

Infinite Intermediate Care Limited

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Inspection report


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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	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:

Infinite Intermediate Care Limited is a domiciliary care service. At the time of our inspection the registered manager provided personal care to two people. The provider had employed staff to provide care to one other person for four weeks since our last inspection. The service provides care to adults in Peterborough and surrounding areas.

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

The service was not well led. At the previous inspection we told the provider there was a lack of oversight of the service to ensure that it was being managed safely and in line with current good practice. The registered manager had supplied an action plan after the previous inspection. However, they had failed to make the necessary improvements. The service was not well managed, and the registered manager had failed to recognise their responsibility to ensure that the service delivered high quality, safe care to people. The registered manager had not carried out any quality monitoring or audits that may have identified the improvements needed.

People's health and welfare was at risk because procedures and policies to keep them safe were not being followed. Risk assessments had not been reviewed to reflect any changes and did not include all relevant information for staff to keep people safe. Medicines were not well managed. Staff had not completed medication administration training since working for the service and had not had their competency assessed by someone trained to do so. People did not always receive their medicines in line with good practice, the provider's policy, or the manufacturer's instructions. People's care plans did not contain enough information about their medicines or how they should be administered. The medication administration charts did not include all the required information and contained multiple errors. Checks of medication administration records had not been recorded.

The registered manager had not carried out the required checks to ensure staff were suitable, prior to them providing people's care. The provider's recruitment policy had not been followed when recruiting new staff. New staff recruited in 2019 had not received the training they required since working for Infinite Intermediate Care Limited and they had not been assessed as competent to carry out their role effectively.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. There were no records that decisions made on behalf of people were made in their best interests by people who had the legal authority to do so.

Care plans did not include all the information staff needed to be able to support people safely or in the way they wanted. Only the registered manager was providing care at the time of our inspection visits and she knew both people who received care really well. However, if a new staff member had to support people, the information was not available to enable them to do this safely or in the way the person preferred.

The feedback we received about the service was very positive. The registered manager knew both people well and liaised with their relatives about their care.

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 requires improvement (published 30 January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained, and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we have identified breaches in relation to keeping people safe from harm and avoidable risks, management of medication, safe recruitment, staffing, consent, and monitoring of the service and making improvements where necessary.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

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.

Infinite Intermediate Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This announced inspection took place between 20 January and 7 February 2020. It 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the nominated individual and sole director of Infinite Intermediate Care Limited. A nominated individual is responsible for supervising the management of the service on behalf of the provider. We have referred to her as 'the registered manager' throughout this report.

Notice of inspection

We gave a short period 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. We contacted relatives by telephone on 20 and 21 January 2020. We visited the service's office on 21 and 30 January. The registered manager sent us information on 28 and 31 January, and 7 February. This information included records relating to people's care and medicines, recruitment and staffing, and various policies and

procedures.

What we did before the inspection

We reviewed information we had received about the service since the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke on the telephone with the relatives of both people who used the service about their experience of the care provided and two staff members. We visited the service's office and spoke with the registered manager and one staff member.

We reviewed a range of records. These included the care records for three people who had received care and assessment for another person whose care started during the inspection period. We looked at five staff members recruitment and training records. We also looked at a variety of records relating to the management of the service, including 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely by the service. Although policies and procedures regarding the administration of medicines were in place, the registered manager and staff were not following them.
- The registered manager had not completed medicines administration training in over two years. However, they were observing new staff administering medicines to ensure they were following the correct procedures. Since working for Infinite Intermediate Care Limited, the care staff employed had not received any training in the administration of medicines. This meant we could not be confident that staff were following the correct procedures when administering medicines.
- The registered manager did not always administer medicines in line with good practice and the provider's policy. For example, the registered manager had signed to show she had administered a person's medicines. However, she told us the person's relative had prepared these for her to give to the person. The registered manager could not therefore be certain that the medicines she gave to the person were in line with the prescriber's instructions.
- The registered manager was not aware of, and did not always administer medicines in line with, the manufacturer's recommendations. For example, that medicines administered in patches should not be applied to the same site for 14 days.
- Staff did not have enough guidance to ensure people's medicines were managed safely. Risk assessments had not been completed in relation to managing people's medicines or did not state what the risks were. People's care plans did not contain enough information about their medicines or how they should be administered. For example, there was no guidance for staff on when to apply medicines prescribed to be given 'when required'.
- There was a lack of oversight of the administration of medicines. The registered manager told us she had identified errors on the medicines administration records (MAR) for one person and had discussed this with the staff members. However, there were no records of these discussions.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed or reviewed and there was a lack of guidance for staff about how to support people to remain safe.
- The registered manager had completed some risk assessments. However, not all the equipment staff used to help people to move were included in these. For example, one person had a bath seat that lowered them into the bath and, as the person's needs changed, staff used a slide sheet to help them move. The registered manager told us that another person sometimes needed help to lift their leg and was at risk of falls. None of these risks were included in the risk assessments to explain how these were managed safely.
- At the time of our inspection people only received care from the registered manager who knew them well.

People's relatives were confident the registered manager provided safe care. However, the information was not available for new staff.

The provider had failed to ensure that medicines were managed safely. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager did not follow the provider's policies and had not carried out the required checks to ensure staff were suitable prior to them providing people's care. The registered manager had not obtained all the required satisfactory information for any of the four staff members who had started working for the service in 2019.
- The provider's recruitment procedure had not been followed in that one staff member had provided care for two days before the adult first check was received. This meant they had not checked whether the staff member was on the list of people barred from working with people receiving care. In addition, the registered manager had not applied for and obtained criminal records checks for any of the other three staff, but had received copies of those used for previous employment. This meant they could not be confident the information disclosed to previous employers was current or whether any 'soft' information had been disclosed at the time they were issued.
- The registered manager had not received any evidence of conduct in previous employment for two of the three staff members who had previously worked in care. For one of these staff members, the registered manager had not obtained any references at all. The registered manager had not received full employment histories for three staff, nor had they explored the gaps in each staff member's employment history.
- The registered manager had not obtained confirmation from one staff member of their health status. Another staff member had declared health conditions. The registered manager said she had explored these with them, and was satisfied they were fit to work, but had not recorded this.
- The registered manager confirmed she had not received any information about the employment checks agencies had carried out on their staff. The registered manager could not therefore be confident they were suitable to provide care.

The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed that there was no record of their interview with two staff. The other two staff member's interview notes were not signed and dated.
- Only the registered manager provided care at the time of this inspection. Relatives told us she was reliable and, "Never let us down." The registered manager told us no care calls had been missed. However, they told us that when they first provided care to one person, they had not recruited enough staff and so used an external agency to cover the number of care calls the person needed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff had not had safeguarding training since working for the service, but said this was booked for March 2020.
- The registered manager was not aware of the procedures to follow when they suspected someone may have been abused but said they would check the provider's policy.
- Staff were aware of safeguarding procedures. They were aware of external agencies they could report their concerns to, such as the local authority or the CQC.

- People's relatives told us they trusted the registered manager.

Preventing and controlling infection

- The registered manager told us that she and the staff had not received training in infection prevention and control since working for Infinite Intermediate Care Limited.
- Relatives confirmed that staff used protective equipment appropriately. A relative said, "[The registered manager] comes straight in and washes her hands and then puts her gloves on before providing care." Staff told us they had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager told us there had been no incidents or accidents since the previous inspection. There was a process in place for staff to report incidents or accidents should they occur.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we found where people did not have the mental capacity to make decisions, processes had not have been followed to protect people from unlawful restriction and unlawful decision making. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not made sufficient improvements and is still in breach of regulation.

- We found the service was not always working within the principles of the MCA. The registered manager told us they had not received any training in the MCA since setting up the service in 2017. They did have a basic understanding of it, but this needed further development.
- The registered manager told us that both people who received the service lacked mental capacity to make some decisions and had relatives with lasting power of attorneys to make decisions about their family members' care on their behalf. The registered manager confirmed she had not seen the authorisation for one person, although the person's relative had signed their family member's care plans.
- The registered manager told us she thought the person's mental capacity to make some decisions had been assessed in the past, but that she hadn't got a copy of this.
- The registered manager provided us with a copy of the provider's policy in relation to the MCA. Following our last inspection, we reported that under the 'scope of the policy' it named other organisations as the employers of staff, rather than the provider. This was still the case during this inspection.

We found no evidence that people had been harmed we found where people did not have the mental capacity to make decisions, processes had not been followed to protect people from unlawful restriction

and unlawful decision making. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us she planned to attend training about the MCA in March 2020.
- Staff members told us they always tried to offer choices and if someone was refusing support they respected that and offered it again later.

Staff support: induction, training, skills and experience

- Four staff members had started working for the service in 2019. The registered manager confirmed that staff had not received training in key areas such as safeguarding, medicines administration, or MCA since working for this service. Three staff were experienced care workers, and the registered manager told us that the staff had all received training from previous employers. However, she could not tell us what training they had received or when. The other care worker held a level 1 qualification in care but had never working in care before.
- Staff told us the registered manager had given them a verbal induction where they went through key policies and procedures and templates used to record people's care. On the second day of our inspection the registered manager showed us an attendance record that showed the staff had attended a one-day induction the previous day where they had covered the importance of record keeping, document templates, and the rostering system. The registered manager told us that staff held their induction workbooks, which they had started to complete.
- Staff told us they had attended external moving and handling training, and had training planned covering medicines administration and first aid. The registered manager told us that she and one other staff member had attended first aid training.
- Staff told us that the registered manager had worked alongside them providing care and supervising them. However, the registered manager confirmed no formal 'spot checks' or competency assessments had been carried out to assess their work or address shortfalls. For example, in the completion of medicines administration records.

The provider had failed to ensure staff had received the training and support they required and that they had been assessed as competent to carry out their role effectively. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Both the staff we spoke with praised the level of support they received from the registered manager. One staff member referred to the registered manager as, "An amazing manager." Another staff member said, "They are so accommodating for everyone that we look after. Everyone is so willing to help at every corner." Records showed that the registered manager had held a formal supervision session with two of the four staff employed.

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

- The registered manager had assessed people's needs and choices had been assessed when they had first started using the service. This assessment included information on people's needs such as communication, nutrition and hydration, personal care and health concerns. However, they were missing important information or contradictory. For example, one person's assessment did not contain all their health conditions. Another person's assessment stated that they 'speak clearly', but also 'comprehends but can't speak'.
- The registered manager told us they ensured they kept up to date with any new guidance or law changes through a new training provider and from the local authority. However, we found the registered manager was not aware of, or following, current good practice, for example in relation to medicines administration

and the MCA.

We recommend the registered manager familiarises themselves with current best practice guidance from, for example, National Institute for Health and Care Excellence and Skills for Care.

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

- Staff prepared food and drink for people when requested. Care plans explained to staff what foods people liked and how to offer choice.
- A person's care plan showed they were prescribed a thickener to be added to drinks. However, there was no guidance for staff on how to use this. At the time of the inspection only the registered manager provided care to this person. However, this information was not be available for new staff.

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

- Relatives were very involved in the care of the people receiving the service during this inspection. They told us that they usually liaised with external health care professionals, but that the registered manager was "mindful of changes" in the person's needs and made suggestions, such as referring to external healthcare professionals.
- The registered manger told us they had liaised with an occupational therapist to help ensure a person had suitable equipment to be able to support them in their home.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- People were not always treated with respect by the provider, because systems to keep people safe from harm and protect them from risk were not always in place or followed. Risk assessments and care plans did not contain enough information to protect people from harm and the service was not well managed.
- However, relatives made positive comments about the service their family members received. People were supported by regular staff and had developed good relationships with them. One person told us the registered manager and the service she provided was, "Excellent. Just the caring and kindness and concern." The other relative described the registered manager as being, "Very attentive to [my family member's] needs. Very person centred."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Relatives told us they were able to discuss their views about their family member's care with the registered manager. Both relatives were aware of their family member's care plan and said the registered manager had discussed this with them.
- The registered manager told us they encouraged people to make as many decisions about the support they received as possible. For example, how they wanted their support provided.
- Relatives told us that the registered manager treated their family members with respect and promoted their dignity and independence. A relative told us the registered manager, "Talks to [my family member]. She's respectful." The registered person knew each person well and spoke about people in a very respectful manner.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

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

- Whilst care plans contained a lot of information, staff did not have all the written information they needed to meet people's needs safely and in the way people preferred. For example, although a care plan made reference to a person needing their fluids thickened, there was no clear guidance for staff on how to do this or the consistency the person needed. Some of the care plans needed updating to include current information. For example, one person's needs had changed, and staff used a new piece of equipment to support them. This had not been included in the person's care plan.
- Both relatives made very positive comments about the service the registered manager provided to their family members.
- Only the registered manager was providing care at the time of our inspection visits and she knew both people who received care really well. However, if a new staff member had to support people, the information was not available to enable them to do this safely or in the way the person preferred.
- The amount of information recorded after each care call varied. In some instances, this was detailed and stated any changes in the person's health and well-being, and the care provided. However, for one person their records were very brief, with often only one or two words recorded after each care call. For example, "Quiet," "Good movement," and, "Good chat." This did not provide enough information to understand the support the person had required.

Although people's records had been reviewed, they did not include all relevant current information. We recommend that care plans are reviewed regularly and updated when necessary to ensure staff have sufficient and correct information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- No one needed information in a different format but the registered manager told us they were able to provide information in other formats where this supported people to understand it.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. No complaints had been received by the service since the previous inspection.

- Relatives told us they knew how to complain if they needed to do so. One relative said, "I'd tell [the registered manager] but there's been nothing [to complain about]."

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to 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 we found the provider did not have adequate systems or processes in place to effectively assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made enough improvements and is still in breach of this regulation.

- The registered manager had supplied an action plan after the previous inspection. However, they had failed to make the necessary improvements.
- The service was not well managed. The registered manager was also the nominated individual and sole director of Infinite Intermediate Care Limited. This meant there was no-one else involved in running the service and there was no other oversight of the registered manager's practice.
- The registered manager had failed to recognise their responsibility to ensure that the service delivered high quality, safe care to people.
- The registered manager had not recruited staff in line with the providers recruitment policy. Staff had not received sufficient training since working for Infinite Intermediate Care Limited, and their competency had not been assessed by someone qualified to do so. There was no system in place to identify what training or support the staff needed.
- Record keeping was poor and records were incomplete and inaccurate. Care plans and risk assessments did not include all current information or sufficient guidance for staff. There were no records of when the registered manager had visited people to ask if they were happy with the service or to spot check staff. The medication administration charts did not include all the required information and contained multiple errors.
- There was a clear lack of leadership within the service. The registered manager told us they regularly received feedback from people when providing care, and regularly assessed staff competence, but had failed to record or evaluate any of this.
- In the PIR the registered manager told us, "Infinite Intermediate Care ensure that the quality of care practices are delivered to the highest standard of care, by serving and reviewing surveys, quality and audit plans, staff meetings and supervisions in a timely recorded manner." However, during the inspection the registered manager told us they had not issued any surveys and had not carried out any quality monitoring or audits. These may have identified where improvements were needed to ensure the safe delivery of care.

The provider failed to monitor and improve the quality and safety of the services provided. The provider failed to maintain accurate, complete and up to date records. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was not aware of all their legal responsibilities and had not displayed the CQC rating for the service on their website or in their office. They rectified this during our inspection.

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

- The registered manager was aware of their responsibilities regarding duty of candour and told us there had not been any events since the last inspection that required the duty of candour principles to be applied.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us she provided all the care at the time of the inspection and therefore saw people and their relatives frequently and gained feedback from them. However, the registered manager had not recorded or collated this feedback. Both relatives told us they felt able to speak with the registered manager at any time. One relative told us they were, "Still very happy with the service." The other relative said they were, "Very, very pleased" with the care their family member received.

- Staff told us they liked working for the registered manager. They said staff worked well as a team with the registered manager to ensure people received a good service.

- The registered manager clearly wanted to achieve good outcomes for people. The provider's website states their vision is, "To be the best home care service in the market. Providing first rate services to the service users in the Peterborough and surrounding areas." However there had been a lack of action by the registered manager to ensure that all the systems and process in place were followed so that their aims could be achieved in a safe and monitored way.

Working in partnership with others

- When people needed to access other services, the registered manager told us that they raised the matter with healthcare professionals or spoke to the person's relatives to ensure people were referred appropriately. However, there was no evidence of ongoing partnership working or building up relationships with health and social care professionals.

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 11 HSCA RA Regulations 2014 Need for consent Regulation 11 Consent Where people did not have the mental capacity to make decisions, processes had not have been followed to protect people from unlawful restriction and unlawful decision making.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 Safe Care and treatment The provider had failed to ensure that medicines were managed safely. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 Fit and proper persons employed The provider had not completed the appropriate checks to ensure that staff were recruited safely into the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 Staffing The provider had failed to ensure staff had received the training and support they required

and that they had been assessed as competent to carry out their role effectively.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 The provider failed to monitor and improve the quality and safety of the services provided. The provider failed to maintain accurate, complete and up to date records.

The enforcement action we took:

We served a warning notice on the provider which required them to make the necessary improvements by 22 May 2020.