

Rhombus Care Group Limited

The Elms

Inspection report

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Date of inspection visit:

08 November 2022

14 November 2022

16 November 2022

21 November 2022

23 November 2022

24 November 2022

Date of publication:

17 January 2023

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

The Elms provides both supported living services and domiciliary care services to people who require personal care. The service provides support to younger adults and older people with a sensory impairment, learning disability or autistic spectrum disorder. At the time of our inspection there were 12 people using the service. The service supported people across various sites in their own homes.

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 were not always supported to have maximum choice and control of their lives, though most staff did try to support them in the least restrictive way possible and in their best interests, and the policies and systems in the service supported this practice. Necessary consent forms were not always in place and independence was not always promoted. People's needs and choices were not always consistently recorded. Whilst people were supported to express their views, it was not always clear how or whether this information was acted upon. Risks were not always being assessed and managed and accidents and incidents were not always recorded appropriately. Staffing levels required reviewing and recruitment practices and processes required some improvement and we made recommendations about this. People were not always supported with taking part in activities which were relevant to them, though we did see evidence of one person being supported to access education. People told us they were sometimes bored and various documents and relative conversations echoed this. We made a recommendation about this. People could access advocacy services when needed and people were supported when needed with their eating and drinking needs.

Right Care

Although people's privacy was respected, people's right to dignity was not. We found the service respected and supported people's equality and diversity. The service worked closely with some agencies, though improvement in this area was required. Medicines processes, paperwork and administration was not always managed safely. Infection control practices did not always reflect national guidance at the time of the inspection, though people were supported to have visitors. Care records were not always as person centred as they needed to be and not everyone's communication needs were being met.

Right Culture

Processes were not always followed to ensure people were safeguarded from abuse and a number of incidents and concerns had not been safeguarded that should have been. The provider raised a number of

these historic safeguarding's during our inspection. Staff received appropriate support and most staff had completed appropriate training. There was a complaints policy in place but this was not always being followed. We made a recommendation about this. No one was receiving end of life treatment at the time of inspection. The registered manager had limited knowledge about reviews that were completed in relation to learning from the lives and deaths of people with a learning disability, though they have sought to get involved in this going forward. Quality assurance systems and audits were not robust, and some policies were not being followed. Some documents were not in place and some were lacking detail. The registered manager had failed to notify CQC of a number of incidents, after raising this concern these were later notified to CQC by the provider. The service did not always promote a positive, open culture as detailed throughout this report. Whilst staff sometimes worked in partnership with other agencies, this was not consistent and there was no evidence to demonstrate that lessons were being learned from incidents and concerns. Surveys had been sent out to staff, and staff and tenants meetings were taking place.

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 26 March 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to various concerns received about the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this on all supported living inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement and Recommendations

We have identified breaches in relation to person-centred-care, consent, medicines, risk, infection control, safeguarding, governance and failure to notify CQC at this inspection.

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 of 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?

Requires Improvement ●

The service was not always 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 well-led.

Details are in our well-led findings below.

The Elms

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 4 inspectors.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This service is also registered as a domiciliary care agency which can also provide personal care to people living in their own houses and flats and specialist housing.

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 a short period of 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 and also to

allow the registered manager to notify the people they support that we would be visiting.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, 5 relatives and 1 person's key worker from their placement in education about their experience of the care provided. We spoke with 9 members of staff including the registered manager, the deputy manager, a director, support workers, a team leader and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection, we visited some people's living quarters at The Elms and we reviewed a range of records. This included reviewing 4 people's care records in detail. During the inspection we also looked at 3 people's medicines records, storage of medicines and various medicines documentation. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People were not always safeguarded from abuse. We found a number of incidents and concerns that should have been raised with the local authority's safeguarding team and had not been.
- A safeguarding policy and procedure was in place and staff had received safeguarding training, though the appropriate processes and procedures were not being followed.

The provider had failed to ensure systems and processes to prevent abuse of people operated effectively. This placed people at risk of harm. This was a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider reviewed historic paperwork and made multiple safeguarding referrals in retrospect once we identified this issue.

- People we spoke with told us they felt safe at the service, however, relatives gave us mixed feedback when asked if they felt their loved one was safe, one relative told us "Yes and no. Some things are good and keep him safe, other things could be better."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not always being appropriately assessed and managed.
- Some risk assessments relating to people's individual risks and people's positive behavioural support plans were not always completed or as detailed as they could have been. For example, risk assessments did not always include details of risks to people's health and safety, such as risks when they were in the community. This meant there was a lack of information to guide staff about how to support them safely.
- Accidents and incidents were not always being reported and recorded in a consistent way. We found one example of an incident that was recorded in staff meeting notes, but we could not find an incident form to support this.
- Debrief forms relating to incidents were also not always being fully completed.
- There were no clear lessons learned taking place.

Systems were either not in place or robust enough to demonstrate risk was being effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were reviewing all processes and paperwork relating to risk in an attempt to mitigate risk going forward.

Using medicines safely

- Medicines processes and medicines administration were not always safely managed.
- Information to support staff to safely administer 'when required' medicines was not always available; therefore, people may not have been given their medicines when they needed them. We found 1 person did not have plans to support staff to safely administer medicines to treat agitation, therefore there was a risk people were administered medicines to control their behaviour.
- People's medicines administration records were not always being correctly completed and did not always detail the stock level of medication.
- One person had been given an overdose of medication, which was not identified until two days later. It was stated that the staff member who caused the error would be retrained. However, they were not reassessed with a medication competency assessment and did not complete their medication training until 2 months later. The staff member continued to administer medication during the 2-month period.
- Medication was not being signed into/out of the home when people left for home visits.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention practices were not always safe. The registered manager was initially unaware that face masks were required to be worn by staff in this setting at the time of the inspection. We raised this and were told that staff would be wearing appropriate personal protective equipment (PPE) going forward. However, on our next visit we found staff members not appropriately wearing face masks.
- There was a lack of signage relating to infection control in communal areas and there were not always appropriate bins in place to safely dispose of soiled items or PPE.
- We observed a staff member putting on and taking off PPE, this was done incorrectly and not in line with guidance.

The provider had failed to ensure appropriate processes were being followed regarding infection prevention and control practices. This put people at risk of infection and significant harm. This was a further breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

Staffing and recruitment

- We received mixed feedback about staffing levels.
- Relatives' comments included, "[name of person using the service] has been out with staff a few times but they always say there isn't enough staff", "At weekends there is no senior staff so the care can be inconsistent" and "Yes [person using the service] gets the 1:1 support but [person using the service] doesn't always know who it is going to be. This can be frustrating".
- Most staff told us they had enough staff, though one staff member said, "I think the staffing varies, sometimes there is sickness, they don't use agency so if someone calls in sick it doesn't always get covered - at the weekend just gone, there was meant to be 7 staff but there was only 5. When we are down on staff it's things like cleaning that doesn't get done."
- Staffing rotas were difficult to read and understand in relation to planned staff and actual staff on shift.
- Minutes from a staff meeting also detailed a conversation where staff queried staffing levels.

We recommend the provider reviews their staffing levels to ensure appropriate support can be provided at all times.

- Recruitment practices required some improving. Some care workers had gaps in employment that had not been addressed and a full employment history had not always been sought.

We recommend the provider reviews their recruitment processes to ensure new applicants are recruited safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care forms were either not always in place or not always signed. In the building we visited, there was CCTV in place in communal areas. People, their families and staff members had not been consulted on this and consent/capacity assessments were not in place.

The provider had failed to ensure appropriate consent had been always been gained. This put people at risk of abuse. This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took a decision to disconnect the internal CCTV until a time that they had ensured all necessary paperwork was in place.

- Necessary Court of Protection authorisations were in place.

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

- The registered manager advised that people's needs were assessed before they starting using the service but paperwork to support this was not always available.
- People's diagnosis was contradictory in their care plans, which made it difficult to understand if people's

needs were being fully met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a variety of health care professionals including specialist learning disabilities nurses, community mental health team, GPs and a drug and alcohol support team. However, as stated in the safe domain, not all necessary safeguarding referrals were being made and not all necessary CQC notifications were being sent, meaning that the registered manager was not working as closely with safeguarding and CQC as they should have been.
- Care plans included information in relation to people's health and health care needs. However, we found a lack of documentation to confirm that medical advice or an appropriate referral had been made in relation to one person's healthcare needs.

Staff support: induction, training, skills and experience

- Staff were supported through supervisions and appraisals which were taking place in line with policy. Most staff told us they received supervisions every 4-6 weeks.
- An induction programme was provided when staff first commenced employment to ensure they had an understanding of what was required within their role.
- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs. We did find that not all staff had completed training around the appropriate use of restraint. The manager explained that training had been scheduled to take place during our inspection and they had rescheduled this for the coming weeks.

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

- Staff supported people to eat and drink in line with their preferences and care plans referenced supporting people to eat healthily.
- People were supported to go shopping for their food where possible and staff helped people prepare food when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Whilst people's privacy was respected, we found that people's dignity and independence was not always respected, and people were not always treated well.
- One person described how a staff member did not always communicate with them appropriately.
- One person described an outing being cut short and feeling that this was a 'punishment' for their behaviour. We queried this with the deputy manager and he told us it wasn't a punishment but that the person was "being silly" and wouldn't calm down so the staff thought it best to bring the person home.
- Relatives feedback was mixed, some people described staff as "kind and caring", other comments included, "I don't want to be all negative, some of the staff are very nice, but some do not know how to deal with [person's name]. It depends who he is with." Another relative described their loved one as "surviving and not thriving".
- We did find some positive examples of how the service supported people's equality and diversity by ensuring things such as specific diets were being followed. We also found the staff group that were employed were from a diverse cultures and backgrounds which reflected the backgrounds of people being supported.

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

- Most people and their relatives were able to express their views, though it was not always clear how these had been acted on. For example, we saw examples of tenant meetings taking place regularly, but some of these meetings documented the same issues across a number of months, which could suggest the issues were not being fully addressed. For one person who had communication needs, we found tenant meetings were not regularly taking place.
- The registered manager told us how they accessed advocacy services when they were required.

Is the service responsive?

Our findings

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

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

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

- There was limited evidence of people and their relatives being involved in care planning. Documents relating to certain aspects of care plans had been copied and pasted and they detailed incorrect people's names.
- Not everyone's communication needs were being met. One person required specific support in the way people communicated with them, but not all staff were able to understand this way of communicating. This person was not being supported effectively by staff to communicate their fears.
- One person's communication passport had information copied from the speech and language therapist team around the use of visual aids. However, the communication passport did not detail that these visual aids were in place or if/how they were to be used.

The provider had failed to ensure staff provided people with individualised care which met their needs. Paperwork that was in place also did not always support person centred care. This placed people at risk of harm. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager told us how they were working to improve the above issues.

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

- People had activity plans in place, and we did see some examples of support around this. However, we found various examples of people not receiving the level of support they may want.
- One person was known to be triggered by boredom, however, their activity planner stated that after 4pm their activity was to relax with staff. One person stated in their tenant's voice meeting that it can be boring and there is not a lot to do. Another resident said he was bored and that sometimes staff ignore him.
- Relatives did not always feel people had enough to do. One relative said they felt staff were "not proactive" and some staff will sit with [person's name] all day and not encourage her to do anything. When this

happens [person's name] will ring them and ask them to take her out for a while as she is bored. The family member also said other staff do work with [person's name] and encourage her to do things.

- Most staff felt people had enough activities to do, however one staff member told us, "Staff don't always want to do their job, so that also impacts on activities."

We recommend the provider considers how they may better support people with activities that they wish to take part in and ensure that a consistent approach to this is maintained.

- People were supported to access education if they wished to do this.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received.
- A complaints log was in place, however on reviewing these complaints we found that the complaints policy had not always been followed when resolving the complaints.

We recommend the provider ensures that the person responsible for dealing with complaints acts in line with the policy.

End of life care and support

- No one at the service was receiving end of life care at the time of the inspection.
- There was an end of life policy in place, though staff had not completed any training in end of life care.
- The registered manager was not aware of LeDer (Learning Disabilities Mortality Review) which is about learning from the lives and deaths of people with learning disabilities and autistic people. Since the inspection the registered manager has reached out the LeDer team to ensure they are supporting LeDer reviews when and where necessary.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Quality assurance systems required significant improvement to ensure appropriate standards of quality and safety were being maintained at the service.
- Various audits that were in place had not identified the risks we identified during the inspection.
- Policies that were in place were not always being followed as identified earlier in this report.
- Various documents were either not always in place or not always easy to read or locate.
- A range of documents relating to people's care were not as detailed as they needed to be, to ensure staff knew how to support people well.
- Incidents were not always being recorded appropriately.

Systems were not robust enough to demonstrate records and governance were well managed. This placed people at risk of harm. This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager told us how they were working to improve the above issues.

- A number of accidents and incidents had taken place at the service which CQC should have been notified about and had not been.

The registered manager had failed to notify CQC of a number of incidents. This placed people at risk of harm. This was a breach of Regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009. These concerns will be looked at outside of the inspection process.

We requested the registered manager send the necessary notifications to CQC regarding these incidents and these were received following our inspection.

- The registered manager and provider knew their responsibilities under the duty of candour, however these responsibilities were not always being complied with.

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

- People using the service were at risk of experiencing poor outcomes as a result of the shortfalls found

during this inspection.

- The service did not always promote a positive, open culture as detailed throughout this report.
- A whistleblowing policy was in place and staff confirmed they had seen this.
- Relatives and staff provided mostly positive feedback on the management of the service. Staff told us they enjoyed their roles, their comments included, "[it's] The best job I have had." and "It is a good place to work, sometimes it's stressful. I like the resident's; I don't like some of the management."

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

- Staff worked in partnership with the various agencies and health professionals to access specialist support when people needed it. However, this approach was not consistent as referrals for medical support were not always made when they should have been.
- Referrals were not always made to the local authority safeguarding team when incidents relating to potential abuse had taken place.
- There was no lessons learned documentation to show how the provider learned from incidents and concerns and drove improvement.
- Surveys had been sent out to staff and had been analysed with an action log that was being worked through. Resident surveys had been sent out in October 2022 and the results were yet to be analysed.
- Staff meetings were taking place, as well as regular tenant's meetings for most people that used the service.

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 provider had failed to ensure staff provided people with individualised care which met their needs.</p> <p>Regulation 9 (1)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure that necessary consent forms were always in place.</p> <p>Regulation 11 (1)</p> |
| 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 to prevent abuse of service users operated effectively.</p> <p>Regulation 13(2)</p> |

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 all necessary processes were being followed and paperwork was in place regarding IPC.</p> <p>The provider had failed to ensure risks were being appropriately assessed and managed.</p> <p>The provider had failed to ensure medicines were being safely managed. This put people at risk of harm.</p> <p>Regulation 12(2)</p> |

The enforcement action we took:

A warning notice was issued.

| Regulated activity | Regulation |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always in place, completed and up to date, quality assurance systems were not robust, and processes were not always being followed. This put people at risk of harm.</p> <p>This was a breach of regulation 17(2)</p> |

The enforcement action we took:

A warning notice was issued.