

Achieve Together Limited

Catherine House

Inspection report

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Date of inspection visit:
09 February 2022
21 February 2022

Date of publication:
05 April 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Catherine House is a supported living setting which provides support and personal care to up to eight people some who have a learning disability or mental health support needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection five people were receiving personal care.

People's experience of using this service and what we found

Right Support - People were able to participate in a range of college courses and community groups. However, although there were sufficient staff to keep people safe people's opportunities to take part in a range of social activities was limited due to staffing concerns. This meant people's funded one to one hours were not always provided and were not being monitored.

In other respects, the model of care and setting supported people in having choice, control and independence. People were supported by staff who understood their needs and preferences and encouraged people to make their own decisions regarding their support. The service was in a central location where people were able to access shops, leisure opportunities and public transport.

Risks to people's safety were assessed and monitored. Staff were aware of people's anxieties and supported them to manage this. Accidents and incidents were reviewed and action taken to minimise the risk of them happening again.

Right Care – People's support was person-centred and concentrated on their strengths. There was a warm and friendly atmosphere and people were supported to maintain contact with those who were important to them. Staff had a good understanding of people's anxieties and sensory needs and worked with others to support people in a holistic way.

People were involved in decisions regarding their support and were encouraged to set goals to work towards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture - There was a positive culture and people appeared relaxed. Staff treated people with respect and understood how each person preferred their support. Staff communicated well to ensure people's

support was timely and personalised. The service worked positively with other health and social care professionals.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Enforcement

We have identified a breach in relation to person-centred care as people were not always supported to do things, they enjoyed due to staffing shortages.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Catherine House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors visited the service. An Expert by Experience made telephone calls to people's relatives to hear their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Notice of inspection

We gave advanced notice of the inspection to request consent from people to visit their home.

Inspection activity started on 3 February 2022 and ended on 21 February 2022. We visited the location on 9 February 2022 and 21 February 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding information and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. 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.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and three relatives about their experience and observed how people were supported.

We spoke with seven members of staff including the registered manager and regional manager.

We reviewed a range of records. This included three people's care records and two people's medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in their home and with the staff supporting them. One person told us, "I feel safe because of the staff and it's good living with friends." We observed people appeared comfortable with staff and there was a relaxed atmosphere.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "I would report anything (safeguarding concerns) immediately and I would record it clearly. I wouldn't hesitate; It's our job to know the people we support and safe and happy."
- Systems were in place to provide both people and staff with information about who they could speak to should they feel unsafe. This information was clearly displayed in an easy to read format. Where concerns had arisen, these had been reported to the local authority safeguarding team in line with their procedures. Where additional information and risk management plans were needed the service worked with people, relatives and other professionals to support people safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were involved in managing risks to themselves whilst developing their independence. This included people being supported to go shopping independently, involvement in managing medicines and day to day living tasks. One person described how they went shopping independently although staff followed so were there to support them should they need them.
- Staff understood people's sensory needs and how to support people with minimising risks of anxiety. One person's risk assessment reflected they could become anxious in loud busy places but would be able to tell staff how they were and what they were able to manage that day. Staff supporting the person understood this and the person told us staff would listen to them and respect their wishes. Staff told us they supported another person to go for a walk whilst the fire alarms were being tested as they did not like the sound and could become distressed.
- Where risks to people's safety and well-being were identified staff worked alongside health and social care professionals to achieve the safest outcome for people. This included making referrals to other agencies and supporting people with counselling services where appropriate.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Action was taken following incidents to monitor people's safety and review their support needs. All accidents and incidents were also reviewed at a regional level to ensure the required action had been taken to keep people safe.

Staffing and recruitment

- There were sufficient staff on each shift to keep people safe. However, people's individually funded support hours were not always provided due to staff shortages. We have reported further on this in the

Responsive key question.

- People told us staff were available to them should they want to speak to them or need help. One person told us, "Staff help me when I need them." We observed staff responded positively to people when they asked for support.
- Relatives told us they felt their loved ones were safe but had concerns regarding the high staff turnover. One relative said, "The biggest concern is the high turnover of staff it has been prolific. (Relative) gets settled then staff move on which is not good for his Autism." The registered manager acknowledged this was a concern but had taken steps to maintain consistency for people where possible. This included the staff team covering more shifts and using regular banks and agency staff who knew people's needs. The regional manager told us staff retention had been identified as a priority by the provider and a range of measures were being developed to support services with this.
- Staff recruitment and induction systems promoted safety, including those for agency staff. Prior to being employed, a range of checks were completed to help ensure staff were suitable for their roles. These included a face to face interview, a review of previous employment and references, health screening and a Disclosure and Barring Service (DBS) check. Profiles of safety checks completed for agency staff were reviewed by the registered manager prior to them supporting people at Catherine House.

Using medicines safely

- Staff supported people to be as involved in the management of their medicines as possible. We observed one person preparing their medicines with the support of staff. A second person told us they were managing their medicines independently with reminders from staff. People were supported to have regular medicines reviews with healthcare professionals. This helped to ensure their prescriptions remained appropriate to their needs.
- People could take their medicines in private and accurate records were maintained. People's medicines were stored securely in their individual rooms. Each person who was prescribed medicines had a medicines administration record in place. This contained all required information and no gaps in administration were noted.
- Medicines systems were robust and regularly monitored. Staff completed training and competency assessments prior to supporting people with their medicines. Protocols were in place for the use of home remedies and as and when required medicines. Regular audits were completed and action taken where any concerns with the systems in place were noted.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had ensured people were able to maintain contact with those who were important to them. People told us of having regular contact with their loved ones and staff supporting them to go and visit family members.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Although this is the first inspection of the service under this provider, people receiving support at Catherine House had lived there for a number of years. Staff told us that assessment and transition processes were in place although no one had moved into the service under the new provider.
- People's needs were regularly reviewed and when staff noted changes to people's needs their support plans were reviewed. The service liaised with different professionals to support people who wished their support to change or should they be considering moving on.
- People's support plans were highly personalised and contained detailed guidance for staff to follow. Preferences were clearly recorded and staff were able to describe to us what was important to people. Photographs of people were used within care plans to make them more accessible and the registered manager told us this approach was being developed further.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills they needed to support them. One person told us, "I think it's good because they really understand autism." A second person told us, "I trust the staff. They're good."
- The registered manager maintained a training matrix which showed staff had completed both mandatory and service specific training. This included health and safety, basic first aid, safeguarding, learning disability and autism awareness. Staff told us they had found the training useful and beneficial for their role. One staff member told us, "The training is really good and helped me understand the guy's needs. I really enjoyed it and learnt a lot."
- Staff completed an induction period which enabled people to get to know them. Staff told us this had been valuable in giving them time to develop relationships with people, observe how staff interacted with individuals and to read people's support plans. "One thing that's been great is that if I do anything wrong, they (people) will tell me and that shows they feel comfortable with me."

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

- People were involved in choosing their food, shopping, and planning their meals. People planned their meals individually and had separate cupboard and fridge space for their own food. We saw people going shopping with the support of staff and being encouraged to store items safely.
- Staff supported people to be involved in preparing and cooking their own meals. Each person was supported to prepare their own meals. Staff encouraged people to cook healthy meals from scratch rather than using convenience foods. People took pride in their cooking and on several occasions asked us if we would like to see what they had prepared.
- Although people chose to prepare their food separately, they preferred to eat around the same time so

they could have their meal together. There were two kitchens available to them which meant they were able to do this. People told us that on a Sunday they preferred to have a roast dinner together and had this in the evening so everyone could be involved.

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

- People told us they were supported to attend health appointments when needed. One person said, "I go to the doctor with staff if I'm sick." Relatives told us they were happy with the health support people received from staff. One relative said, "I have no concerns, staff organise (appointments) and keep me informed." Where there were delays in referrals being processed this was followed up by staff.
- People had health actions plans which were used by health and social care professionals to support them in the way they needed. Plans were detailed and covered all areas of people's healthcare needs including contact details for professionals, eye care, oral health care and information in relation to any specific health conditions.
- Staff worked well with other services and professionals to provide people with joined-up consistent care. This included support from the local mental health team, community learning disability team and the chiropody service.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where required, people's capacity to make and consent to decisions about specific aspects of their care and support had been assessed and recorded. Capacity assessments completed looked at specific decisions such as Covid-19 restrictions in house, medicines support and support with finances. Where people were found not to have the capacity to consent to certain decisions these were made in their best interests and their preferences taken into account.
- Restrictive practice plans were also completed for people who had capacity to make decisions regarding their care. Plans looked at restrictions which had been agreed with the person for their safety such as staff support to manage their medicines and finances. The plans were regularly revisited to ensure the person was happy with systems in place.
- Staff were aware of people's right to make choices and unwise decisions. One staff member told us, "I can offer advice and encourage them to talk about the pros and cons but if they want to do something and can make that decision it's up to them at the end of the day. We can just try and look at what risks there would be."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who showed genuine interest in their well-being. People told us they enjoyed spending time with staff and felt listened to. One person told us, "Staff are nice and caring. I can tell them how I feel and they give me encouragement and thought." We observed staff communicated well when they thought someone may be becoming anxious so they could support them effectively.
- People were supported by staff who were kind and caring towards them. Staff demonstrated a calm approach and regularly asked people how they were. There was a positive atmosphere with people and staff sharing jokes and experiences. One relative told us, "It is a lively place. very sociable." A second relative described staff as enthusiastic, lively and bubbly.
- Staff understood what was important to people, their likes and dislikes. Staff were able to describe how people liked to spend their time, things which may upset them, interests and details about how they preferred to be approached. This included knowledge of people's sensory needs and sensitivities.

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

- People and their relatives were involved in making decisions about their care. One person told us, "I do get to plan what I'd like to do." Relatives confirmed they were involved in their loved one's care. One relative told us, "Care plan meetings take place and I keep up to date by telephone. When I visit staff will come out and talk to me, chat about concerns. If I have any concerns I can email or phone and I normally get a response very quickly."
- Regular meetings were completed with people to review the previous month and look at goals for the coming month. People were involved in looking at what they had achieved and plans for the future.
- We observed that people were comfortable and at ease in their home. People got on well and spent time together. Staff told us routines had developed over time such as who used the kitchen when or household jobs and people respected each other's space.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to gain new skills and develop independence. One person told us, "I want to be more independent with cooking and chores and making decisions and I get all the help with that." We observed people receive support with household tasks such as cooking, laundry, making drinks and shopping. One person told us, "It's only a recent thing but I started going out into the community independently." They told us staff had supported them to achieve this.
- The registered manager and deputy manager told us promoting people's independence was the key to the service and to helping people achieve their goals. The registered manager told us, "They are involved in everything that needs doing. Some need more encouragement but that active support and taking risks to

promote independence is what supported living is."

- Staff understood people needed their own space and respected this. Staff were observed to knock on people's doors and waiting for a response before entering. People told us it was their choice if they wanted to spend time on their own or with others.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and staff told us planning individual time to go out and do things they enjoyed was difficult due to staffing pressures. One person told us, "I go out with staff sometimes but they are short staffed a lot." One staff member told us, "We don't have enough staff. There are often only two when there should be three in the evening. It means they can't get out." Rota's confirmed there were regularly only two staff on duty in the evening.
- Each person had a number of funded one to one support hours each week. However, due to staff shortages it was not clear how these hours were used or accounted for. One relative told us, "They help to get him up and showered everyday but there is no evidence of how the rest (of the funded one to one hours) is used." One person's daily records showed they had been supported by staff to go out socially on four occasions in three weeks despite having one to one funding each day. A second person's records showed they had not been offered the opportunity to go out with staff for the past three weekends. With the exception of going for a walk and spending time with family this was also the same for a third person.
- There was no plan in place to record how people wished to use their funded one to one hours. Staff were unaware of how many hours individual support people were funded for or what this covered. Daily records had the facility to record how hours were used but this was not routinely completed and there was no system in place to monitor the use of people's individual hours.
- People did not always have the opportunity to go out socially. Whilst some people had a range of different groups, college courses and employment opportunities this was not the case for everyone living at Catherine House. There were limited opportunities for going out socially for walks, drives, to the cinema, pub, concerts or day trips which were all things people enjoyed. Records reviewed for February showed there had been few opportunities for people to go out in the evenings.

The failure to ensure people received the assessed support to meet their needs was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were able to make choices about how they spent their time at home and were supported and encouraged by staff. One person told us they were completing an on-line course to enable them to take part in volunteering opportunities. Other people told us of their specific hobbies and interests and how they enjoyed relaxing with others in the lounge or spending time in the rooms.
- Where people attended different educational and employment opportunities staff provided support when required and spent time with people chatting about their day.
- People's achievements were celebrated. A notice board in the kitchen was used to display photos and

articles of things people enjoyed doing and were proud of such as musical talents, using the gym and attending a local choir.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual communication styles and responded to people positively. However, where people used limited verbally communication there was a lack of resources such as personalised visual references or the use of IT. The registered manager and deputy manager had recognised this and begun to explore different communication aids for people. This included developing visual communication books and making referrals for trials of IT equipment.
- Communication plans were in place and staff followed guidance when supporting people. One person had a board in their room detailing their plans for the week. Staff were heard to refer to this to this when reassuring the person. Staff were aware that one person had anxieties around specific things. They reassured the person before encouraging them to move on to different topics of conversation as outlined in their communication plan.
- Information regarding keeping safe, complaints and care plans contained visual references to support people's understanding and communication. The registered manager told us this was an area they were continually developing.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints and felt they would be listened to. One person told us, "I would go to see (registered manager) so she could do something about it." One relative told us when they had raised a concern staff had acted upon their feedback. They told us, "They are very transparent which is what matters to me."
- The service treated complaints seriously, investigated them and learned lessons from the results. Records showed that where concerns had been raised, action had been taken and the outcomes shared with staff for their learning. Where required, external professionals were referred to for support and communication with the complainant maintained.
- The provider had a clear complaints policy in place which informed people and their relatives of how to make a complaint, how this would be responded to and the timescales the service would work to. Information was also displayed in an easy to read format with photographs of who people could contact outside of Catherine House.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Due to the ages of the people supported the registered manager told us discussion regarding end of life care were had when appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Not all aspects of the service reflected the values of Right support, right care, right culture as people did not always have the opportunity to participate in leisure activities of their choice due to staff shortages. This meant some people living at Catherine House spent much of their time at home with little to do. Although people were allocated individual funding to ensure they were able to take part in activities they enjoyed there was no review of how these hours were used or the impact this had for people. The registered manager told us they were aware of these concerns and recruitment was on-going to fill the staff vacancies. In response to these concerns they told us they would implement a system to share information regarding peoples funded one to one hours with staff and monitor how this was used.
- In other areas we found people received personalised care which promoted their rights and choices in line with the Right support, right care, right culture principles. People told us they liked living at Catherine House and felt staff listened to them. All staff spoke of a culture of promoting independence and supporting people to have safe and happy lives. The registered manager told us of changes they had implemented to promote the supported living model and encourage independence.
- People told us they felt the management team were supportive and they were able to speak to the registered manager whenever they needed to. One person told us, "I would just go and see her and talk to her. I can approach any of the staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had a duty of candour policy in place which set out what would fall under the remit of a duty of candour incident and how this would be investigated and responded to. The registered manager was aware of this policy and their responsibilities. There had been no duty of candour incidents at the service.
- The service worked alongside other health and social care professionals to develop staff knowledge and understanding. Good links had been established with the mental health and learning disability team who supported staff in providing care in line with people's needs.
- The registered manager had implemented changes to bring the service in line with the supported living model such as people's medicines being stored individually and a stronger emphasis on people being involved in setting goals towards living more independently.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's daily records reflected how they had spent their time although were not always written in a personalised way and with people's involvement. One staff member told us people were not able to contribute, write or view their daily notes as they were a private record for staff. The registered manager told us they would address this with staff. They said they were currently looking at ways people could be involved in the content of their daily records to ensure they were more personalised and better reflected what was important to the person.
- Audit systems reviewed people's care, records and staff support processes. Where concerns were identified these were pulled through into an action plan for the registered manager and staff to complete. For example, where people's records required updating, we observed this had been completed to ensure information was updated. Whilst the most recent audit had not highlighted the staffing concerns, both the regional and registered manager told us they were aware of the work required in this area.
- The provider, regional manager and registered manager maintained an overview of the service through monthly reporting systems. This included information in relation to accidents and incidents, complaints, staff training, supervision and recruitment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in decisions about their home. Regular tenants' meetings were held where discussions included treating each other with respect, cooking, events and the environment. Recent minutes reflected that following the refurbishment of the kitchen people had chosen to have pictures in bold colours and we saw this had been done.
- Relatives told us they were informed of any accidents and incidents and were able to contact the service to raise queries. One relative told us, "I have had lots of telephone conversations." A second said, "(Registered manager) is good at getting back to you." The registered manager told us they were in the processes of sending surveys to gather the views of people and their families about the service provided.
- Staff told us they felt valued by the registered manager and there was good teamwork. One staff member said, "I think (registered manager) is amazing and is always there for her staff and every staff member is trying their hardest to make sure people have a good life."
- The service worked closely with a range of organisations to achieve positive outcomes for people. This included health and social care professionals, colleges, employers and voluntary schemes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people received the assessed support required to meet their needs