

Time2B Ageing Gracefully Ltd

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Inspection report

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Date of inspection visit:
31 January 2019

Date of publication:
05 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

- Time2B Ageing Gracefully Ltd is a domiciliary care agency.
- It provides a personal care support service to people with a mental health condition, an eating disorder, learning disabilities, autistic spectrum disorder, dementia, physical disability, sensory impairment, people who misuse drugs and alcohol, older people and younger adults in their own homes.
- At the time of the inspection, it was providing personal care support to four people.
- 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:

- Risks to people's health, care and mobility needs were not always appropriately assessed and mitigated. Risk assessments were not appropriately completed which put people at risk of potential harm.
- There were gaps in staff recruitment checks and we could not be assured if they were safe to work with people who were vulnerable.
- The provider lacked systems to ensure the safe management of medicines.
- People were not always supported by staff who were appropriately trained. Staff were not provided with regular supervision to do their job effectively.
- The provider lacked robust and effective systems and processes to ensure the quality and safety of service.
- Not all people's care plans were person-centred.
- People and relatives told us they felt safe with staff and found them reliable. Staff knew how to safeguard people against harm and abuse. They were provided with sufficient personal protective equipment to prevent the spread of infection.
- People's needs were assessed before they started receiving care and they told us their needs were met.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and relatives told us staff were caring and treated them with dignity and respect. They were involved in the care planning process and reviews. People's independence was encouraged and maintained.
- People and relatives knew how to raise concerns and they told us they the service was responsive.
- People and relatives told us they were happy with the service and the provider was approachable.
- Staff told us they felt supported and were involved in continuously learning and improving care.

Rating at last inspection:

- The service was registered by CQC on 7 March 2018. This is the service's first inspection since its registration.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.
- This is the first time this service has been rated Requires Improvement.

Enforcement:

- We identified four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment, staffing, fit and proper persons employed, and good governance. Details of action we have asked the provider to take can be found at the end of this report. We made recommendations in our inspection report, which we will follow up at our next inspection.
- You can see what action we told the provider to take at the back of the full version of the report.

Follow up:

- We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Time2B Ageing Gracefully Ltd

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team consisted of one inspector.

Service and service type:

- Time2B Ageing Gracefully Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was announced.
- The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
- Our inspection process commenced on 31 January 2019 and concluded on 4 February 2019. It included visiting the service's office, telephoning people who used the service and their relatives, and care staff. We visited the office location on 31 January 2019 to see the registered manager and office staff, and to review care records and policies and procedures. We telephoned people who used the service and relatives on 31 January 2019 and concluded on 4 February 2019.

What we did:

- Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return form. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked records held by Companies House.
- We spoke with one person who used the service and two relatives.
- We spoke with the nominated individual as the registered manager was on annual leave, the director and two care staff. A nominated individual is someone who has been nominated by the provider and has responsibility for supervising the management of the regulated activity provided.
- We reviewed four people's care records, four staff personnel files, staff training documents, and other records related to the management of the regulated activity.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always identify, assess and mitigate risks associated with people's health, care and mobility needs in a timely manner.
- People's risk assessments were for areas such as environmental, moving and handling, personal care, medication, falls, hoist, and diabetes. However, these were not always suitably completed and lacked sufficient information and instructions for staff to follow to provide safe care.
- For example, one person required support of a staff member and their relative, and used a hoist for all transfers, but their environmental risk assessment was not fully completed and could lead to an accident. This person's moving and handling risk assessment did not include any mitigating action points for staff to follow to ensure they were supported safely.
- The care plan and risk assessment for a person with diabetes did not state the associated risks and the actions staff were required to take if they noticed any signs of low or high blood sugar levels. We raised this with the provider. Following the inspection, the provider sent us a diabetes risk assessment for this person.
- This meant staff were not always provided with sufficient information and instructions on how to provide safe care in a timely manner.

Using medicines safely

- The provider told us they did not support people with medicines management. However, one person's care plan stated staff prompted medicines and another person's care plan stated staff were given consent to crush their medicines before administering them.
- The provider did not maintain appropriate medicines administration records, medicines plan and risk assessments in relation to the medicines support provided to people. The provider told us they would inform us whether people were being provided with medicines support. However, during and following the inspection this information was not provided.
- This meant staff were not given sufficient information to ensure people's medicines needs were met safely.

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

- The provider told us they would review and update people's risk assessments and medication plans to ensure they contained up-to-date and sufficient information for staff to provide safe care.
- People and relatives told us they felt safe with staff. One person said, "Yes, [staff] are trustworthy, no reason not to trust them. I feel safe with them." Relatives' comments included, "Yes, [person who used the

service] is safe with [staff]. I trust her fully" and "Yes, [person who used the service] was safe, the family could relax, gave her peace of mind."

- Staff were knowledgeable about risks to people's safety. A staff member said, "We have to ensure the sling is properly put in place, make sure it is not wrinkled or squeezing [person], the sling is properly connected, make sure it is properly lined up, so it doesn't hit [person]."

Staffing and recruitment

- The provider did not follow their recruitment policy and safe recruitment practices. The provider's policy stated, "A minimum of two referees will be contacted, one of whom must be the applicant's current, or most recent, employer." We found two staff files did not have any employer references. References were not always verified by a company stamp or headed paper to confirm they were legitimate.

- Not all staff files had appropriate recruitment checks in place. Out of four staff files, only two files had interview records, and one staff member's file did not have any identity and right to work in this country checks.

- Staff criminal record checks were not carried out as per the provider's recruitment policy. Two staff files contained criminal record checks from previous employers but the provider had not carried out their own checks to ensure that staff were safe to work with people. Following the inspection, the provider sent us copies of some missing recruitment documents.

- This meant the provider did not follow safe recruitment practices to ensure people were supported by staff who were safe, of good character and suitable.

The above evidence was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they would review and update staff files to make sure they had all appropriate recruitment checks in place to make sure people were supported by staff who were safe, skilled and of good character.

- People told us staff mostly arrived on time and were informed if they were running late. One person said, "Most of the time [staff] arrive on time." A relative commented, "Definitely arrived on time, and if anything [staff] stayed over their time. They would always let us know when they got to [person] if they were late."

- Staff told us they had sufficient travel time and did not feel rushed. One staff member said, "Yes, between the calls I always have enough time to travel."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse and neglect.

- Staff knew the safeguarding procedures. One staff member said, "It is really about protecting vulnerable adults from harm, neglect and abuse. Firstly, [I] would report it to the supervisor, the supervisor would report it to the manager. They would report it to the family where appropriate, report it to the CQC and the safeguarding authority, and investigate concerns." Staff told us they would blow the whistle if they felt the provider did not promptly act on concerns.

- The provider understood their responsibilities in safeguarding people against abuse. There had not been any safeguarding cases since the service's registration.

Preventing and controlling infection

- Staff were knowledgeable about safe infection control practices to prevent the spread of infection. A staff member commented, "As soon as I enter [person's home], I wash my hands and put gloves on before supporting them. All the tasks I do I make sure I change gloves between washing and feeding. It is to prevent contamination."

Learning lessons when things go wrong

- The provider had systems in place to learn lessons and improve when things went wrong.
- The provider told us they would investigate incidents and discuss learning with their staff to prevent them from happening again. There had not been any accidents and incidents since the service's registration.

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.

Staff support: induction, training, skills and experience

- The provider told us they only recruited staff who had at least a level two health and care qualification. They further said that all their staff had received appropriate training with their previous employers. However, not all staff files had copies of their previous training and qualifications to confirm they were appropriately trained.
- Staff told us they had not received formal training since they started working with the provider. A staff member said, "Not received any training from this agency." The provider told us they had arranged a training session but they had to cancel it due to the venue not being available.
- This meant staff were not provided with sufficient training to provide effective care.
- Staff told us they felt supported by the provider. The provider's supervision policy stated all staff would receive supervision at three monthly intervals. However, staff records showed not all staff had received regular supervision.
- Three staff had been working with the provider for the last 10 months and only one staff member had received one supervision session in that period.
- This meant staff were not provided with supervision as necessary to enable them to do their jobs effectively.

The above evidence was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they had identified a trainer and was in the process of scheduling training dates. Staff confirmed this. A staff member said, "It would be good to get a group refresher training as soon as possible. [The provider] has promised us that it would happen soon."
- The provider told us they would carry out one to one supervisions with all their staff in line with their supervision policy so that staff could do their jobs effectively.
- Staff told us they felt confident in their role. Staff were provided with three days shadow training where the provider trained staff on how to support people with their individualised needs. Staff confirmed this. A staff member said, "I shadowed all [staff] for three shifts before I was given a shift on my own. It was very helpful and then [the provider] came in a couple of times without telling us to check that I was shadowing and how I was getting on."

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

- People told us staff asked their permission before providing care. A person said, "[Staff] ask me if I need anything, we go with what I want." Staff gave people choices and sought their consent before providing care. One staff member told us, "To make sure you support [people] to make choices, and respect and follow their decisions and their choices."

- People's care plans stated whether or not they had capacity to make decisions and their care plans instructed staff on how to encourage and support them to make decisions regarding their daily living activities.

- Where people lacked capacity, this was recorded in their care plans along with the information about their relatives who made decisions on their behalf. However, we found the provider did not always check to ensure the relatives were legally appointed to make decisions on people's behalf.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to the Mental Capacity Act 2005.

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

- People's needs and choices were assessed in line with current standards before they started receiving care and this enabled them to achieve effective outcomes. People confirmed this. One person said, "They [the provider] did visit me and asked me what I needed support with." A relative told us, "The first meeting was about what do you want us [the provider] to do, what time would [you] like us to come at, what do you have for breakfast."

- The provider told us, "We find out their [people] needs, how important their independence is to them, what support they need, get to know what is important to them. We would arrange a visit at their place, invite their relatives where needed, speak to the professionals, find out as much information as possible about their needs."

- The assessment forms contained information related to people's medical, physical and emotional needs, personal care, medicines, dietary, communication and spiritual needs.

- A person told us, "Yes, I do believe my needs are met." A relative said, "All the [staff] are very experienced and very knowledgeable." Another relative commented, "[Staff member] tries very hard to make sure my mother's needs are met."

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

- Most people's dietary needs were met by their relatives. The care plans for people who required support with their dietary needs instructed staff on how to meet those needs effectively. For example, one person's care plan stated, "Carers are requested to prepare light snacks, and at evenings light soup from tins, to support [person] in having a choice of a balanced meal at least once a day."

- People and their relatives told us they were satisfied with the nutrition and hydration support. A relative said, "Oh [staff] understood [person] needs. We knew [person] was getting fed."

- Staff knew people's dietary needs and their likes. A staff member said, "[Person who used the service] can feed herself. The [relative] provides the food, I give it to her and make sure she is comfortable sitting up in the bed. She likes eating cereals and yoghurt for breakfast, strawberry flavour is her favourite, she has tea with milk and no sugar."

- This showed people were supported effectively with their dietary needs.

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

- Staff told us they worked well together as a team and with other agencies such as staff at the

accommodation where people lived, local authorities and social workers to meet people's individualised care needs in a timely way. Records of communication and correspondence confirmed this.

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

- People were supported by their relatives to access healthcare services. However, the provider had systems in place to support people who required help with booking and attending healthcare appointments.

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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us the same team of staff supported them and they found them friendly and caring.
- One person said, "[Staff] are very nice, actually. I have not had a bad one so far, they are very caring, very polite, no brashness or rudeness. Generally, I have had the same [staff member] and when she has not been able to come, they send someone else. I am not left without support."
- A relative commented, "[Staff] are so, so patient. [Relative] had three carers in total, mainly two of them would help. It was reassuring to [relative] that same [staff] came. They managed to get my [relative] to do things that neither of us could. She formed a good bond with [staff]." Another relative told us, "The main carer is very good. [We] have a main carer who is consistent and my [relative] likes her so it is good."
- Staff talked about people in a caring way and told us they treated them as individuals, and without discrimination. A staff member said, "Everybody must be treated equally, if you have a disability [I] will communicate at your level."
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. A staff member said, "I know [person who used the service] is Christian, the [relative] prays with her and we listen and respect her religious needs."

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

- People were supported and encouraged to voice their views. The provider involved people, and their relatives where necessary, in the care planning process. A person said, "I decide the care and support I need. Yes, they [staff] listen to me." A relative told us, "Oh [staff] listened to [relative] and involved her and us in her care."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respected their privacy. A person said, "Yes, I do believe they treat me with dignity and respect."
- A relative commented, "Oh yes, most of them [staff] have been very respectful, not found anyone who are rude to her." Another relative said, "We knew she was treated with respect."
- Staff knew how to maintain dignity in care. A staff member said, "When we are washing [person] make sure she is covered and not exposed, make sure the door is closed. Make sure their mouth is cleaned when they are eating. Put napkins for dignity."
- Staff encouraged and supported people to remain as independent as possible. A staff member said, "Put

the toothpaste on the toothbrush hand it to [person] and she would brush her teeth. The little she can do we encourage and assist her."

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- People and relatives told us staff knew their needs and preferences, and provided responsive care. One relative said, "At the moment [staff] are only supporting with the morning call. If I request they will send two [staff]. If I need them [staff] in the afternoon and [the provider] would always allocate one [staff member] in the afternoon. It is invaluable."
- Staff knew people's likes and dislikes, and how to provide personalised care. One staff member said, "[Person who used the service] likes to watch television, she likes to go over in the lounge area to sit with the other ladies to chat and socialise. She likes to [do] art or craft, I assist and support her."
- People and relatives told us they had access to their care plans. A person said, "Yes, I have a care plan. It is at my place in the care folder."
- People's care plans contained information about their personal care, nutrition and hydration, mobility, medicines, social care, hobbies and interests, beliefs and culture.
- The care plans also provided information on people's communication needs and preferred communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- For example, one person's communication plan informed staff that the person's speech was impaired due to old age and stroke but they preferred to communicate verbally. The plan instructed staff to encourage the person to talk more and have meaningful conversations with them.
- The provider reviewed people's care every six months and updated their care plans where necessary. People and records confirmed this.
- However, we found not all care plans were personalised, they did not always state people's likes, dislikes and preferences to enable staff to provide person-centred care.
- This meant staff were not always provided with sufficient information on how to provide personalised care.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

Improving care quality in response to complaints or concerns

- People and relatives told us they did not have any concerns. They further said that they knew how to raise concerns and make a complaint. Those who had made complaints told us they were satisfied with how they were addressed.
- A person said, "No haven't made any complaints. If not happy about something I would speak to [the provider]. They [staff] are fine, I have no complaints." A relative commented, "No complaints. Absolutely superb, to be perfectly honest."

- There was an up-to-date complaint policy in place to report, record and investigate complaints. There had been one complaint since the last inspection. The complaint record showed the complaint was reported promptly, investigated and addressed in a timely manner.
- However, the provider did not record lessons learnt to prevent it from happening again.
- We spoke to the provider about this and they told us moving forward they would record lessons learnt as part of the complaints process.

End of life care and support

- The provider had end of life care policy, advance directives and death of a service user policies that detailed how to support people receiving palliative and end of life care.
- The provider told us people with end of life care needs would only be supported by staff who were appropriately trained. They told us they would train staff in end of life care before they took on care packages that required supporting people with their end of life care needs.
- Currently no one was being supported with end of life and palliative care.
- People's current care plans did not record information regarding their end of life care wishes.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to end of life care planning.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had quality assurance systems in place to enable them to continuously learn and improve the care delivery.
- However, we found the provider did not carry out regular monitoring checks and audits to identify gaps and issues.
- For example, the provider's quality assurance policy stated that the provider was required to carry out a minimum of two unannounced monitoring visits a month. However, the provider told us they had only carried out one unannounced monitoring visit for a person who had been receiving care for over 10 months. The monitoring visit record showed the provider was informed by the relative that the staff member did not always follow safe infection control procedures but there were no records to confirm what actions the provider had taken to address the concerns and improve the safety and quality of care.
- The provider did not always assess, monitor and mitigate risks to people's health and safety. People's risk assessments were not always fully completed and lacked sufficient information for staff to enable them to deliver safe care.
- The provider did not always maintain accurate and complete records in relation to people's care plans, medicines administration records, staff recruitment checks, and staff support and supervision.
- This meant the provider lacked an oversight of the management of the service, and did not continuously learn and improve care.

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

- The management and staff were clear about their roles, and the standards of care the provider had set out for the service.
- Staff told us the service was well managed and that the management was approachable and supportive.
- One staff member said, "Yes, it is well-managed. I can speak to [the provider] about the [people who used the service] or something personal. She is very good like that, she is always ready to listen and discuss. I can always call her if I need any help. They are very supporting and helpful."
- Another staff member commented, "Very approachable. No reservations. [The provider] is very warm and motherly. They never force you to take on a shift, always ask us."

Continuous learning and improving care

- The provider told us they had appointed a quality officer who had started auditing paperwork related to

the management of the care delivery, care files and staff files. They further said they would work together with the quality officer to continuously learn and improve their service.

- The provider told us they spoke to people over the phone every week to seek their feedback to make sure they were happy with the care. However, they did not maintain records of these telephone monitoring calls. They told us moving forward they would keep records of the monitoring calls.

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

- People spoke highly about the provider. They told us they were happy with the service and would recommend it to others.

- One person said, "Yes, I would say so [it is well managed]. Yes, I would recommend the service. I am satisfied at the moment."

- A relative told us, "We are happy with the service and would recommend it."

- Another relative commented, "Yes, I would recommend the service to others. I would not have managed without this service. I do appreciate it really, it is a big help. It is invaluable."

- The provider understood their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The director told us if there were any concerns they would notify relevant external agencies and work with them to ensure high-quality care. They said, "I will alert the local authority and the police where necessary and notify the CQC."

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

- The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed on any changes.

- People and relatives told us the provider asked them for their views and opinions, and these were acted on to shape the services.

- The provider met with staff on a regular basis and held a team meeting to discuss aspects of care delivery. However, they had not kept records of these discussions. Staff confirmed this. The provider told us moving forward they would keep team meeting records.

- A staff member commented, "Oh yes, definitely. With regards to [people who used the service] anything else the company can do to support us to support the [person], anything they can do to improve the service."

- The provider was in the process of carrying out their annual survey. The annual survey forms were provided to people and their relatives and were due to be collected by 20 February 2019.

- The provider told us they would analyse the feedback and develop an improvement plan where actions were required to improve care

Working in partnership with others

- The provider worked in partnership with the community organisations, local authorities and other healthcare professionals to improve people's experiences.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons failed to ensure that care was provided in a safe way to service users. They had not assessed the risks to the health and safety of service users of receiving the care or treatment;</p> <ul style="list-style-type: none">•not done all that was reasonably practicable to mitigate any such risks;•not ensured the proper and safe management of medicines. <p>Regulation 12(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to:</p> <ul style="list-style-type: none">assess, monitor and improve the quality and safety of the services provided;assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others;accurately and completely maintain records in respect of each service user. <p>Regulation 17(1)(2)(a)(b)(c)(d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

The registered persons failed to ensure person employed for the purposes of carrying on a regulated activity must be of good character, and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

Regulation 19(1)(a)(b)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate and necessary training and supervision to enable them to do their jobs effectively.

Regulation 18(2)(a)