

SCC Adult Social Care

# Guildford and Waverley Area Reablement Service

## Inspection report

Millmead House  
Millmead  
Guildford  
Surrey  
GU2 4BB

Tel: 01483518351

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This announced inspection was carried out on 11 January 2017. Guildford and Waverley Area Reablement Service provides a short term reablement service providing support and personal care to people with the aim of enabling them to live independently in their own homes. The service also supports a discharge to assess programme from Guildford Hospital. On the day of the inspection visit there were 56 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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.

When we last inspected this service on 28 February 2014 we found that improvements were needed. These were to the way people's care was planned and delivered in a way that was intended to ensure their safety and welfare. The provider sent us an action plan detailing how they would make the improvements and at this inspection we found that they had completed the actions they told us they would take.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were supported by a regular individual or group of staff who they knew, however people may not receive the support they require to take their medicines safely.

People were supported and assisted by some staff who had not received the training and support that was intended for them to ensure they had the skills and knowledge to meet people's needs. People provided consent to their care and their right to make decisions for themselves was respected and encouraged.

People were supported by staff who responded to their health needs and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were supported by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People's plans of care were not kept up to date and did not contain all the information staff needed to meet their needs. People were informed on how to raise any complaints or concerns, and these were acted upon when they did so.

People may not receive the service that was intended because the planned methodology was not always being followed. There were systems in place to monitor the quality of the service and make improvements when needed, but these were not always adhered to.

The management team provided leadership that gained the respect of care workers and motivated them as a team.

We found some breaches of 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 report.

## 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 consistently safe.

People may not be supported with their medicines in the safest way due to a lack of staff training and not following recognised safe practices.

People felt safe using the service because they were treated well by staff who understood their individual responsibilities to prevent, identify and report abuse.

People were assessed to inform staff on how to provide them with safe care and support that maintained their independence.

People received their visits as planned because there were sufficient staff employed, and there were contingency arrangements in place if needed.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

People were supported by some staff who were not up to date with their training and had not been supported as it was intended.

People's rights to give consent and make decisions for themselves were respected.

People were provided with the support they needed to maintain their health and have sufficient to eat and drink.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they required which included some people's plans for their reablement.

People were shown respect and courtesy by staff visiting them in their homes.

### **Is the service responsive?**

**Requires Improvement** ●

The service was not consistently responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so and it was not kept up to date.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

People may not receive the service that was intended to meet their needs. Systems in place to monitor the quality of the service people received were not always followed.

People used a service where staff were provided with encouragement and support to carry out their duties.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the service.

# Guildford and Waverley Area Reablement Service

## **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.

This inspection took place on 11 January 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other health and social care professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with ten people who used the service and two relatives. We also spoke with five reablement assistants, three team leaders and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, one staff recruitment file and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

The provider told us in their PIR how staff were trained to follow best practice when supporting people with their medicines and medicine administration records (MAR sheets) were monitored when they were returned to the office. We found that although staff had completed safe handling of medicines training this was now out of date for a significant number of them. Although reablement assistants had to successfully complete an assessment of competence through simulated medicines rounds as part of this training, they were not assessed when they supported people with their medicines to ensure they were providing competent medicines support. The registered manager confirmed they were not following up staff training with an assessment of their competency.

When people were supported to take their medicines reablement assistants were expected to complete a medicines administration record (MAR sheet) to show the person had taken these. However we found some records made in people's daily notes that stated they had been supported by reablement assistants applying creams and ointments, but this was not written into their support plan or recorded on a MAR sheet. The registered manager told us these should be recorded on the MAR sheet.

Part of the initial assessment of people's needs included identifying if there was any support needed to help the person manage and take their medicines. Some people we spoke with told us they did not need any assistance to manage their medicines, which they continued to do independently or were supported with this by a relative. Other people spoke of staff supporting them to take these, for example one person said how reablement assistants took the tablets out of the packet as they could not manage this and a second person said, "They check I have taken everything." Another person said they could manage to take their tablets but a reablement assistant applied some cream on their back as they could not reach to do this.

Reablement assistants told us there were occasions when they provided some people with support to take their medicines and described how they did so safely. This involved checking the medicines were correct and recording on a medicine administration sheet when the person had taken these.

People told us this was a good service and they felt safe using it. They spoke of trusting the reablement assistants and said things that made them feel safe included reablement assistants being helpful and friendly. One person told us seeing reablement assistants wearing the county council uniform had helped them to feel safe as "I knew who they were."

Reablement assistants were able to describe the different types of abuse and harm people could face, and how these could occur. They told us if they had any concerns they would contact a team leader who would decide if they should refer this to a relevant local authority locality team. Some reablement assistants told us they had raised concerns in the past but all said they had not needed to do so recently.

The provider informed us on their PIR that staff were actively encouraged to discuss any safeguarding concerns with team leaders and social care practitioners. Team leaders told us of some situations that had been reported to them that they had either referred to or discussed with the relevant local authority locality

team. The registered manager told us about some recent safeguarding matters that had been investigated which were overseen by the safeguarding manager. We received positive feedback about the service being safe from another professional who worked with them.

People told us how using the service had helped them to regain their confidence and ability to care for themselves. One person told us, "I couldn't do some things when I came out of hospital. I have really improved and I am doing them now." Another person said, "I feel I am much better with their help than I would have been without it."

The provider stated on their PIR that, "Where the person's assessment highlights that there is a risk for the individual or staff a risk assessment would be carried out taking into account people's right to choice and control to take risks." Team leaders told us that when they received a referral for a new person to use the service they notified the reablement team who would be undertaking the visits, and one the reablement assistants would start the assessment process. This included an assessment of the person's needs and any risks they faced as well as an environmental assessment to identify how their care could be provided in the safest way.

Reablement assistants told us they did not always complete assessments on the first visit as the person may not feel up to doing so, if for example they had just been discharged from hospital. They told us they would notify other members of their team who would continue with the assessments over the following visit or the next few visits. The registered manager said there were times when the most important thing for a person would be to "have a cup of tea and rest." They said in these circumstances they carried out checks that satisfied them that the person was safe, such as checking smoke detectors and ensuring the person was wearing a care alarm, and then helped the person to settle in bed.

Reablement assistants told us if they identified that any equipment was needed to assist a person with safe care and promoting their independence, they informed their team leader. The team leader would then arrange for an occupational therapist (OT) to visit to carry out an assessment to determine what equipment would be of benefit to the person. They told us this was done promptly. One reablement assistant told us they were going to collect and take some equipment to one person after they had finished speaking with us. The reablement assistant said this equipment would enable the person to have a bath independently.

There were sufficient staff employed to provide people with consistent care and support which met their needs. They spoke of reablement assistants coming when they were arranged to and having the same ones visit them, who they had got to know. One person told us they had a small group of reablement assistants who, "Come when I expect them." Team leaders told us they knew the capacity of the different teams they managed, and new people were only taken on when there was space within the team for the area the person lived. They told us that when emergencies arose or a reablement assistant was unavailable for work at short notice the other members of their team pulled together to provide any cover that was needed.

The provider stated on their PIR that, "We are unable to give times of visits but this enables us to respond flexibly to individual needs allowing the time needed to assess and work with the person on regaining skills." They added where there was a time critical visit needed they would work around these. Team leaders told us that reablement assistants were given a rota with the calls they needed to make each day. The calls were not set to a particular time, unless there was a specific reason for this, such as a planned appointment or the person needed to take medicines at a particular time each day. Team leaders told us that this was because they did not want to restrict reablement assistants from spending the time a person needed to complete their call. Also they told us that if people knew the time to expect their call they may "wait for this rather than doing what they can for themselves."



People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. There had been few new staff recruited over the past year, but we reviewed the file for one new staff member and found the required recruitment checks had been carried out.

## Is the service effective?

### Our findings

Staff were not kept up to date with the training the provider had identified as mandatory for them to be able to carry out their duties. The staff training matrix showed that there were some staff who were not up to date with the training. This included staff who had training that was out of date in medicines administration, manual handling, food hygiene, first aid and infection control. In some cases this training was out of date by several years. We also saw that staff supervision was not provided consistently as planned and a number of staff had missed one or more supervision sessions over the previous year.

A service delivery quality monitoring audit undertaken in November 2016 by the provider had identified staff training and supervision as a high risk. This was due to the number of staff with out of date training and staff not having received the amount of supervision they were expected to have done. Although we found staff were not receiving the training they should have the impact of this on people's care was low who told us they were receiving the care they needed. However there is a risk that if staff do not remain up to date in their practices through training and are not regularly supervised they start providing less than expected standards of care and the provider fails to identify this.

Following the inspection a senior manager within the local authority informed us by email they had already identified which staff did not have the up to date training required. They wrote that they were arranging for some bespoke training sessions locally to enable these staff training needs to be addressed as a priority.

The failure to ensure that staff were knowledgeable, competent and skilled through appropriate training and supervision is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke of reablement assistants providing them with the encouragement and support they needed and felt this was done very well. One person who said they were now able to do more things for themselves told us, "They seemed to know what they were doing, they've got me going again."

Team leaders said that any new staff would be expected to complete the Care Certificate as part of their induction. Reablement assistants who were already employed told us that they had also been required to complete the Care Certificate. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

People had their rights to give their consent and make decisions for themselves promoted and respected. People spoke of having been party to preparing their reablement plans and said they were in agreement with these. People also told us that reablement assistants asked for their consent during their visit. One person said reablement assistants, "Always ask before they do anything."

Staff told us people had agreed with their reablement plan when they started to use the service. Details about how to enable people to express views and give consent to their care were included in their

reablement plans. We saw in the plans we reviewed that people had agreed to these when they had their initial assessment, and it was stated who had been involved in preparing them. Staff described how they obtained people's consent for any activity they undertook when they were visiting people.

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. The provider described on their PIR how people would have their capacity assessed if the need arose and the role staff from the service would play in this. The registered manager told us there was not anyone who used the service at this time who did not have the capacity to make decisions and consent to their care for themselves.

People who required assistance to maintain their nutrition and hydration by having sufficient to eat and drink told us they received the support they required. This consisted of providing people with the amount of help they needed to prepare their meals and drinks. Some people told us they had been supported to be able to prepare these without assistance and others said they had the help they needed. One person said that initially reablement assistants, "Came and gave me a hot meal at lunch and I appreciated that, but I am able to make my own now." Another person said, "At the moment they (reablement assistants) come and get my breakfast and my dinner, I have to keep my leg up but when I can use it I will be cooking again."

Reablement assistants told us when they supported people, this usually involved giving them microwave meals as this was more convenient for people to do for themselves, and they did not have the time to prepare meals from scratch. They told us they would find out what meals people liked and would make suggestions where they could purchase nutritional ready meals from.

Team leaders told us reablement assistants monitored people's nutritional intake and one person they visited had their weight monitored each week. The provider told us in their PIR that when needed they would monitor a person's nutritional input and if necessary refer them to speech and language therapy (known as SALT who provide advice on swallowing and choking issues.) Reablement assistants told us there had been occasions when they had raised a person's lack of nutrition with a team leader who had then arranged for the person's GP to be involved. This had led to the person being prescribed nutritional supplements to increase their nutritional intake. One reablement assistant told us following them raising concerns about one person with a team leader a SALT therapist had been involved with the person, and they said this had "made a significant difference."

People were provided with the support they required with their physical health needs. They found reablement assistants understood their health care needs and would talk with them about these. People continued to access healthcare from other services. The provider informed us on their PIR that people would be given practical support if they were in distress or discomfort and that they would contact a relative if need. They stated they would make referrals to other professionals if a specialist assessment was required. Team leaders told us how they were involved in joint working with other statutory agencies in shaping and targeting services to meet people's healthcare needs.

Team leaders told us reablement assistants did not provide people with healthcare support other than general monitoring. They would liaise with other healthcare professionals when necessary and provide encouragement when needed. Reablement assistants told us they understood people's healthcare conditions and knew how to respond in an emergency having been trained in first aid. They told us if needed they would arrange for a medical appointment or contact a healthcare professional to arrange a home visit.

Reablement assistants told us they always sought people's agreement before contacting any other agency.

## Is the service caring?

### Our findings

People who used the service told us that reablement assistants who visited them were helpful, polite and caring. One person said how reablement assistants were, "quite willing to do anything extra to help." Another person told us, "They did what they had to do to help me and I did what I had to do. We were a team, they were very kind and very good."

The provider told us in their PIR that, "Customer feedback forms received include many positive comments about the caring attitude of staff." Reablement assistants spoke of how much they loved their job and the satisfaction they got from seeing people regain their independence. They also spoke of "feeling good" and "being proud" of doing something that made a difference to people. We received positive feedback about the service being caring from another professional who worked with them.

Team leaders praised the caring values reablement assistants showed when carrying out their work. They gave an example how one reablement assistant had gone over and above their duties to support one person recently when their heating was not working. They said the reablement assistant stayed on when they had finished work to sort out for an engineer to visit. They had then returned to the property to be there when the engineer visited to ensure the person had working heating. The registered manager said all of the staff tried to do the best they could by people, and added "They wouldn't be doing this job, which some have been doing for many years, if they didn't care."

People were able to make adjustments to the way they were supported. One person said, "I have said I don't want it doing like this and they have listened to me." Team leaders told us reablement assistants completed assessments with people to find out "their views and wants." They also told us people were involved when their care and support was reviewed. Reablement assistants described how they asked people questions about what support they wanted and made sure it was the person who answered rather than any relative who may be present. A reablement assistant told how they found out how people wanted to be reabled and regain their independence and said they would offer them choices of how to do this. Another reablement assistant said, "We are definitely not there to take over."

The registered manager said there had been occasions in the past here they had liaised with the local authority teams to provide people with advocacy support. They told us they had details of local advocacy support groups if they needed to provide people with these. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

The provider stated on their PIR that, "All people coming into our service are treated with dignity and respect regardless of age, disability, race, sexual orientation, gender, religion or belief. This is evidenced through customer feedback." People told us they felt they were treated with respect and had their dignity maintained when they used the service. They gave examples of reablement assistants speaking politely and respecting their wishes. One person told us reablement assistants "are polite and they respect me."

Reablement assistants explained how they provided people with the support they needed whilst

encouraging and enabling them to do these things for themselves. They said part of their role was making suggestions about alternative ways people could do things and prompting them to do these. They described following good practices when providing any personal care to ensure the person's privacy and dignity were respected.

## Is the service responsive?

### Our findings

People's support plans did not describe how their needs which were identified in their initial assessment would be met. The provider informed us in their PIR that assessments were carried out at the start of service that identified the level of support a person required with aspects of their daily living. We saw assessments had been completed, however we found that the care plans prepared to describe how people's assessed needs would be met did not contain sufficient detail. For example one person's plan to describe the support they needed with personal care, meal preparation and taking medicines stated this would be met by, "Reablement support" and did not provide any detail as to how this should be done. In another person's care plan, who had two visits a day, it stated the support the person required to help with what they felt was causing them problems or concerns was, "Reablement to keep with supervision and assisted to make meals and fluids." This did not provide reablement assistants with details of what support the person required and how this was to be provided. We also identified that some relevant details to people's needs had not been included. For example a person's mobility risk assessment said there were no specific risks associated with their mobility, but we saw elsewhere in their care records that they used a walking aid.

The provider stated on their PIR that, "Throughout their time within the reablement service we are continually identifying any changes from the initial assessment implementing them accordingly" however we found this was not being done consistently within some people's reablement plans. We saw occasions when the system in place to update people's reablement plans had not been followed when entries had been made in their daily notes referring to progress they had made towards their reablement,. This meant that some people's original goals remained the same even though they had made progress in achieving these.

The registered manager told us that they had recognised that people's reablement plans did not always show what care and support they needed and how this should be provided. They told us that they were looking at, with the team leaders, how they could develop reablement assistants' skills in preparing these plans so they described clearly what people's needs were and how these should be met. Team leaders told us that the plans needed to be more task based and should be updated to show when progress was made.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last time we inspected the service we found there had been a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care was not planned and delivered in a way that was intended to ensure people's safety and welfare. Following that inspection the provider submitted an action plan informing us how they would make the required improvements. At this inspection we found the provider had made the improvements they told us they would make in their action plan.

People told us how a reablement plan was put into operation straight away when they started to use the

service and they received the support described in this. One person described how the first visit had been preparing the plan to be followed. Team leaders told us that reablement assistants provided them with updates about people by email if anything significant had taken place during their visit. This meant the team leaders had up to date information available on each person if they needed to discuss them with any other professionals. One professional told us how staff were easy to communicate with and were flexible.

People were able to raise any concerns and were confident these would be acted upon. The provider informed us on their PIR how people were provided with information informing them how they could raise any compliments, complains or concerns. People told us details of how they could make a complaint were given to them when they started to use the service. Part of the initial assessment people were asked to sign included confirmation that they had been provided with a copy of the service user guide and complaints procedure.

Reablement assistants told us they gave people a copy of the complaints procedure with their care documentation. The registered manager showed us details of one recent complaint that had been made which had been managed in line with their complaints procedure. All complaints were overseen by the local authority's central complaints team. This including sending an acknowledgement letter when a complaint was received and the outcome of the complaint investigation. The provider informed us on their PIR that reports were prepared on complaints made so that they could consider what lessons had been learned.

The registered manager told us there were occasions when they dealt with issues had raised, which were not made as a formal complaint. They told us they addressed these and then recorded them in the person's daily notes. However they said that in future they would keep a central log so they could oversee these to identify if there were any common themes that they could use to develop and improve the service.



## Is the service well-led?

### Our findings

When people used the reablement service it was intended they followed a process where their needs were assessed, and then a reablement plan was put into place which was kept under review. It was intended that people would have their progress reviewed after two weeks to see if any amendments needed to be made to the reablement plan, and then again after four weeks to review progress and plan a discharge from the service. We found a number of examples where this methodology was not being followed and people's reviews were not taking place as intended. In addition there was no record kept showing which people's reviews had not taken place. This meant that any adjustments needed to maximise the opportunity for a person's reablement were not being made.

People's daily notes were meant to be returned to the office but there was not a system followed to check these had been or to ensure these were returned on a regular basis. This meant it may not be noticed if anyone's notes were not returned to the office for a considerable length of time. Team leaders said they did read through these to identify if there were any issues they needed to follow up on, however they did not make any record to show that these notes had been audited. Following the inspection we were informed by a quality assurance manager that an audit tool was being developed which would be used when reviewing various records. We also found different practices were followed for auditing people's MAR sheets. Some of these were audited using an audit form but some others were not recorded. Team leaders told us that they did follow up on any discrepancies they found when an audit tool had not been used.

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

People referred to the service as being "organised" and "well run." One person told us, "As far as I am concerned they are a very good service, I was very pleased indeed." Another person said, "They do a very good job." People felt the service was effective at communicating with them.

Each team had their own staff meeting where they discussed current issues and passed on information. We saw the minutes made for one team's meetings which showed varied discussions took place and information was shared between staff. Team leaders described the service as supportive and said that the individual teams worked well. They told us they had regular contact with other professionals within the local authority and health service where they discussed joint working and making the service more responsive.

The provider informed us on their PIR that they provided people with guidance on paying for care enabling them to regain skills at home and the registered manager confirmed this happened. The registered manager said when a person had completed their reablement programme they carried out a visit to them four weeks after they had finished using the service to see how they were getting on.

Staff said any resources they needed, such as personal protective equipment (PPE), were always available. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should

they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager told us they held a similar position for another reablement service with the same provider. They told us that they tried to ensure they spent part of their working week in each of the services, although they were available to provide any advice and support if needed. Team leaders described the manager as supportive and told us they worked well together as a management team. Reablement assistants told us the registered manager provided leadership and they were well managed. We received positive feedback about the manager from another professional who worked with them who described them as approachable and open to new ways of working.

The provider is legally required to notify us without delay of certain events that take place whilst a service is being provided. The registered manager was clear about their responsibilities to notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

People who used the service were asked to comment on the service they received. Team leaders told us that at the end of a person's care package they were asked to make comments on the service they had received. The registered manager showed us some completed survey forms. These contained wholly positive comments about the service and in addition there were a number of thank you cards and letters.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans did not provide detail of service user's preferences and how these should be met. Regulation 9 (3) (b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not followed to assess, monitor and improve the quality of the service. Regulation 17 (2) (a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not receive appropriate training and supervision to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a).