

Family Mosaic Housing

# HaRT Havering Reablement Service

## Inspection report

8 Holgate Court  
Western Road  
Romford  
Essex  
RM1 3JS

Tel: 01708629860

Website: [www.familymosaic.co.uk](http://www.familymosaic.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

This inspection took place on 8 December 2016. The provider was given 48 hours' notice because the service provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. We last inspected the service in September 2013 and found that the service was meeting the required standards.

The Havering Reablement Service is provided by Family Mosaic Housing and delivers personal care and support to people in their own homes, within the London Borough of Havering. At the time of our inspection, approximately 79 people were using the service. The service was employing 70 reablement support workers who provided support to people living in the community.

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

A reablement service aims to provide short term support to people in order for them to stay independent in their own home by regaining daily living skills and improving their quality of life, often following a stay in hospital.

We found that systems were in place to ensure people were protected from the risk of abuse. Staff were aware of the different types of abuse and how to respond to any concerns.

People received reablement care at home from staff who understood their needs. Not all risks to people were effectively managed because risk assessments were incomplete for staff to minimise identified risks. This meant people were not being effectively protected.

When required, staff administered people's medicines and had received the appropriate training to do this.

The provider had sufficient numbers of staff available to provide support to people, although initial assessments had not taken place recently within the stipulated 48 hours of referral, due to staff shortages. Staff had been recruited following appropriate checks with the Disclosure and Barring Service.

The service did not always monitor staff to check that they had arrived to carry out personal care to people in the community. We have made a recommendation about logging calls and ensuring staff are able to manage their rotas..

Staff received training in a number of areas that were important for them to be able to carry out their roles. They told us that they were provided opportunities to develop. However, some staff did not always feel able to raise any concerns and were not always confident that these would be addressed satisfactorily by the

management team.

People were treated with privacy and dignity. They were listened to by staff and were involved in making decisions about their care and support. People were supported to meet their nutritional needs. They were registered with health care professionals and staff contacted them in emergencies. People told us they received support from staff who encouraged them to remain as independent as possible.

We found that care plans were task led and not person centred. They did not contain details of people's preferences and choices. This meant people were not receiving appropriate personalised care.

A complaints procedure was in place. People and their relatives were able to make complaints, express their views and give feedback about their care and support. They told us they could raise any issues and that action would be taken by the management team.

The provider undertook audits and checks to look at where improvements could be made. We noted that some areas of the service required further progress. Two week reviews were not always carried out or recorded. We also found that exit interviews did not always take place with people after they had ceased using the service, as required by the provider's procedures.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Although most people felt safe using the service, risk assessments were incomplete and did not contain sufficient information for staff to help keep people safe.

Staff understood how to identify potential abuse. Staffing levels were sufficient to ensure people received support to meet their needs. Visits were not always monitored by the office appropriately.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.

People received their medicines safely when required.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received appropriate training and support. They received supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was assessed and staff acted in their best interest.

People had access to health professionals to ensure their health needs were monitored. People had their nutritional requirements met.

**Good** ●

### Is the service caring?

The service was caring. People were happy with the support they received from staff.

Staff were familiar with people's care and support needs. Staff had developed caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were also involved.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Peoples' care plans were not personalised to reflect each person's needs and preferences. They did not include all the information required.

People knew how to make a formal complaint. Complaints made were investigated and responded to.

### **Is the service well-led?**

The service was not always well led.

There was a system to check if people were satisfied with the service provided. Quality assurance procedures were in place to ensure the service was running effectively. However, there was not always oversight of the day to day operations within the service.

People and their relatives spoke positively about the service.

Staff received the necessary guidance from the management team, although some staff required further support.

**Requires Improvement** 

# HaRT Havering Reablement Service

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 8 December 2016. This was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with the registered manager, a deputy manager, a care coordinator, a recruitment officer and an office administrator. We also spoke with ten people who used the service by telephone. After the inspection, we spoke with three reablement support staff by telephone.

We looked at documentation, which included ten people's care plans, including risk assessments; six support staff recruitment files, training files and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person told us, "I feel very safe." Another person said, "Yes, very much so." A relative told us, "The support workers are safe and they do a good job."

We saw that people's information such as care plans and risk assessments were filed electronically. People who received reablement support from the service had risk assessments in order to keep them safe. These were based on the needs of the person. We viewed ten files and found that the risk assessments were incomplete and some did not provide sufficient or relevant information. Where risks were identified, there was limited detail and little evidence to demonstrate that appropriate precautions had been put in place to help minimise these risks. These would normally protect the person from harm or injury and would also help staff carry out their duties safely. Where risks assessments had been completed, we saw a recorded risk score. There was no indication of what these scores meant or what measures and strategies were in place to manage or minimise risk. For example, we saw one person's risk assessment identified potential risks around their required use of crutches to support them with their mobility but it did not provide any information on how to minimise the identified risks. It was unclear how this supported the safe care of the person.

We addressed these issues with the registered manager and they agreed that the risk assessments were not always fully completed. We were not assured there was enough understanding of risk and the mitigation of risk by staff who carried out the assessments.

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

An online system was used to coordinate the days and times care would be provided to people. We looked at staff rotas, daily notes and timesheets and saw that staff were able to complete their tasks. Most staff told us their workloads and schedules suited them. Some staff told us that they were not always happy with their rotas as sometimes there were too many visits scheduled for them in one morning. One staff member said, "It is too big. It means you have to rush to get from person to person. It is not always fair on us and on them." The service also used the online system for staff to log in and out of each visit using their mobile phones, which sent an alert to the care coordinators in the office.

On the day of our inspection, we noted that one member of staff had not logged in to each of their four visits to different people in the morning. We spoke with a care coordinator, who told us that the staff member's phone application to log in was not working. A text message was later received from the staff member by the office confirming that they had carried out the four visits. We were concerned that this was not highlighted as a risk by the team based in the office because they were unable to confirm that either the staff or the people receiving support were safe. It was not until the end of the morning that the staff contacted the office. The care coordinator told us, "Service users would contact us if the support worker has not turned up." However, there was no back up system in place to confirm that each person had received their support from staff. Although people would normally contact the office if staff had not arrived, the service had no way

of knowing if the person was able to access their phone, if for example, they had a fall and were unable to let anyone know.

We recommend that the service ensures that there is a system in place to ensure that each visit to a person is logged at the appropriate time and that staff rotas are manageable.

People received care and support at times that they required and confirmed they usually had the same staff providing care and this helped with consistency. Staff provided care to people who mostly lived in the local area, which meant that journey times between visits were short. People were generally satisfied with the times allocated for their service and said staff were usually on time. One person said, "They are normally on time. They stay for 30-40 minutes but they never rush." However, one person told us, "Times can be haphazard. They can be an hour late but on the whole they stay for the correct length of time." Other comments from people included, "They don't always notify me when they are running late" and "Sometimes we have had to cancel because they came too late and sometimes too early."

People were protected from the risk of abuse. Staff were provided with training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. Staff told us that they would also speak to the registered manager for support and guidance. They were aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities.

We saw that the provider was following safe recruitment procedures. New staff completed application forms outlining their previous experience, provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service check had been undertaken before the member of staff could be employed. A DBS check finds out if the applicant has any criminal convictions or is on any list that barred them from working with people who use care services.

Staff entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell. Staff were required to identify themselves when they entered a person's home, wear a uniform and carried identification. One person said, "They always introduce themselves." Staff told us they worked together in order to move people safely. Staff used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons to prevent any risks of infection when providing personal care.

Most people either self-administered or had their medicines administered by their relatives. In some cases, staff prompted people to take their medicines. Records showed that staff had attended training in medicine administration. Staff told us they attended training and they made sure that medicine administration sheets were completed and signed if and when they administered medicines. Staff were also observed prompting and administering medicines by a field supervisor during spot checks, where applicable. Spot checks were observations of staff to ensure that they were following safe and correct procedures when delivering care.



# Is the service effective?

## Our findings

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person told us, "The staff do what they can and help me where I need help." Another person said, "They are there to help. I am trying hard to be more independent." Other comments from people included, "They were a great help and encouraging" and "I do try to maintain my independence but there are limitations to what I can do myself so I require their help."

Staff were aware of how to fulfil their roles and responsibilities and told us they received the training and support they needed to do their job well. They had received training in a range of areas which included personal safety awareness, safeguarding adults, food, fluid and nutritional awareness, health and safety, infection prevention and control, medicine administration, Mental Capacity Act (2005) and moving and handling of people.

We looked at support workers' training records and viewed a staff training matrix, which confirmed the dates that they completed training and when refresher training was due. The training included Care Certificate standards, which were a set of standards and assessments for health and social support workers and required them to complete 15 modules, in their own time. Existing staff were required to complete the modules over the course of a year. Many staff were experienced and had obtained diplomas in health and social care. The registered manager, "We are encouraging all our staff, including experienced staff, to do the Care Certificate, although it is not mandatory."

Most staff felt supported in their roles and felt the training equipped them with the skills they need to carry out their roles. However, some staff did not feel supported enough by the management team to enable them to complete some of the modules of the Care Certificate. One staff member said, "We have been given until the end of the month to complete it but I need help with it. I don't always get the support or understanding." Another member of staff said, "We have not had the time to complete all the modules. It has not been rolled out properly and we feel under pressure." The registered manager told us, "We support our staff as much as possible and they are able to speak to their line managers whenever they need. With the Care Certificate, we mark them and then go back through any errors or omissions in supervision." We saw records of these assessments.

Induction training was provided to new staff in their first six days of starting work and also incorporated the 15 Care Certificate modules. The provider ran an academy for all staff to complete their training. New staff were assessed by field supervisors who observed them to ensure they followed correct practice. New staff were also reviewed during the first six months of their employment and held meetings with supervisors after one, eight, twelve and 22 weeks to discuss their progress and wellbeing. We saw records of these meetings. Staff were supported and monitored by the management team and field care supervisors, who ensured that care and support was being delivered and people were satisfied with their support worker.

Supervision meetings with staff took place every three months. Staff discussed the support they needed, guidance about their work and any training needs. Supervision sessions are one to one meetings with line

managers where staff are able to review their performance. Records confirmed that supervision meetings took place when due with managers. We saw that supervision meetings contained discussions with staff about care and support tasks such as providing medicines, completing body maps and paperwork. We also saw that annual appraisals were completed with staff to review their overall performance and set targets for the following year. One member of staff told us, "We have regular supervisions which we sign, although sometimes the record is not always an accurate reflection of what we discussed."

We recommend that staff are provided the opportunity to openly discuss any queries they have about their development and supervision records with managers.

We looked at the registered provider's policy on the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. We found that the provider was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. People were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. Staff would discuss concerns about people's capacity with the management team.

Where needed, people were supported to have their nutritional and hydration requirements met by staff. One member of staff told us, "Part of our jobs is to help people at meal times if needed. We can heat meals in a microwave and make them soup, sandwiches or tea." People told us that staff ensured they were provided with food and drink, when required. Most people told us that they tried to prepare their meals themselves. One person said, "The staff will help at lunchtimes but I am able to do it myself." Another person said, "The staff always ask if I would like a cup of tea and they make it for me."

Staff took appropriate steps when a person was unwell and knew what to do in emergencies. A member of staff said, "In an emergency, I would call an ambulance and also inform the office." One person told us, "One time they noticed, I was not feeling quite right and they did call the GP for me." Staff were also able to contact senior staff out of office hours and during weekends in case of emergency.

## Is the service caring?

### Our findings

People and their relatives told us that the staff treated them with respect, kindness and dignity. They also told us they felt the staff listened to what they said and provided them with care that suited them. One person said, "The [staff] are very kind and caring." Another person told us, "The staff are so lovely. They are very nice people."

Staff understood the importance of respecting people's privacy and dignity. Staff knew about people's individual needs and preferences and spoke about them respectfully. One member of staff told us, "We make sure people have privacy. We close doors and curtains when we are providing support."

Staff told us that they got to know people and their families well. People said they felt comfortable with the staff and enjoyed their company. One person said, "I was treated with dignity and they made me feel at ease." Another person told us, "The staff always have time to chat. They call me by my name." One member of staff said, "I have a very good relationship with people. I make sure I let them feel independent so they can do things for themselves." Another member of staff told us, "I have been doing this job for nearly ten years. I love it. Being able to give people confidence to get their old selves back and get on with their lives is rewarding."

Staff were respectful of and had a good understanding of people's care needs, personal preferences, their religious beliefs and cultural needs. People's care records identified their specific needs and how they were met. We saw that people were supported to remain as independent as possible by staff. One person told us, "I give them 100% for their service. They are such lovely people; they show a lot of care and understanding. They are nice, friendly & pleasant. I can't fault them."

We saw that a welcome pack was provided to people when they commenced their support, which contained very helpful information such as a service guide, contact details of local services and questionnaires. People told us they had involvement in their care and support plan. Through our discussions with people and their relatives, we found that people were consulted and involved in decisions about their care and support. One person told us, "Yes I was involved in all decisions." Another person also confirmed that their relatives were also involved. They said, "Very much so and my [family member] has been involved in decisions as well."

## Is the service responsive?

### Our findings

People told us that staff were responsive to their care and support needs and they were happy with the care they received. One person told us, "The staff do what they are supposed to do." Another person said, "The staff are very well trained and helpful."

The service received referrals from the local authority or local hospitals for people who were being discharged and required further reablement support. The registered manager said, "We provide 6 weeks of reablement care to people who require support with personal care for a short period. We support people to regain their personal care skills such as meal preparation, mobility, washing and dressing."

We saw an assessment of people requiring support was provided by the local authority to the provider. The assessment set out the needs of the person and the times the reablement service was required. Office staff from the service received the information and checked the availability of support workers. A support worker was then allocated to the person and in some cases, they covered any visits which were requested prior to the initial assessment. The initial assessment by the service usually took place within 48 hours of the referral being made, usually in the person's home. Once the initial assessment was completed, a support worker was identified or matched with the person. A review took place, two weeks after the start of the support to check how the person was getting on with their reablement plan. The registered manager told us that when people's short term reablement was completed after six weeks, they were referred to longer term domiciliary care services, if required. The service would also contact health professionals if they had any further concerns about a person once their reablement programme was completed or if cancelled by the person.

We did not find that all initial assessments took place within the required 48 hour time frame. We looked at information which recorded the dates of referrals, initial assessment dates and the date of the two week review and found many gaps in the dates, where either an initial assessment or a two week review was not recorded. We found a large number of gaps in the month of November 2016 and some gaps in the month of December 2016 where initial assessments were due to take place. There were a large number of missing entries in the month of November 2016 for the two week reviews. Office staff told us that they had been short of staff due to annual leave and sickness during November and had fallen behind. We addressed this with the registered manager who said, "We are starting to train carers to do assessments to pick up any shortfalls and for their personal development."

Each person had a copy of a care plan in their home, which reflected their preferences regarding how they wished to be supported. Care plans and risk assessments were also available to be viewed electronically on the provider's systems. However, we saw no care plans in place for people that had been developed by the provider. Staff confirmed that the local authority care plans and on some occasions, the Occupational Therapy Discharge Reports, were the only plans of care in place. We discussed the quality of the care plans with the registered manager and the deputy manager. They agreed that the care plans were not person centred, although support workers had access to the OT Discharge Reports which were more detailed and more person centred. People told us they were involved in decisions about their care and support. We saw

brief lists which contained some information about people's requests and preferences about their support. However, they were more tailored for the completion of tasks rather than contain details about how the care and support would be personalised. There was little evidence of reablement or recovery outcomes and goals, choice and consent to care.

The above issues constitute a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people were complimentary about the service and told us they received care from regular support workers and were happy with their care arrangements. One person told us, "I always had regular support workers." Another person said, "I have regular support workers in the morning but they vary on evening and weekends." Some people said there was not always consistency within the service and comments included, "It is changing. They were regular until recently but they can't tell me who is going to come at the moment. The office has not let me know." Comments from other people we spoke with included, "It varies, there is not always the same people coming," "I am never sure who's going to come", "They are all fairly good" and "I have to keep telling support workers where everything is because they are different staff." Another person said, "If they are new, they will know to look in the book in my house for information." The registered manager and staff told us staff were briefed before providing care and support to new people.

People could contact the service if they wanted to raise a complaint. The provider had a policy and procedure for reporting complaints. One person said, "Yes I am aware of what to do." Another person said, "I do know how to complain. There is a number in the book." Other comments included, "There has been no need to complain" and "If there was a problem, my [family member] would deal with it." However, one person told us that after they raised a complaint, "The support worker wouldn't help with my meal. I was quite surprised." We noted that issues and concerns were brought to the attention of the management team and saw that action was taken in response to incidents or complaints.

## Is the service well-led?

### Our findings

People and relatives told us they were generally happy with the way the service was managed. One person told us, "I am very satisfied and there is nothing bad about the service." Another person said, "I am grateful to the service. They are helpful and it's all been very good." Other people commented that they had received reviews of their reablement support and telephone calls from the office to enquire if they were happy with the service. Comments we received included, "They have been [to my home] and reviewed my care recently" and "The supervisors have been out once or twice."

The service had a clear management structure, which included the registered manager and a deputy operational manager, who were based in the office, as well as line managers and field care supervisors, who carried out spot checks to people in the community. The registered manager worked at the service two days a week, as they were also responsible for another service. They were supported by the deputy manager, who worked at the service on the other three days the registered manager was not working there. We were concerned that this arrangement meant that the management team were not always aware of some of the shortfalls in the service, such as missing or incomplete information. For example, not all initial assessments or two week reviews had been carried out as planned and we found a large number of missing entries.

We discussed how the service monitored the quality of the service. The deputy manager told us that they carried out exit interviews with people who had completed the programme. However, we did not see details or examples of exit interviews held with people after completion of their six week programme. The interviews were intended to help measure the quality of the service so that improvements could be made. A member of staff in the office told us, "We are able to measure the quality of the service by the number of complaints we received. We have not received many at all." The registered manager said, "We have not had any external quality monitoring of the service. We have had internal audits." We were not assured there was a proactive approach to quality monitoring and that measuring the quality of the service by the number of complaints received, was suitably effective. We found there was a lack of robust oversight of the service.

The management team held regular meetings in which they discussed how the service was operating. We also saw the outcome of a recent audit undertaken by senior managers, which included a mock CQC inspection. We found that where improvements were required, a timescale was established for any actions and improvements to be completed. We noted that one of the areas highlighted stated, "The nature of the service results in high turnover of customers. The lack of care plans means that it is difficult to assist reablement in a consistent manner." Another area showed that, "There is a delay in initial assessments being completed within 48 hours as required by the contract." Actions included, "ensure that care plans give staff clear information on how to care for the person and effectively meets their needs." We found that although such issues were identified by the service's monitoring systems, further progress was still required to ensure that the service was meeting recommended standards.

We noted that there were meetings for staff and we saw agenda items included discussions and reminders around people's reablement goals and medicine requirements. However, we found that the minutes of these meetings were not always documented or completed appropriately. The registered manager said,

"Yes, this is because some of the staff lack experience. We will support them in this area."

The above issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was previously managed by the local authority, who then contracted the service to Family Mosaic Housing, an external provider, in 2013. Many long serving staff also transferred from the local authority to the new provider. New and existing staff had mixed views about the management of the service and told us they did not always feel listened to. One member of staff said, "I think there could be better communication from the senior managers. They are a good organisation but they could do some things better such as more support and understanding. It was a lot better under the local authority. Plus all my information is online and it is not easy for me to access it on a computer." Another member of staff told us that although they liked their job, they felt the managers were not always approachable. One staff member told us, "I feel under pressure a lot because of the scheduling, which can mean too many calls in one morning. The office need to organise it better. And also some of the training to make it easier for us to complete modules. The managers seem nice but I don't really know the registered manager or the deputy manager that well."

People's records were filed electronically on a secure system, which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies.

We saw the provider's policies and procedures were thorough and well organised. We noted that welcome packs for people were concise, informative, easy to read and well developed. They consisted of useful information such as a service exit questionnaire, an information leaflet for older people, community involvement leaflets and brochures for additional services. There was also a Family Mosaic handbook, service information and a range of important notices such as health and safety awareness, home security, people's rights and responsibilities, professional boundaries and reporting safeguarding concerns. We also saw a list of useful contacts for reporting fire, gas and water leaks, crime and ordering meals on wheels. There were also brochures for local goods and services.

The provider sent surveys to people and relatives to seek their views and opinions. We saw questionnaires which had been sent out or returned from this year. The service had received compliments and feedback from people and relatives which were positive. For example, we noted that one person commented, "A top notch service. [Support worker] worked wonders with my [family member], for which we will always be grateful." Another person wrote, "Very happy with all the staff. They are all very friendly and helped me with my exercises."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. Care plans were task led and not person centred. They did not sufficiently meet the needs and preferences of the person.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not protecting people against risks in an appropriate way. Risk assessments were incomplete and lacked relevant or important information to keep people safe.</p> <p>Regulation 12(2)a</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to the care of people were not always recorded.</p> <p>There were large gaps for assessments and two week reviews.</p> <p>Exit interviews were not being carried out.</p>



There was a lack of clear oversight of the completion of initial assessments, reviews and service user feedback.

Team meetings were not recorded appropriately.

Regulation 17(1)(2)(a)(c).