

## Standards Care Limited

# Standards Care Limited

### Inspection report

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Date of inspection visit:  
15 December 2020  
05 January 2021  
13 January 2021

Date of publication:  
22 March 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Standards Care Limited is a domiciliary care service providing personal care for people in their own homes. At the time of the inspection there were eight people receiving the regulated activity.

Not everyone who would use the service would receive 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.

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

We were not assured the provider was assessing and managing risks to people's health, safety and wellbeing effectively. Risks to people were not always assessed and there were not always clear measures in place to manage identified risks. Staff did not have a good understanding of safeguarding people from abuse. Medicines were not managed safely.

The service had adequate measures to manage risks related to infection, including from Covid-19. Incidents were reported; however, it was not always clear what actions were taken to reduce the risk of similar incidents re-occurring.

The service had not always applied best practice or national standards when planning and delivering care. We were not assured appropriate medical advice was always sought, and that professional guidance was available to staff when supporting people.

Though there were adequate policies and procedures in place, people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and following the requirements of the Mental Capacity Act (MCA). Staff did not always have a good understanding of the application of the MCA.

People's individual eating and drinking needs and risks related to choking or malnutrition were not fully assessed and planned for safely.

Feedback about care staff approach was mixed, some people and their relatives told us staff were kind and caring, whilst others said it varied between staff. People and their relatives told us they could not always communicate their wishes to staff due to a language barrier.

There were some good examples of people being supported with activities they enjoyed, which promoted their wellbeing. Where there was good continuity of care with a long-standing care worker, they knew people well. However, some people did not have the same carer workers routinely and their care plans did not contain information on their preferences or reflect their individual needs.

The provider had previously identified some of the issues found at this inspection and had started to resolve them. However, we were not assured the provider's quality and assurance measures were sufficient to identify and quickly resolve quality and safety issues. Records were not always complete or accurate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12 July 2018 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due the time since the service had registered and concerns the Care Quality Commission (CQC) had received. These included concerns about; the skill, competency and approach of care staff, communication skills and language barriers with care staff, risk management, managing medicines and management oversight of the quality of the service.

A decision was made for us to inspect and examine those risks. As the service had not been previously inspected, it was deemed in the public interest for us to review all key lines of enquiry (KLOEs) in order to rate the service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment; consent; staffing; fit and proper persons employed; managing complaints and good governance at this inspection.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **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** ●

# Standards Care Limited

## 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

The inspection was carried out by one inspector. An assistant inspector and an Expert by Experience supported the inspection remotely.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 December 2020 and ended on 13 January 2021. We visited the office location on 15 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service. We reviewed feedback from the local authority and professionals who work with the service.

A provider information return (PIR) was not requested from the service due to pressures from the COVID-19 pandemic. The PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people and three people's relatives, as well as one person's appointee for their finances. We spoke with six care workers, the registered manager, who was also the nominated individual, and the service manager who had recently joined the organisation. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at four 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.

# 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 requires improvement. This meant 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

- Risks to people were not fully assessed. Risk management plans did not always address all risks to people's health, safety and wellbeing. For example, where people could be at risk from malnutrition or skin damage, these risks had not been assessed.
- Where there were risk management plans in place, these were not detailed or clear enough to enable staff to understand how to reduce and manage risks. Where risks to people had been assessed, there was no clear link to professional guidance. For example, a person was at risk of choking, there was no identification of any foods the person could not eat and no guidance from speech and language therapy.
- Where a risk meant staff needed to be vigilant to signs or symptoms of a health issue, such as constipation, an infection or sepsis, there was a lack of information for staff about what to look for or when to seek medical intervention.
- Staff were not always able to explain risks to people's health or safety and how these were managed, though they had some awareness of some risks to people, such as risk of falling.

We found no evidence people had come to harm. However the failure to adequately assess and put in place robust management plans for risks to people's health, safety and wellbeing was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Staffing and recruitment

- There were enough staff to provide required support to people. Staff supporting people did not always have training in their specific needs, for example, Mental Capacity training.
- Staff recruitment procedures were not robust. The provider had already identified processes were not in line with legal requirements, however, they had not retrospectively carried out these checks for all existing staff to ensure they were suitable to work with people.
- Not all staff had undergone relevant pre-employment checks as part of their recruitment. Checks did not always include gaining a full employment history and evidence of conduct in previous relevant employment through references.
- One person's Disclosure and Barring Service (DBS) check was completed after they started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The failure to ensure staff were suitable to work with people and were fit and proper persons was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Using medicines safely

- Where staff supported people with their medicines, there were no medicines care plans, to guide staff. There were no agreements in place where the service shared medicines administration arrangements with family members or other carers who were not employed by the provider to ensure people received their medicines as prescribed.
- There were no protocols for, 'as required' (PRN) medicines to guide staff to when the medicine should be given, the maximum dose in a set period, signs and symptoms indicating its use. There was no guidance for staff on when to escalate an issue, such as ongoing symptoms or an increased need for the medicine. Where these medicines had been administered, the reason was not recorded.
- Staff were not provided with clear guidance for the application of people's topical creams, with a body map for application. Instructions were vague which could lead to under use, overuse or incorrect application.
- Where variable dose medications were administered, it was not clear to staff when the different doses could be given, and no variation in dose was recorded.
- A person's medicine administration record (MAR), did not appropriately document a change in their pain relief. Where the controlled drug had changed dose, the prescribed dose on the MAR was four times less than the dose given. We saw the dose described on the medication packet from the pharmacy matched what was administered, however, we could not be assured this change had been managed safely and with appropriate checks to prevent errors.
- Staff had not been provided with specific administration guidance. For example, where a person had a medication patch, the manufacturer's instructions specify to rotate the location of the patch to ensure it delivers the medication correctly. There was no care plan or instruction for staff or documentation to enable staff to ensure this occurred.

We found no evidence people had come to harm. However the failure to safely manage medicines was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were no omissions in regular medication administration in the MARs we reviewed.

## Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies in place to safeguard people from abuse. Training was available for staff; however, staff were not always able to explain what safeguarding was or what signs of abuse or neglect they would need to look for.
- We were not assured people's individual vulnerabilities had been considered and met. For example, a person was at risk of financial abuse, though the service was working with the relevant authorities, there was no care plan to support their money management to keep their finances safe.

## Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date and included updated guidance related to managing risks from COVID-19.
- Staff understood what personal protective equipment (PPE) to wear. People told us that staff usually had the appropriate PPE and wore masks. The service had undertaken spot checks of staff practice.
- A significant number of staff had not completed the coronavirus specific training, according to the provider's training record.

## Learning lessons when things go wrong

- Staff recorded and reported incidents. These were reviewed for themes and trends.



- Where an issue was identified, the immediate management and any performance management of staff was clear. However, it was not always clear people's care plans had been reviewed to ensure their risk assessments were up to date and any appropriate amendments had been made.
- The registered manager was able to give examples of learning and changes made to people's care after an incident to reduce the risk of re-occurrence.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Information about people's capacity to make decisions was not present in people's care plans where this would be appropriate. People's capacity to consent to their care plan had not been assessed where, for example, someone had memory problems and confusion which may affect their capacity to make a decision.
- Staff did not have a good understanding of mental capacity. Although they were able to explain they could not force people to do something, they did not always understand what capacity was or how this would be assessed and applied in their role. One member of staff gave the example that making an unwise choice would mean they might not have capacity, which is not in line with the principles of the MCA.
- Where a care plan had been signed by a person's lasting power of attorney (LPA), it was unclear if they lacked capacity to agree to their care plan themselves, and so if their LPA had authorisation to consent on their behalf.
- Where someone had an identified LPA appointed, the paperwork was not checked by the provider to ensure this was in place and legally registered.

The failure to ensure care of people was only provided with the consent of the relevant person was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The provider did not ensure risk assessments were carried out in line with best practice, such as NICE guidance, for example, for the risk of malnutrition. Risk assessments, management plans and care plans did not reflect the detail which would be expected by current legislation and national standards.

Staff support: induction, training, skills and experience

- The provider's systems were not adequate to ensure staff had appropriate training, knowledge and competencies before they worked with people to ensure their risks were managed.
- The service had taken on care contracts for people with complex physical and mental health needs. We were not assured from discussions with staff they had the appropriate knowledge and skill to support people with complex needs.
- Some staff raised concerns that they had not had enough training and support when they started work. One member of staff told us they had not had any shadow shifts when they started to get to know people, and previous training certificates from other employers had been recognised as sufficient training. The registered manager told us past training with recognised training providers was deemed adequate. No checks of knowledge or competency were undertaken before staff commenced work in these cases.
- There were gaps in the training matrix for staff on training based on people's individual needs, with some staff lacking key training - such as Mental Capacity Act training.

The failure to ensure staff had sufficient training, induction, competencies and skills to provide effective care was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- We were not assured that the service was managing people's nutrition, eating and drinking to minimise risks and to achieve good outcomes, such as maintaining a healthy weight.
- Where people had specific risks or needs around eating and drinking, there was not always enough information to ensure staff knew what these were, and how these were managed safely. For example, if someone was clinically obese, or at risk of choking.
- People's preferences, likes and dislikes were not always detailed in their care plans. People told us staff did not always understand what foods they were asking for and so were not always preparing meals in line with their wishes.
- People's weights, or clothes size and fit, were not recorded in their care plans or risk assessments. This meant any weight loss or risk of malnutrition may not be recognised.
- Daily care records showed people were supported to eat and drink regularly.

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

- We saw evidence the service worked with social workers and commissioners. There were some examples of appropriate escalation of concerns to emergency services.
- We saw one incident where staff were not able to get through to a GP for advice after someone had been given incorrect medication. When staff were not able to get through, the registered manager made a decision without seeking alternative medical advice, such as through 111.
- Professionals' guidance and assessments were not reflected in care plans. Routes and points of escalation were not clear for staff, such as signs of ill health, including for people who had mental health problems or who were susceptible to infections.
- One relative was concerned the staff member's English language skills were not sufficient to communicate complex information more than their loved one's "basic level of functioning".

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

- People's needs around mental wellbeing were understood by staff. Staff knew how to support people with activities they would like where this was commissioned.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There were some good examples of a caring approach by staff, particularly where there was a long-standing arrangement for care with good continuity. Some people and relatives said staff were kind and caring, others said it was, "mixed" and depended on the carer.
- One relative told us, "The care worker knows and looks after [loved one] well." One person described staff as, "Very kind." One relative told us, "This [staff member] is caring, the first one was not, they just did the job." Another said, "[Loved one's] physical needs are met such as food, but they have no rapport."

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

- Communication was identified as a theme by several people and their relatives. They told us that they had difficulties in communicating their needs and wishes with some carers due to a language barrier. One relative described, "problems with language and reliability." Another told us, "It's not always possible to make [wishes] understood."
- We discussed this with the registered manager who told us they advised staff not to assume what people needed and to check they understood. There was no training for staff in English language skills where English was not their first language. The service manager told us they were looking at recruitment to ensure staff had basic English language skills to communicate people's wishes and record them appropriately.
- There was evidence some people and their relatives had been involved in creating their care plans. Some told us they were sent a copy of the care plan for their feedback. Some people and their relatives told us that they did not always feel listened to, or that carers did not always understand what their wishes were.
- In some cases, care plans lacked personal details around people's preferences, such as foods and drinks they liked. Instructions for staff on how to provide care were fairly generic and so did not support staff who had communication difficulties to know what people's specific preferences were.

Respecting and promoting people's privacy, dignity and independence

- Most staff were able to explain how they treated people with dignity and respect. Such as covering people with a towel, closing blinds and curtains or doors when delivering personal care.
- No concerns were raised by people or families about staff treating them with respect and dignity.

# 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.

Improving care quality in response to complaints or concerns

- The complaints policy was appropriate; however, it was not followed consistently. Where complaints had been recorded with incidents, they were difficult to differentiate. There was no evidence the complaints policy was followed by acknowledging the complaint, offering an apology and communicating the outcome to the complainant.
- Where a person said they had raised concerns, there was no evidence these had been documented. In another example, a person had raised a complaint through a third party, this had been recorded as an incident, with a note that the investigation was underway but no outcome recorded six months later and no evidence that learning had been shared with other staff.
- One person we spoke with and a person who contacted us, told us they were unhappy with how their complaint had been handled. Another person's relative said they would worry raising a complaint would affect the relationship with the carers. Others said they would feel comfortable to make a complaint.

The failure to maintain an adequate system to ensure complaints were identified, recorded, handled and responded to appropriately was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were not always person-centred. They did not always identify the person's specific needs and wishes.
- Where people had continuity of care staff who supported them over a longer time, people and their relatives told us this worked well, and the staff knew their needs and preferences. However, not all people had regular care workers that knew them well.

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.

- Policies and procedures in place supported the provision of information in a way people could understand, however language barriers sometimes prevented people from being able to communicate easily with staff.

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

- Where people benefited from an activity for their physical and mental wellbeing, the provider had worked with the commissioner to support this. For example, being flexible about care provision to allow for staff to support someone to go for a walk several times a week.
- People told us they were supported to keep active. One person told us, "They tell me not to sit down all the time, I exercise as best I can."

#### End of life care and support

- One person was on end of life care at the time of the inspection. Their care plan did not explore their end of life wishes or preferences, or signpost staff to an alternative end of life care plan. Where the person's needs had changed rapidly, this was sometimes confused in the care plan. The hospice was involved in this person's care.

# 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.

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

- We were not assured the current governance and oversight was robust enough to ensure risks to people's health, safety and welfare were consistently well managed.
- We requested any audits of care records, medicines administration, infection control or any other audits or reviews the service had carried out. The service sent us evidence of spot check audits of staff practice of infection control. However, we were not provided with any completed audits related to medicines administration or care records and were sent a blank "mock inspection" template. The registered manager was unable to show how other aspects of the service were assessed and how this fed into a service improvement or action plan.
- Records were not always clear, detailed and up to date. Essential information about people's medical history, risks to their health and wellbeing and their personal wishes and preferences were not fully documented in care records. Medicines administration records were not always clear or updated.
- Recruitment records were not properly kept with all required documentation. There was no clear process for validating staff's training certificates from previous employers or assessing staff's competency and confidence before starting work where completing the service's own training was not deemed necessary.
- Records of incidents and complaints did not distinguish between the two and it was not always clear how these events were responded to.

The failing to ensure systems were in place to monitor and improve the quality and safety of the service, and the failure to maintain adequate records were breaches of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were arrangements in place to provide supervision and spot checks on staff.

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

- There was a lack of consistency in the quality of care and values displayed by the care staff. Feedback about both staff and the management of the service was mixed. Some people felt listened to, others did not. Some felt there was good management in place, others disagreed.

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



- Relatives told us staff would let them know if something had happened, such as someone needing medical support or going to hospital. There was no clear system for identifying when an incident would require the service to act on their duty of candour or whether they had done so.

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

- Feedback from staff about the management of the service was mixed, some staff felt supported and felt communication was good. Others told us communication was not good and they did not feel listened to.
- Staff sometimes felt there was not enough information in care plans or training given to ensure they were delivering good care.
- Some people and their relatives said they had been asked for feedback informally, such as over the phone or by emailing a care plan to them. Most said their feedback was acted upon, such as raising that they were unhappy with the current care staff. Some said they did not feel listened to.

Continuous learning and improving care

- The provider had identified some issues, such as the need to improve paperwork and recruitment processes. Team meetings and staff supervision had been identified as an issue and improved upon.
- The provider had taken some steps to resolve recruitment paperwork issues. However, not all checks had been rectified for existing staff and records were not always present.
- A range of improvements required were identified at this inspection, which the provider acknowledged.

Working in partnership with others

- Commissioners told us that the service was communicating and working with them to implement improvements where these had been identified.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not applied the principles of the MCA in ensuring people's capacity to consent was assessed where this would be applicable. Staff were not adequately training in understanding mental capacity. Processes were not in place to check legal paperwork to ensure someone's relative was authorised to make decisions on behalf of a person about their care.</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to apply an adequate complaints management procedure.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have robust recruitment procedures which ensured prospective staff were suitable to work with people and provide a regulated activity.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have sufficient inductions for new staff. There were inadequate systems in place to ensure staff had the required skills and</p>

knowledge to be able to meet people's needs.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people's health, safety and wellbeing were appropriately assessed and plans in place to monitor and reduce these where possible. Medicines were not managed safely.</p>

**The enforcement action we took:**

We issued a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust systems were in place to review and improve the quality and safety of the service. The service had failed to maintain accurate records.</p>

**The enforcement action we took:**

We issued a warning notice.