

Livingstone Health Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, the service provided personal care to 38 people.

People's experience of using this service

Medicines were not being managed safely as the provider was not aware staff were administering medicines to people. Sufficient risk assessments were not in place to ensure people received safe care at all times. Some staff had not received training to ensure they could perform their roles effectively. Regular supervisions had not been carried out to ensure staff were supported to carry out their roles.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Robust pre-assessments systems were not in place to ensure people received support in a person-centred way. Care plans were brief and were not person centred. Quality assurance systems were not in place to identify shortfalls and take prompt action to ensure people always received safe care. Adequate safeguarding systems were not in place to ensure people were protected from abuse. We have made a recommendation in this area.

There was no system in place to evidence that people had been involved in the decisions about the support they received. People's beliefs and religions had not always been captured in care plans.

People and relatives told us that people were safe when supported by staff. Pre-employment checks had been carried out to ensure staff were suitable to support people. People and relatives told us staff were punctual and systems were in place to monitor time keeping. Systems were in place for infection control and to learn from lessons following incidents.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

Complaints had been managed in a timely manner. Systems were in place to obtain feedback from people and relatives.

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

Rating at last inspection

This service was registered with us on 21 August 2017 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service started to provide the regulated activity of personal care. The service registered with the CQC on 21 August 2017 and started to provide the regulated activity of personal care on December 2018.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to risk assessments, medicine management, training and supervision, need for consent, person centred care and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not always well-led.

Details are in our well-Led findings below.

Livingstone Health 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 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.

Service and service type

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

The service had a registered manager. This means that they 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. We gave the service 72 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the registered manager would be in the office to support with the inspection.

What we did before the inspection

We reviewed relevant information that we had about the service. The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual and the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at daily notes and training certificates. We spoke with eight people, four relatives and five staff.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not being managed safely.
- The service told us they did not support people with medicines. However, two staff we spoke to told us they supported people with medicines such as taking the medicines out of blister packs and giving them to people. Two people and one relative also confirmed that the service supported them with medicines. A person told us, "[Staff] come four times a day to change me and give me my medication." Another person commented, "Yes, they give it to me from the blister pack and record that I've taken it." Daily records confirmed that staff had given medicines to people without detailing the type of medicine given, dosage or strength. We were shown a Medicine Administration Chart for one person that recorded medicine had been administered during the month of September 2019. The nominated individual told us they were not aware of this and that staff should only remind people to take medicines and not administer them. This meant that systems were not in place to safeguard people from staff incorrectly administering medicines. This placed people at risk of avoidable harm.
- People had a medicine support plan which stated that people who took medicines independently should only be reminded to take their medicines. The plan also stated if family members supported people with medicines. However, one care plan stated that staff should take medicine out of the blister pack and give it to the person. The registered manager told us this was incorrect information. This meant that there was a risk staff may administer medicines incorrectly placing the person at risk of avoidable harm.
- One person took blood thinning medicines, which meant that the person may bleed more than normal as blood would not clot easily. However, there was no risk assessment in place that detailed that staff need to take extra care because of the risks caused by the medicine.
- Risk assessments had not been completed for people that had identified risks.
- For example, risk assessments had not been completed in relation to people's health conditions such as epilepsy, diabetes and stroke.
- Some people were at risk of falls when mobilising. However, risk assessments had not been completed to minimise risk of falls when people were mobile. One person was identified to have a pressure sore; however, a skin integrity risk assessment was not in place to minimise the risk of skin deterioration.
- Some staff we spoke to were not aware how to support people with diabetes or what to do if a person had a seizure and felt that risk assessments in these areas would help them to support people more safely.
- Failure to complete risk assessments meant that there was a risk people may not receive safe care and therefore may be placed at risk of avoidable harm.

The above concerns meant that risk assessments had not been completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Medicines were not being managed safely to ensure people received their medicines in a safe way. This was a breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We fed this back to the management team who told us that they would ensure risk assessments were put in place immediately and staff would not administer medicines unless it was included in people's medicine support plans.
- Staff had been trained in medicine management and had received a competency assessment.
- There were risk assessments in place of possible hazards in people's homes and on moving and handling.

Systems and processes to safeguard people from the risk of abuse

- Adequate systems were not in place to ensure people were safeguarded from abuse. The provider's safeguarding policy was last updated in October 2016. The policy did not include the types of abuse and who staff could report to externally other than the police.
- Staff were aware how to identify abuse and who to report to internally. However, out of the five staff we spoke to, two staff were not aware on who to report abuse to externally but told us that there was an external number available that they could call to report abuse.

We recommend the service takes advice from a reputable source about following best practice guidance on safeguarding systems.

- People told us they were safe. A person told us, "I'm safe, [staff] wear a uniform and have ID." Another person commented, "Safe with everything they do; they are just so good."

Learning lessons when things go wrong

- There had been no incidents or accidents since the service registered with CQC. The management team told us the process they would follow should this occur, and that incidents or accidents would always be analysed to learn lessons and minimise risk of reoccurrence.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to support people safely and there were adequate numbers of staff to support people.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "Staffing is ok. There is always time to travel."
- People and relatives told us staff were punctual. A person told us, "Yes, they're on time and sometimes they stay over their time." A relative told us, "So far, so good. The regular carer's timekeeping is very good, 8am and 5pm. A cover carer came in [staff members] absence."
- The service had a digital monitoring system that allowed the service to have oversight of time of visits and duration of visits. The registered manager told us the system would minimise the risk of missed visits and late calls.
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity had been carried out. This ensured staff were suitable to provide safe care to people.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons.
- People and relatives confirmed that staff used PPE when supporting people with personal care.

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 was the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

- Assessments had not been completed to determine if people had capacity using the MCA principles. The registered manager told us one person did not have capacity but a mental capacity assessment had not been carried out to determine capacity and if a best interest decision was required to be made on the person's behalf.
- There service had not sought consent from people prior to delivering care and support from them to ensure they agreed with the support they would received.
- Not all staff had received training on the MCA. Most of the staff we spoke to were not aware of the principles of the MCA and determining capacity. This meant that there was a risk staff may not know if people had capacity to make decisions or give consent to care before carrying out tasks.

The above concerns meant that failure to seek consent and carry out a mental capacity assessment demonstrated that people's legal rights were not being adhered to. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- People told us that staff asked for consent before providing support. A person told us, "Yeah, they do. They're really good." Another person commented, "Yes, they communicate with me about what they're doing."

Staff support: induction, training, skills and experience

- Not all staff had completed mandatory training and refresher courses to perform their roles effectively.
- Some people raised concerns. A person told us, "Most of them don't know anything. They've had no training."

- We looked at training records for five staff and found four staff had not completed key training to perform their roles effectively. One staff member last completed training in 2012 when working for another care agency. Another staff member completed some training in 2018, but there was no evidence that they had completed training in infection control and MCA. The nominated individual told us both these staff provided general support to people and not personal care. However, we found two more staff members that supported people with personal care had not received some training. One staff member was completing the Care Certificate, however had only completed four out of 14 standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Another staff member last completed training in August 2017, which had expired in August 2018. This meant that staff had not received mandatory training required to perform their roles effectively.
- The service employed 21 staff. However, there was no training matrix in place that would enable the provider to have oversight of training, such as which training had been completed by staff, any outstanding training and if refresher training was due. The lack of oversight with training meant there was a risk staff may not receive mandatory training to ensure people received safe and effective care at all times.
- Regular supervisions had not been carried out in accordance with the provider's supervision policy. We found some staff, recruited in November and December 2018, had only received one supervision. The registered manager told us that it was their policy to carry out two supervision in a year. However, we checked the providers supervision policy, which stated that four supervision should be carried out in a year.

The above failure to deliver training and regular supervision to staff demonstrated that staff may not be supported and skilled to carry out their roles effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Most people and relatives told us that staff were suitably skilled to support people. A person told us, "Yes, because [staff member] knows how to handle me with bathing and dressing. I have no questions about [staff members] work." Another person commented, "I've had them for a year, morning and evening for a shower and wash on alternate days. They're very, very good and I'm very happy with the service."
- Staff had received an induction, which involved shadowing experienced care staff and meeting people as well as covering key areas in life support, care role and duty of care workers. A staff member told us, "I did some good shadowing. Induction was helpful."
- Staff told us they felt supported. A staff member told us, "[The registered manager] is a good manager. She is supportive."

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

- Systems were not in place to ensure people's support needs were captured at the assessment stage to ensure the service could deliver effective person-centred support.
- We found key information about people's support needs in local authority referrals had not been included in care plans. The registered manager told us they had identified people's needs had changed during the assessment stage. However, there were no records of these changes in circumstances. We asked for copies of assessment forms, however were informed that these had not been recorded on assessment templates but included in care plans. There were no records of what decisions had been made at the assessment stage and if the service could support people effectively.
- This meant that people's needs and choices were not being assessed comprehensively to achieve effective outcomes for their care.

The above concerns meant that robust assessments had not been completed to determine if the service could support people effectively. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The management team told us this would be made more robust and any change in circumstances would be recorded at the assessment stage and in care plans.

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

- Care plans included if people required support with meals or drinks. However, care plans did not record people's likes and dislikes with meals and the level of support they required with meals. The registered manager told us that this would be added. For example, care plans included that people should be supported with breakfast and lunch. However, there was no information on people's preference with breakfast and lunch and the level of support required such as if they needed support with eating.
- The registered manager told us most people required limited support with meals as they had family members at the household that supported them with meals but would include preferences and support needs.
- People were given choices with meals. A staff member told us, "We ask them the choice of meal they want." A person told us, "They do ask me what I want for breakfast and they always ask if there's anything else I want."

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Records showed that the service worked with health professionals when required to enable people to be in the best possible health.

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 was 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.

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

- There were no records that evidenced people or relatives were involved in decisions about people's care. Care plans had been signed by staff, not by people or relatives. The registered manager told us that people were involved, however this had not been recorded. They said they would ensure this was done going forward.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "We do not make decisions. We always encourage them to make decisions." A relative told us, "Yes, [staff member] always very polite and asks [person] things like 'do you want to put on a clean shirt?' That sort of thing, always asking [person] what [person] wants."

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring. A person told us, "Yes, they're very caring and we have a good laugh. They wash-up and take out the rubbish; they're very, very good."
- People and relatives confirmed that staff had a good relationship with people. A relative told us, "[Person] is a religious [gender of person] and [staff members] face lights up when [staff member] sees [person]. They have a sing/song and are always laughing together. A person told us, "Yes, they talk to me like having a proper conversation and treat me like a person. They value what I say and listen to me."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- The service used the local authority referral forms to inform them about people's religion. We noted that on two referral forms people's religion had not been included. However, there were no records to indicate this had been explored. This was of significance as both people were from a specific religious background and may have had specific preferences about the support they received according to their religious beliefs. The management team knew about people's religious backgrounds and told us they would ensure people's religion was explored and included on care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I won't expose their body for another person to see. I always make sure there is privacy and I let them know what I am doing." A person told us, "[Staff] comes in and washes me in the shower and she's very careful. Oh

yeah, excellent! I couldn't wish for two better carers."

- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People and relatives told us that staff encouraged people to be independent. A person told us, "They let me do what I can for myself. I do wash myself, my private parts and dry myself while holding on to the sides." A relative told us, "Yes, they ask [person] to take [person] own cup to drink. There are small things [person] can do."

Is the service responsive?

Our findings

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

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

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

- Care plans were not person centred and lacked details on people's support needs.
- Care plans included the time people would be supported and summarised the support they required.

However, this was not detailed as information on some care plans indicated that staff should support people with personal care without including the type of personal care required. Some care plans stated that people needed support with a bath or shower without specifying how this should be carried out. For one person the local authority referral form contained information about how the person behaved in the shower and the location of the grab rails the person used to transfer in and out of the shower safely. This information had not been transferred to the care plan. This meant that people were not receiving personalised support to ensure they were in the best of health.

- There were further instances where there was information on local authority referral forms that had not been included on care plans or assessed to see if the circumstances had changed. For one person, information included issues with past care agencies with nutritional support. However, this level of information had not been included on care plans.
- We found incorrect information had been included on care plans. For one person, the plan stated the person needed support with a shower or bath and were helped by their family member. In another person's care plan it stated staff should administer medicines. The management team informed us that this was not correct as neither person required support. This meant that staff may provide support to people that was not needed impacting on their choice and control.
- There was a daily log sheet, which recorded information about support provided to people. However, some daily logs did not include the person's name or date of birth, which meant it would be difficult to identify the person who received that support.

The above concerns meant that care plans had not been completed accurately or personalised to ensure people received high quality person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. There were examples of how staff should communicate with people effectively.

Improving care quality in response to complaints or concerns

- Complaints were managed in accordance with the provider's complaints procedures.
- Complaints received had been recorded with details of the complaints and the action taken.
- People and relatives were aware of how to make complaints and staff were able to tell us how to manage complaints.

End of Life Care:

- The service did not support people with end of life care. An end of life policy was in place and staff had been trained in end of life care should the service support people at the end of their life.

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 was the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was lack of robust audit systems in place to identify shortfalls and take prompt action to ensure people received safe high-quality care. Systems were not in place to ensure audits were carried out on medicine management, staff files and care plans. This was required to ensure high quality care was being delivered at all times and there was a culture of continuous improvement.
- We found widespread shortfalls in relation to a number of areas such as with risk assessments, medicines management and care plans. We also found the systems in place to protect people from harm and abuse were not robust. There were shortfalls identified with staff training and supervisions. The service was not working in line with the Mental Capacity Act 2005. The service did not assess people's care and support needs prior to accepting care packages.
- We found that daily records of people's care were not audited, which would have enabled the provider to identify people were being administered medicines incorrectly. It was not always clear which daily logs related to which person as they did not have any names or identifiable information on them. This meant the provider did not know what care and support was being provided to what person.

The above issues show the service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times and maintain accurate records to ensure people received safe care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The management team carried out audits to check staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff performance.

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

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of spot checks the management team also obtained feedback from people about the service and staff.

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

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "They are very good. I am very happy to join their company."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent to people to gather feedback and this was analysed to identify areas of improvement. The results were positive.
- The manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best possible health.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person was not doing everything practicable to make sure that people who used the service received person-centred care that was appropriate, met their needs and reflected their personal preferences.</p> <p>Assessments of the needs and preferences for care and treatment were not carried out in full for some people that used the service.</p> <p>Regulation 9(1)(3)(a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1)(3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service provider had not ensured that all staff received appropriate training and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p>

Regulation 18(2)(a).

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 registered person was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>The registered person was not providing care in a safe way as they were not managing medicines safely.</p> <p>Regulation 12(1)(2)(a)(b)(g).</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c).</p>

The enforcement action we took:

Warning Notice