about recent management changes which could have been addressed at a meeting. This is an area for improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's records were not always accurate or complete. For example, medicine administration records were not accurate and incident reports were not fully completed.
- Support plans were not updated in response to concerns or changes to people's needs. For example, there were concerns about relationships and support plans were not updated to reflect this.
- Relatives told us they were kept up to date with events at the service and told about any concerns that were raised.

Working in partnership with others

- Staff worked in partnership with other agencies such as care managers and nurses where this was

appropriate.

- Some people went to a day centre. Information was shared between the day centre and the service to provide consistent support. Staff from the day centre were also invited to annual reviews of people's care.

This section is primarily information for the provider

Enforcement actions

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

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed ensure that notifications were submitted to CQC when there was a notifiable event. |

The enforcement action we took:

We cancelled the provider's registration for this location.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that people's support was person centred in that it meet their needs and reflected their preferences. |

The enforcement action we took:

We cancelled the provider's registration for this location.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety. Medicines were not always managed safely. The provider had failed to ensure that staff had the training they needed to support people safely and failed to assess the risks to the health and safety people using the service. |

The enforcement action we took:

We cancelled the provider's registration for this location.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and |

improve the quality and safety of the services provided and the risks relating to the health, safety and welfare of people. The provider had failed to ensure that contemporaneous record in respect of each person were kept. The provider had failed to ensure that systems or processes operated effectively to manage complaints.

The enforcement action we took:

We cancelled the provider's registration for this location.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures. |

The enforcement action we took:

We cancelled the provider's registration for this location.