

Spring Healthcare 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?

Requires Improvement 

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

Spring Healthcare is a domiciliary care agency providing personal care to people living in the community. The service was providing support to 1 adult in Derbyshire and 3 children in the Nottingham area. At the start of this inspection the provider was also supporting 5 people in the Bolton area where the provider is located. Prior to the end of our inspection the provider was no longer providing support in the Bolton area.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People generally received support in line with their assessed needs. Assessments of people's needs had improved since our last inspection; however, some care plans lacked specific detail which would provide staff with person centred guidance on how people wished to be supported. People's independence was promoted and support was in place to enable people to access the community. Staff supported people to achieve their goals, take part in chosen activities and pursue interests. here staffing levels allowed.

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

Right Care: People's care was not always safe. Risk assessments associated with the provision of people's care had been improved but in some cases further detail was required to make them person centred. Medicines were not managed safely and we found inconsistencies across people's medicine records. This had been identified during our last inspection and the provider had introduced 2 new systems; however, this had caused inconsistencies with the information recorded in each system. We found paper records in particular contained gaps in recording which did not reconcile with information recorded on other systems. People and relatives were happy with care and support provided by staff who had an understanding of how to protect people's privacy and promote their independence. The provider evidenced positive communication with external partners in some cases; however, in others local partners had raised concerns around a lack of engagement.

Right Culture: The provider did not always place people's wishes, needs and rights at the heart of everything they did. The provider failed to ensure governance systems promoted, monitored and maintained quality care for all people. Staff did not always receive training in key areas before commencing employment. Other mandatory training courses had not always been completed before staff started to work with people. Concerns were shared with us regarding the registered managers approach to working collaboratively,

particularly when complaints or issues were raised. A recent safeguarding investigation had been substantiated and an important action to be taken had not been completed by the provider. The provider shared their rationale for this and we advised seeking guidance from CQC's registration team to discuss this and sharing the outcome with us; by the end of the inspection this had not been completed. The provider had revised their policies since our last inspection; however, some policies did not ensure staff would be trained before starting to work with vulnerable people.

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

Rating at last inspection and update

The last rating for this service was inadequate (supplementary report published 28 December 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider consistently reviewed people's care and involved people and relatives in reviews, work to improve communication with local partners, improved some staffs understanding of person centred care, source training around the management of complaints, reviewed duty of candour systems and policy and improved notification systems. The provider had acted in some areas for example, training had been sourced for the management team around managing conflict and complaints. However, further improvement was needed in some areas. Please refer to the safe, effective, caring, responsive and well-led sections of this report.

This service has been in Special Measures since 25 November 2022.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, good governance and staffing at this inspection.

We took enforcement action which resulted in the cancellation of the provider and registered manager's registrations to provide and manage the regulated activity.

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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was 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 well-led.

Details are in our well-led findings below.

Spring Healthcare 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' 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 7 February 2023 and ended on 20 March 2023. We visited the location's office/service on 7 February 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 3 relatives to understand their experience of care provided. We spoke with 4 staff including the service manager, support staff and the registered manager who was also registered as the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including 6 people's care plans, risk assessments and records relating to the provision of care. We looked at 4 staff files in detail and reviewed additional recruitment checks, training records and supervisions and appraisals. We also looked at records relating to the management of the service including audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to prevent abuse of service users. This was a breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- People reported feeling safe with the care staff provided. Staff had a good understanding of who to raise safeguarding concerns with. However, the provider had failed to follow up on actions identified following a safeguarding outcome which had occurred several months prior.
- The provider had failed to identify incidents which should have been reported through to safeguarding. This included incidents where people's medication had been missed or administered late due to staff not attending scheduled calls.
- One relative we spoke with advised us of a short period of time where several safeguarding incidents occurred. None of these incidents were recorded on the provider's safeguarding log. We discussed this with the provider and reviewed evidence provided. We found there had been multiple missed and late calls; safeguarding and CQC were not informed.

The provider had failed to ensure systems and processes were established and operated effectively to prevent abuse of service users. This was a continued breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure safe systems for the management and administration of medicines. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The administration and management of people's medicines was not always carried out safely.
- The provider had sourced a new electronic recording system (ERS) for medication administration records

(MAR). However, they had also implemented paper records as a back up to the recording of people's medication administration and the old ERS was still in use as well. We found there were inconsistencies between the 3 systems in use at the time of inspection. We found paper MARs contained gaps and errors in recording. We also found information recorded on paper MARs did not always reconcile with the information recorded on the 2 ERSs in place.

- We found the provider had implemented additional layers of oversight in relation to the management of medication. However, we found they did not always reflect the issues identified during this inspection and had not driven enough improvement at the time of inspection.

The provider had failed to ensure safe systems for the management and administration of medicines. This was a continued breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives' feedback was mixed in relation to whether they received their medicines consistently and at the right time. One person said, "They help me with my eye drops. They're not usually late." A relative said, "We had an instance where we didn't have anyone in the morning. Staff came at 11:40 which is really late because [person] takes their tablets for diabetes in the morning."

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient levels of staff to meet the needs of people in line with staffing ratios assessed to keep people safe. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider reported improvements had been made with staffing levels in general since our last inspection and where needed they had utilised agency staff to meet people's assessed needs. However, records relating to when staff had attended calls were inconsistently recorded and we could not be sure calls were carried out in accordance with people's care plans.
- Relatives we spoke with had mixed feedback in relation to the times staff attended calls. Some relatives praised staff, particularly in the Nottingham area where the provider supported people on a more flexible basis.
- Safe recruitment checks had not always been completed. When the provider had been unable to obtain character references they had not completed risk assessments to assess the suitability of staff to work with vulnerable people.
- We asked for clarification around the number of staff the provider had been approved to sponsor under a Home Office scheme. The response from the provider prior, during and after our inspection varied. The inconsistency in the information shared meant we could not be sure the provider had a robust understanding of how many staff were currently sponsored to apply for a visa to work for Spring Healthcare.

The provider had failed to ensure there were sufficient levels of staff to meet the needs of people in line with staffing ratios assessed to keep people safe. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.

Learning lessons when things go wrong

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the

services provided in the carrying out of their regulated activity. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found the provider had not been proactive in seeking out advice when issues arose. Since our last inspection we had maintained contact with the provider due to the service being in 'special measures'. This in part was due to a lack of transparency identified during our last inspection. At this inspection we identified additional inconsistencies in the information provided; this included information to do with the provider's address, how many people they supported and how many staff were currently employed at the service.
- We felt the provider's consistent failure to learn lessons from our last inspection particularly in relation to sharing accurate information, related to the governance of the service. Please refer to the well-led section of this report.

The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying out of their regulated activity. This was a continued breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk from the carrying out of their regulated activity. This was a breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. Please see the well-led section of this report for further detail.

- The provider had made improvements to risk assessments following our last inspection. There were some areas where further information would provide staff with person centred information relating to the risks identified. However, information within risk assessments was sufficient for people to be supported safely.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.



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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff employed by the service had the support, training and professional development to carry out their regulated activity. This was a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Since our last inspection the provider had implemented a more robust training programme. However, we identified staff who had started working with people several months before completing training courses. We discussed this with the provider and reviewed records which clarified a start date of between 4 to 5 months prior to staff completing training.
- Additionally, important training courses in relation to the management of the service had not been sourced and completed in a timely manner. Courses relating to the management of the service had been booked but in some cases remained outstanding.
- The provider had failed to ensure an induction programme was completed for a new member of staff recruited shortly after our last inspection. However, there was some evidence staff recruited around the time of inspection had been placed on an induction programme. This demonstrated an inconsistency in the providers approach to ensuring staff were provided with a robust induction programme.

The provider had failed to ensure staff employed by the service had the support, training and professional development to carry out their regulated activity. This was a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- The provider had implemented more robust supervision systems since our last inspection. We found these identified areas where the provider supported staff and reflected on their feedback. However, actions from supervisions were not always formalised within the same record.
- Staff we spoke with reported feeling supported by the provider. One member of staff said, "It can be quite challenging at times, I'm managing it better now and I'm getting a lot of support from [registered manager] with it."

We recommend supervision actions are formalised with realistic dates for actions to be completed by.

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

At our last inspection we made a recommendation the provider worked to develop positive communication with local partners in local authority's other relevant bodies and relatives. We found at this inspection further improvement was needed in this area.

- The providers working relationship with their host local authority had deteriorated further since our last inspection. During this inspection the host local authority of the provider decided to cancel the packages of care they had commissioned with the provider. This was due to ongoing concerns they had relating to the provider's compliance with regulations and their engagement with the council's quality assurance team.
- We discussed this with the provider who disputed a lack of engagement and delay in improving compliance with regulations. They advised they were taking advice on what next steps to take.
- The provider had maintained packages of care in two further local authorities at the time of inspection.

We recommend the provider works to develop positive communication with local partners, particularly the providers host local authority.

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

At our last inspection we made a recommendation the provider consistently reviewed people's care to ensure they were meeting their needs. At this inspection we found some improvement had been made.

- People's needs were assessed and protected characteristics such as age, religion and sexuality were considered at the assessment stage. The provider had obtained information from professionals involved and families which was then used to complete initial assessments.
- Feedback around staff's involvement in people's lives and how well they knew people was positive. People and relatives praised staff's commitment to understanding people's needs. One person said, "[Staff] know [person] really well. We have noticed a few times where they've realised something was wrong before we noticed and [staff] stopped [person] becoming unwell."
- Care plans had been reviewed since our last inspection and we found on the whole people and relatives reported sharing feedback with the provider during the review process.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People and relatives were, on the whole, happy with the support provided around meals and maintaining a balanced diet. One person raised concerns relating to a brief period when dietary management around someone's diabetes was impacted by missed and late calls.
- Where people were supported to access the community for activities staff received praise for their support in this area. One relative said, "[Staff] takes into account what [person] wants to do."

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 MCA 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.

- The provider was not supporting anyone who had DoLs in place at the time of our inspection. The provider had considered people's capacity during assessments and took guidance where appropriate from professionals involved in people's care.

Is the service caring?

Our findings

compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

At our last inspection we made a recommendation the provider included people and their relatives in care planning and managed staffs' understanding of person centred care. At this inspection we found some improvement had been made.

- People's care plans had been reviewed since our last inspection and contained more consistent information. However, further person centred detail could still be added to provide staff with detail on people's preferences, likes and dislikes.

We recommend the provider continues to develop care plans to incorporate specific details around all support tasks and reflect a person centred approach at all times.

- Staff feedback relating to person centred care had improved since our last inspection. One staff said, "We support [person] how they want to be supported. We consider how [person] wants us to support and incorporate it into our practice and communication with them."
- Staff had a good understanding of how to support people with different cultural needs. One staff said, "We have to be respectful. We don't support anyone at the moment, but if we did, we would respect cultural differences and any religious beliefs."
- While people and their relatives felt Spring Healthcare's carers demonstrated caring, warm and professional practice we identified due to the governance of the service there was a risk people's care could be impacted.

Respecting and promoting people's privacy, dignity and independence

- People and relatives reported care was provided by staff who were kind, attentive and warm. Carers understood how to protect people's privacy and dignity and promote people's independence.
- One staff said, "We keep personal information stored where only [person] has access to it. We only share information that's on a need to know basis and we always ask for [person's] consent first."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection we made a recommendation the provider sourced training relating to the management of complaints, issues and challenging situations. At this inspection we found improvement had been made in relation to the management teams training programme.

- People and relatives we spoke with reported they had not made any formal complaints. However, one relative we spoke with advised they had to raise some concerns on occasion and the management team had not always responded effectively.
- Equally, the registered manager was praised in some instances for the support offered, particularly around a new package of care the provider had taken on.

We recommend the provider continues to improve communication with both people and relatives.

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

- People's care and support plans had improved since our last inspection. However, there were examples where additional information was required to reflect person centred care standards.
- Daily notes were recorded across 2 different systems; information within each of these was not always consistent. For example, the providers ERS sometimes had additional detail to information recorded in paper daily recording sheets which had gaps. This would imply calls had been missed when in actuality we could see some of those calls had been attended.
- People reported their needs were met in accordance with their choices and preferences. We determined the additional information to be added to care plans was part of a wider issue referred to governance. Please see the well-led section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and relatives reported staff communicated well with them.
- People's communication needs were considered during people's initial assessments. Communication

needs also were included in people's care plans and staff were given guidance on how to support people.

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

- The provider provided support to people which enabled them to access the community. This kind of support was provided in line with people preferences and staff supported people to access local activities including swimming, visiting the library, pottery classes and school.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of inspection.

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.

At our last inspection we rated this key question inadequate. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying out of their regulated activity. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had failed to implement systems which effectively monitored and assessed the quality of the service. Since our last inspection some improvements had been made. However, within the provider's audits we found inconsistencies relating to the provider's findings and outcomes from this inspection.
- We found audits had not always informed improvement when identifying issues or concerns. For example, in monthly manager audits we found the same issues identified in relation to record keeping for several months. At this inspection we found there were gaps in daily records, particularly paper records and audits had not been used to inform improvement.
- Other inconsistencies included the provider rating the outcome of one audited area differently despite the findings being the same over a period of three months.

The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying out of their regulated activity. This was a continued breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- Throughout the inspection process we found it difficult to obtain consistent information. This included requests relating to staffing levels, where the provider was actively providing support to people and information relating to training and staff start dates.
- Inconsistencies, errors and gaps were found consistently across various records. These included examples such as, policies not referencing local authority policy, standards and contacts; policies which included the providers' old address; records with a different provider's heading on and gaps in record keeping on paper records in particular.
- We found multiple examples of the provider sharing inconsistent information with CQC on requests for clarification over processes, systems and registration issues. For example, prior to our inspection we were

made aware the provider had moved to a new office location. The providers response to requests for clarification around this varied; however, we identified the provider had moved to a new office location without informing CQC. We asked the registered manager if they understood this effectively meant they were providing a regulated activity from an unregistered location. The registered manager said, "I don't know the impact of not changing the address."

The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care provided and decisions made in relation to their care. This was a continued breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

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

- At our last inspection we found examples of notifications which were not submitted in line with CQC guidance. At this inspection we found further examples of notifications not submitted in a timely manner.
- Relative feedback indicated incidents had occurred which had not been reported to CQC and other relevant parties. This included incidents which had the potential to cause harm to people and involved an element of risk. We believed this was an issue relating to governance.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk from the carrying out of their regulated activity. This was a continued breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had not always maintained positive communication with other professionals and relevant bodies. The local authority in which the provider was registered reported difficulties in communicating with the registered manager. They stated requests they made for the registered manager to engage in evidencing compliance with local authority quality assurance standards were not proactively acted on.

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

- The provider had failed to promote an open, inclusive person-centred culture throughout the service. However, this generally did not impact staff's practice and the direct care people received.
- People and their relatives generally felt happy with the support provided by staff. Additionally, most felt communication with staff directly responsible for supporting people was good; the only negative feedback shared with us was in relation to the management team not addressing issues or communicating effectively when incidents had occurred.

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 safe systems for the management and administration of medicines. This was a continued breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the provider and registered manager's registrations to provide/manage the regulated activity.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure systems and processes were established and operated effectively to prevent abuse of service users. This was a continued breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the provider and registered manager's registrations to provide/manage the regulated activity.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying out of their regulated activity. This was continued a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.</p> <p>The provider had failed to assess, monitor and</p>

mitigate the risks relating to the health, safety and welfare of people and others who may be at risk from the carrying out of their regulated activity. This was a continued breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care provided and decisions made in relation to their care. This was a continued breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the provider and registered manager's registrations to provide/manage the regulated activity.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure there were sufficient levels of staff to meet the needs of people in line with staffing ratios assessed to keep people safe. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.</p> <p>The provider had failed to ensure staff employed by the service had the support, training and professional development to carry out their regulated activity. This was a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the provider and registered manager's registrations to provide/manage the regulated activity.