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Supreme Healthcare Services - Surrey

Inspection report

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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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on the 30 April and 1 May 2015 and was an announced inspection.

The service operates from a location based in Woking Surrey. The service is registered to provide personal care to adults and children in their own homes and was providing care to 48 people so they could maintain their independence whilst living in the community.

At the time of our visit a new manager was in post who was not registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

During this inspection we found that the provider had not always recruited staff safely. This put people at risk of receiving care from staff who may not be suitable to work

Summary of findings

with people in a caring environment. Documents required to ensure people are safe to work in a care role had not been completed or acquired from prospective employees.

The provider had not followed the service's safeguarding procedures or those of the local authority, when an alleged or actual safeguarding concern had been identified.

Quality assurance systems were not robust. The provider had an audit undertaken in September 2014 in regard to the practices and records at the service to ensure people were receiving safe care. The manager at that time had not produced an action plan to show how the issues identified in the audit were to be addressed and monitored.

People had care plans in place that told staff how people preferred their assessed needs to be met, however, the details in one care plan had not been updated and another person did not have any information about their care needs in the care plan. Medicine administration records were hand written and difficult to read, and not all entries had been signed for. These are documents for staff to sign to ensure that people were receiving their medicines as prescribed by their doctor.

Not all staff who had worked at the service had received an annual appraisal. This provides an opportunity for staff to review their performance and discuss their future development needs. Staff were receiving regular supervisions that included spot checks at people's homes.

The provider had not submitted Notifications to the Care Quality Commission (CQC) about incidents that had occurred relating to people who used the service. The registered provider is required by law to inform the CQC of specified events or incidents that have an impact on people who use the service and events that would prevent the service from operating.

Most people had signed to signify they had been involved in writing and reviewing their plans of care. People's preferences, likes and dislikes were recorded and staff were knowledgeable about the care needs of people.

People told us they felt safe with the carers who looked after them. Staff had received training in relation to safeguarding adults and were able to describe the types of abuse and processes to be followed when reporting suspected or actual abuse.

People commented on the improvements made by the service during the last six months such as staff arriving on time and better communication with the office staff and how they liked the carers who attended to them.

Staff told us that they had completed induction prior to commencing their duties at the service. This included questionnaires for staff to answer in relation to the training they had received to ensure they had learned and understood the training.

People we spoke with were positive about the care they received and stated their consent was sought. People told us that staff treated them with respect and attended to their personal care needs in private. Staff stated they would not attend to the personal care needs of people in an area of their homes where there were other relatives present.

People were asked for their views about the service through annual questionnaires and telephone contact with the office staff. The most recent survey had included many positive responses about the service and care and treatment people received.

We identified breaches in 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not fully safe.

People were at risk of receiving care from staff who had not been appropriately vetted.

People told us they received their medicines when they needed them, but medicines were not recorded accurately.

The registered provider had not followed their own or the local authority's safeguarding procedures when allegations of or actual abuse had been identified.

People felt safe with the carers who looked after them. Staff were aware of what abuse was and the processes to be followed when abuse or suspected abuse had been identified.

Is the service effective?

Good

The service was effective.

Staff had received the basic training and supervision required. Long standing staff had received annual appraisals.

There were arrangements in place to identify and support people who were nutritionally at risk.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and knew their roles and responsibilities and how to support people's rights to make decisions for themselves.

Is the service caring?

Requires improvement

The service was not fully caring.

People told us they felt they were looked after by caring staff but there was a high turnover of staff that meant they did not know people well as they were still learning about them.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Is the service responsive?

Requires improvement

The service was not fully responsive.

Information about how to make a complaint was readily available at the service, however, information on this document was incorrect. People and relatives told us they knew how to make a complaint.

Summary of findings

Not all people had personalised care plans in place that were responsive to their needs.

People had risk assessments based on their individual care needs.

Is the service well-led?

Requires improvement

The service was not well-led.

The regulated activity was not being managed by a person registered with the Care Quality Commission (CQC).

The registered person had not sent Notifications to the CQC as required by law.

Systems to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not robust.

Records of care and treatment provided to service users were not accurately maintained.

Staff felt they were supported by the manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the manager.

The provider had a set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service.

People who use the service and their representatives were asked for their views about their care and treatment.

Supreme Healthcare Services - Surrey

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 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.

The inspection took place on 30 April and 1 May 2015. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone was available to discuss the service provided.

The inspection team consisted of two 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. We spoke with the provider, manager and six members of staff during this inspection process. We also spoke with 12 people who used the service and their family members to gather their views about the care, treatment and support provided by the service.

We did not ask for a Provider Information Report (PIR) as we carried out this inspection due to concerns we had received. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We looked at notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We noted that we had only received one notification which related to an incident that had occurred in 2013.

The last inspection was carried out on 4 September 2014 and found the service to meet the standards inspected.

We looked at eight care plans, six staff training and recruitment files, the medicine records held at the location, records of complaints, compliments, accidents and incidents, audits undertaken by the provider and a selection of policies and procedures. We also had discussions with the local adult social care team.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe with their carers. One person told us, "I have a good working relationship with my carer." Another person told us, "I have every confidence in my carers," this was echoed by the person's spouse.

Staff told us that they had to provide the names of referees, proof of their identification and had a criminal record check, now known as a Disclosure and Barring Service (DBS) check undertaken. These are checks to ensure staff are suitable to work with people. The provider had a recruitment policy in place. We sampled six staff recruitment files. We noted that the application forms used had not requested a full employment history as required, there were gaps in employment that had not been explored and in two files there was only one reference. One file did not have any proof of identity. We noted that references had not been obtained from previous employers that related to working with adults or children. The meant that adequate checks were not properly conducted to ensure that people were cared for by appropriately vetted staff.

The DBS for two members of staff were from their previous employers. The manager told us that these had recently been done but had not been transferred to the staff files. The manager provided further information to clarify that these checks had been undertaken.

Robust recruitment procedures were not in place therefore this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had not followed the reporting procedures as described in their own or the local authority safeguarding procedures. One incident had occurred in January 2015 when an allegation had been made by a person to the provider. The incident was not reported to the police, Care Quality Commission or the local authority. This meant that procedures were not adequately followed to protect people from the risk of abuse or harm.

The service had a safeguarding policy and staff confirmed they had read and understood the policy; however, this policy had not been reviewed since November 2011 therefore staff were not provided with up to date information. A copy of the local authority's safeguarding procedures was available at the service. The service also had a child protection policy. Staff who worked with children had an understanding of what to do in relation to child protection.

Staff were knowledgeable about safeguarding people and the reporting process to be followed when suspicions of or actual abuse had occurred. They were aware of the different types of abuse. Staff told us they had received training in relation to safeguarding adults and we saw evidence of this in the staff training records. They told us this training also included whistle blowing. This is when members of staff report any bad practice they suspect or witness to the manager.

People's medicines were not managed safely. Staff told us they had received training in medicines during their induction and regular updating of their training was provided. Staff told us that the training had also included legislation about the safe administration of medicines and they only signed the medicine administration record (MAR) record when they had administered the medicines to people. However, this was not what we found in the MAR records. MAR records were hand written and were very difficult to read. There was a risk to people of not receiving their medicines as prescribed by their doctor. One MAR sheet did not record the date or year. We saw that the dosage and the frequency of medicines had not been written and there were gaps in the recording of medicines given to people. This meant that people, their relatives, staff or health care professionals could not be certain that people had received their medicines as prescribed by their GP or that the information provided was up to date.

The proper and safe management of medicines was not provided in a safe way to service users and this was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The manager told us there had been a large turnover of staff and they were continuing to recruit staff. New staff had received induction training and shadowed experienced members of staff before they worked on their own. The manager told us that the length of time for shadowing was dependent on individual staff's experience, competency and qualifications. We corroborated this in the staff training files we looked at and during discussions with staff.

People are not always notified if their carer is running late. We had discussions with people about the timings of their

Requires improvement

Is the service safe?

visits and if there had been any missed calls. This was because concerns had been received by the CQC about late and missed calls. People told us that they usually received a telephone call if the carer was running late. However, one person told us, "The office does not confirm late arrivals." One person told us, "I did have some issues in February but this has now all been sorted." Another person told us, "Time keeping is pretty good and they telephone into the office when they arrive and leave me." A third person told us that if carers are late it is usually due to the heavy traffic. However, one person told us, "They are just about on time. They don't always ring if they are going to be late, but that being said they are better now than they used to be."

Staff told us that they were allowed travel time in between visits but could run late due to the traffic. They told us there was a policy on visit times and staff have to work within the guidance. One member of staff told us they had been late on two occasions as they did not think that enough travel time had been allowed. We discussed this with the manager who was quite concerned as they had planned the rotas to take account of all travel times. The manager told us that they would follow this up immediately.

We looked at the care rotas and noticed that travel time had been allowed within the rotas. The times, duration and travel distance of each visit were clearly recorded.

The service has a business contingency plan in place that defined how the service would be run in the case of disruption. For example, adverse weather conditions, fire at the offices and IT systems failures. This minimised the disruption to people in the event of an emergency.

We saw that risk assessments had been undertaken in the care plans we looked at in accordance to people's needs. For example, risks in relation to falls, moving and handling and environmental risks in the person's home.

Good

Is the service effective?

Our findings

People were supported by staff who had received training to help support them with their care needs. The response from people in relation to staff training and knowledge was variable. For example, one person told us, "My carers have now been trained how to use the hoist." They also told us that new carers worked alongside the experienced ones so they could learn and develop their skills. Another person told us, "My regular carers are well trained, the others are not, particularly in the simple things like bed making." A third person told us, "New carers are shadowed by experienced carers to train them." Long standing staff had received training that supported them in their roles and new staff were receiving ongoing training and support from more experienced staff.

People received support from staff who had the necessary skills. The manager had introduced an induction training package. This was a ten day induction training package for staff and included the basic training topics. This training included safeguarding, manual handling theory and practical, medicines administration, personal protective equipment, medicine administration record charts, infection control and how you talk to people. New staff have to shadow an experience carer and must be signed off to say they are competent. People are asked for their feedback on the performance of the new member of staff. The manager told us for new clients they would conduct an assessment of people's needs and look at the training and experience of staff to see if the service can meet their needs. With existing clients, they would review to see if their needs have changed.

Other training included 'what is dignity in care' and personal care. This was to ensure that staff understood their roles and responsibilities and the needs of the people they were visiting. This included both practical and theoretical training. New staff told us they had undertaken induction training when they commenced working at the service. They told us that this included basic training and some was practical training as well as theory. For example, manual handling and the use of hoists. This was confirmed when we looked at the staff training records. Staff were complimentary about the training they received and stated that training was excellent.

Staff were supported in their roles. The manager and staff told us they were receiving regular one to one supervisions where they discussed their practices and training needs. We saw records of these at the office during our visit. The manager told us that some long standing staff had received an annual appraisal, but others had not and they were in the process of addressing this.

People could be assured that the care would be provided at the times they had chosen. The provider has an electronic call monitoring system (ECM). This is a system that delivered live rosters and information about people to staff via their mobile telephones; it allowed actual arrival and departure times to be recorded by staff by touching in and out of each visit with their enabled mobile phone. The manager told us this had been introduced as there had been a lot of missed calls in the past. Rotas are sent out every Friday to both staff and people so people knew who would be providing their care each week.

The manager told us that staff had received training in relation to the Mental Capacity Act 2005 (MCA), this was confirmed by staff we spoke to. Staff told us they would gain consent from people before they undertook tasks with them. For example, one staff member told us, "I always ask if they are ready for me to give them their shower. If they say no then that is their choice and we respect this." Arrangements to protect people's rights were as far as possible in place and the staff would act in accordance with appropriate guidelines.

People's nutritional needs were being met. Information in relation to nutrition and hydration was recorded in people's care plans and risk assessments had been completed. Some people had 24 hour daily monitoring charts and food intake charts in their care plans. Staff told us that they would report any concerns to the manager or senior staff who would ensure that people's relatives were informed so that the appropriate action could be taken.

The manager told us, "We always ask people what they want and encourage them to eat healthily, but at the end of the day it is their choice."

People have their medical needs met. People told us that they made arrangements for their own medical support and attending medical appointments. This was confirmed during discussions with the manager. However, we were told by one person that the carer was very concerned about their health and they called for an ambulance and the person's daughter. They said that the carer stayed with them until the ambulance arrived. The manager and staff

Good

Is the service effective?

told us that when they notice a change in people's healthcare they would contact the person's doctor and their next of kin. This This meant that people could be assured that staff would support them with their health care needs when required.

Requires improvement

Is the service caring?

Our findings

People told us they were satisfied with the carers who look after them and were complimentary about the care they received. One person told us, "I am very happy with all of my carers. They are all super." Another person told us, "They are very caring and will do anything you ask." Other comments included, "They are most caring and think of me first," "Most are caring. Some are better than others. They always do what is asked of them." Comments were made in relation to the recent high turnover of staff. One person told us, "Two of the carers are good, but there is a bit of turnover of other staff." Another person told us that the regular carers are very good but the new ones were still learning. One relative told us that their family member was very fond of their carers.

The majority of people told us they had been involved in the planning of their care. One person told us, "We have been using the service for eight years and they do talk to us about any changes we want to make." Another person stated, "I was involved in my planning of my care." However, one person told us they had had limited involvement in their care plan. They told us, "The hospital did the original plan. We didn't get an opportunity to comment on any changes. But now changes are made when we ask." Another person told us, "The care plan that's in place is the one we wrote."

Staff told us they read people's care plans before they visited them. They stated that care plans were written from the information provided at the pre-admission assessments and the manager had lengthy discussions with people about their care needs. Staff we spoke with were knowledgeable about the needs of people. For example, they were able to tell us how people they attended to preferred their personal care needs to be carried out, their likes, dislikes and their favourite hobbies. They told us that care plans were reviewed by the manager every six months or sooner if people's needs changed.

Relatives told us that carers encouraged their family member to be as independent as they were able. For example, one relative told us, "They know the needs of my husband and try to get him to do as much for himself as possible." Staff told us that they always promoted people's independence and let them to do as much as they are able to for themselves. For example, washing their bodies. Staff told us they try and encourage people to be independent. They stated they always gave people choices and asked them what they wanted to do. For example, they people if they would you like to wash your face themselves.

The manager told us that people chose the times of their visits and they could always call the office to change their times if they wanted them to fit around their needs. This was confirmed during discussions with staff.

Staff told us they treated people with respect and they treated them the same way as they would expect to be treated themselves. They told us they would not attend to the personal care needs of people in front of other family members, it was always done in private.

People told us that staff treated them in a respectful manner and they were able to do things for themselves. One person told us, "They make me feel special."

The manager told us that they encourage positive relationships between clients and staff and ensure that people's dignity is respected at all times. The manager told us that this was monitored through supervision, quality assurance checks and feedback from staff and clients.

Requires improvement

Is the service responsive?

Our findings

The service had a complaints policy that was included in the service user guide supplied to people. However, we noted that the information in this policy was not appropriate as it stated that complaints could be made to the Care Quality Commission (CQC) who would investigate their complaints. The policy informed people about the local government ombudsman who could be contacted should they be dissatisfied about the outcome of the complaint made.

People told us they knew how to make a complaint and some people had made a complaint. One person told us, "We complained some time ago because the carer at that time used to hang around for no reason." Another person told us, "We complained once years ago, but not now." A third person told us, "We know how to complain and have only done so once some time ago. All is okay now."

Staff told us they would follow the complaints procedure should a complaint be made to them. They told us they would listen and record any complaints they received and would pass the information to the manager.

We looked at the records of complaints kept at the service. Records evidenced how complaints had been addressed in a timely manner, the action taken and feedback to the complainant explaining the outcome of the investigations. The manager stated, "I like complaints because it is how you learn and get better. You can always do something about complaints."

We also saw records of compliments the service had received since January 2015. For example, compliments had included, "Staff always complete the tasks," "Very good carers, doing a fantastic job." Positive feedback had been provided by the local adult social care team. They stated that they had been very impressed with the service provided by Supreme Healthcare since December 2014. They found that the communication with the service was excellent and the support they provided in people's homes was good.

People described the carers as knowing their likes and dislikes. Some people told us there was a difference with those carers who they have not had a long relationship with as it takes time to get to know them. However, one person told us, "The new carers learn fast." People had care plans in place that ensured staff would attend to their personal care needs as they had requested.

Staff told us that they ensured people received the care required by following the individual care plans. We were also told that people were able to choose the gender of the carer they preferred to look after them. For example, some people would choose staff of the same gender if they were being supported with personal care needs.

People's needs were assessed. The manager told us that all people have an initial assessment of need undertaken with the person and with their family members. Personalised care plans were written from these assessments. We were told that people could ask for changes to be made to their care plans, for example, if they wanted to change the times or alter the amount of visits they had.

Care plans we looked at included information in relation to people's assessed needs, the hours of support required, personal details, speech, language and communication needs. Care plans also included information about the support required by the person on a daily basis, depending on the hours of care required.

Requires improvement

Is the service well-led?

Our findings

People did not receive a sustained effective service from the provider. Some people were not satisfied with the service they received from the office. For example, one person told us, "Not very impressed with the office. We get the occasional visits from people at the office". Another person told us that the communication from the office was not good and they had a different carer each day as there was a high turnover of staff. Some people told us that things had improved. For example, one person told us, "We get an E mail each week to say which carers are coming." Another person told us, "No complaints about the office they have been very helpful." We discussed this with this information with the manager who acknowledged that this was the case prior to her appointment. The manager told us that there are now systems in place to ensure all contact from people with the office are clearly recorded. For example, the manager has introduced a care manager electronic system where by all telephone and E mail contacts are recorded. The manager stated that she responds to all contact from people.

There was a potential risk that people may not receive the personal care they required because care records had not been accurately maintained. We found information recorded on a care plan that actually related to another family member who received care from the same provider. The only information recorded relating to this person was falls and environmental risk assessments dated June 2011. We also reviewed daily notes for these two people and found that entries for both people were recorded on the same sheet. This meant that there was a risk to these two people because there was no recorded information about how their individual care or health needs had been met.

We also noted that there was no updated record about another person. There was information about their needs, medical history, interaction with people, behaviours and communication, however, the care plan had not been updated with current information about their medical needs. This meant that there was no information for carers about the assessed needs the second person required supporting with.

Quality assurance systems were not robust to ensure that good quality care was being provided. An audit had been undertaken by the provider in September 2014. This was to ensure that the manager and staff were meeting the objectives of the service, maintaining accurate records and meeting their commitment to providing care to people. However, the manager at that time had not produced an action plan of how they were to attend to all the issues identified in the audit. The manager told us that they had been auditing the care plans and MAR records. We saw that audits were carried out but there were no actions or comments provided about findings. They were not was not robust enough as there was no records of issues found or action taken. For example, information recorded in the audits were dates only but no records of issues identified. This meant that the monitoring of the service was ineffective and people could be at risk of receiving care that does not meet their needs.

The service had not maintained accurate records for all people and systems to assess, monitor and improve the quality and safety of the service were not robust and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

There was no registered manager at the service at the time of our visit which is a breach of their registrations conditions. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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. The service has not had a registered manager in charge of the day to day running of the service since January 2013. There have been two managers since that time, one of whom left in December 2014. The current manager was appointed as the manager for the service in February 2015. The registered provider told us that they were always in the office as they had no registered manager. This person has the overall responsibility for the carrying on of the regulated activity in the absence of a registered manager.

Staff told us that they felt the manager was approachable and very supportive. One member of staff told us how they had been supported by the manager during a difficult emotional time. The manager had liaised with external companies to help improve the delivery of their training. For example, a moving and handling advisor had visited to

Requires improvement

Is the service well-led?

provide advice about the equipment used and training in relation to moving and handling. This showed us that the manager liaised with external bodies to ensure best practice techniques were used.

There was a risk to people's health, safety and welfare as the provider had not submitted Notifications of incidents to the Care Quality Commission (CQC) as required. By law, the registered provider must inform the CQC of any event or incidents that have an impact on people who use the service and events that would prevent the service from operating. The lack of notifications submitted meant that the CQC could take the appropriate action as required to ensure that the risks to people's health, safety and welfare were minimised.

The registered person had not notified the Commission of an abuse or allegation of abuse in relation to a service user and was in breach of Regulation 18 (1) (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4)

People were asked for their views about the service. The manager had introduced a new method to ascertain the views of people. Since January 2015 the manager has introduced telephone reviews with people to ascertain their views on the service provided. We noted from the records we looked at that positive comments had been made. For example, people informed that carers were usually on time and if they were running late the office would notify them. People felt that the carers were very good, the care they had received recently had been excellent and the service had improved during the last six months. The service had undertaken a survey of people who used the service in March 2015. There were lots of positive comments in these questionnaires and comments were made about the improvements during recent months. Issues had been raised in relation to people in the office not answering the telephone or passing messages on. At the time of our inspection visit the manager told us that they were collating the responses and would write an action plan to address issues raised.

The provider had a set of values. These included the aims and objectives of the service. For example, to provide a person centred approach that promoted and supported independence and to always consider the rights, choices and wishes of individuals. Staff we spoke with knew what the values were and explained how they included them into their day to day practice. For example, they told us that they encouraged people to do as much for themselves as they were able, therefore encouraging people to be independent with their personal care needs.

Up to date policies and procedures were not in place to help support staff. We noticed that some policies and procedures we looked at had not been reviewed since 2010 and 2011. For example, recruitment, medicines, privacy, communication and the harassment policies. This meant that staff were not provided with up to date information and may not be following current care practices.

Records of accidents and incidents were maintained by the provider. The manager and staff told us that these were discussed with them to ensure lessons could be learnt so as to reduce the likelihood of a similar incident occurring again.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Information was not available in relation to each person employed as specified in schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes had not been effectively operated immediately upon becoming aware of any abuse or any allegation or evidence of abuse.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. The registered person did not ensure the safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person had not notified the Commission without delay of any abuse or allegation of abuse in relation to a service user.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not robust. Records of care and treatment provided to service users were not accurately maintained.