

## Universal Care Agency Ltd

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## Inspection report

18 Arran Close, Portsmouth, Hampshire, PO6 3UD  
Tel: 02392 006489  
Website: [www.universalcareagency.co.uk](http://www.universalcareagency.co.uk)

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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?

Inadequate



### Overall summary

This inspection took place on 24 June 2015. Forty eight hours' notice of the inspection was given because the service is small and the manager was often out reviewing people's care needs and supporting staff. We needed to be sure they would be in.

Universal Care Agency Ltd is a domiciliary care service which provides care and support to adults some of whom are living with dementia, who live in their own homes. At the time of the inspection there were nine people using the service. There were 17 care staff and two staff that planned people's care.

There was a registered manager in post at the time of the 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.

People gave us complimentary comments about the service they received. People felt happy, safe and well looked after. However, our own observations and the records we looked at did not always match the positive descriptions people and relatives had given us.

Recruitment and selection processes were not always followed to ensure the safety of people because appropriate checks had not been carried out to ensure staff were suitable to work in a care setting.

# Summary of findings

People felt their needs were met by care staff that had the knowledge, skills, experience and right attitude to provide their care. However staff did not always have supervision and appraisal or fully complete their induction programme before working unsupervised. Training was not monitored to ensure care practice was regularly updated.

People's experiences were listened to but the registered manager did not always identify them as a complaint and follow their procedures to monitor and learn from them.

The registered manager did not have a system in place to analyse, identify and learn from incidents and accidents. Audits had not been completed to assess the quality of the service. The registered manager was unable to demonstrate they had completed and returned their Provider Information Return. Records were not in place to ensure persons were employed safely and continually supported to provide personal care.

Care staff received training on safeguarding and had a good knowledge of how to keep people safe which included recognising different types and signs of potential abuse and unexplained bruising and marks or a change in behaviour. Environmental, manual handling and behaviour risk assessments were in place. However they were not always dated so it was difficult to tell if they were the most up to date document. There were clear procedures for supporting people with their medicines.

People said there were enough care staff to meet their needs and keep them safe. However on occasions care staff would not arrive on time. People felt this was not a big concern as they were always informed when care staff would be late.

Where people lacked capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People were supported to have enough to eat and drink and supported to access healthcare services.

People felt involved in their care planning and said care staff were friendly, polite and treated people with dignity and respect. People's care plans were personalised and took into account their choices and preferences. People's needs were regularly assessed and reviewed. People were involved in the assessment of their needs, and were always involved in their care planning and had choice and control over the care being provided.

Staff felt confident in raising concerns to the registered manager and were supported to question practice. Staff said management were very good, very supportive and open.

We found a number of 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 version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Safe recruitment practices were not always followed.

People were happy and felt safe and risk assessments were completed. People were supported with their medicines safely.

There were enough care staff to meet people's needs and keep them safe.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Staff did not always have supervision and appraisal or complete their induction programme before working unsupervised. Training was not monitored to ensure care practice was regularly updated.

Where people lacked capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 to ensure decisions were made in the person's best interests.

People felt their needs were met by care staff that had the knowledge, skills, experience and right attitude to provide their care. They were supported to have enough to eat and drink and supported to access healthcare services.

**Requires Improvement**



### Is the service caring?

The service was caring. People felt involved in their care planning and said care staff were friendly, polite and treated them with dignity and respect.

People's care plans were personalised and respected people's choices and preferences in how they wanted their care to be delivered.

Staff were respectful and mindful of respecting people's dignity when assisting them with personal care and knew how to put this into practice.

**Good**



### Is the service responsive?

The service was not always responsive. The service listened to people's experiences but did not always identify them as a complaint and follow the processes in place to monitor and learn from them.

People said care staff did not always arrive on time. People felt this was not a big concern as they were always contacted and informed the care staff would be arriving later than planned.

People's needs were regularly assessed and reviewed by staff. People were involved in the assessment of their needs, and were always involved in their care planning and had choice and control over the care being provided.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not well-led. People felt the registered manager did not always communicate well and they did not get the opportunity to provide feedback to the service.

Records were not in place or maintained for persons employed or for management of staff. Systems were not in place to analyse, identify and learn from incidents and accidents. Audits had not been completed to assess the quality of the service. The registered manager was unable to demonstrate they had completed and returned their Provider Information Return.

Staff felt confident in raising concerns to the registered manager and were supported to question practice. Staff said management were very good, very supportive and open.

**Inadequate**



# Universal Care Agency Ltd

## 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 24 June 2015 and was announced. Forty-eight hours' notice of the inspection was given because the service is small and the registered manager was out reviewing people's care needs and supporting staff. We needed to be sure they would be in.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for a relative who uses care services.

Before the visit we examined previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We had not received any notifications from the provider since February 2014.

Before the inspection we asked the provider to complete and send a Provider Information Return (PIR). This is a form that asks the provider to give some key information about

the service, what the service does well and any improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

On the day of the inspection we spoke with six people who used the service and two relatives. We also spoke with three care staff, one staff member who planned people's care and the registered manager. We also spoke with a registered manager from another service run by the same provider regarding care staff training on manual handling.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for four people which included specific records relating to people's health, choices and risk assessments. We looked at daily reports of care, incident and safeguarding logs, complaints and compliments, policies and procedures, service quality audits and minutes of meetings. We looked at recruitment records, supervision and training records for nine members of staff.

We asked the registered manager to send us information after the visit. We requested copies of their policies and procedures, confirmation that two staff had a valid Disclosure and Barring Service (DBS) certificate, training plan and confirmation that a PIR was completed and returned to the Commission. We asked for this information to be sent to us by 25 June 2015. We received the provider's policies and copies of staff DBS certificates by this date; however confirmation that a PIR was completed and returned to us and the provider's training plan were not sent.

# Is the service safe?

## Our findings

People were happy and said they felt safe and received safe care from staff. One person said, “Of course we feel safe when the carers come.” Another said, “Happy; I am very happy with the care.” People were encouraged to raise concerns about their care. People said there were enough staff to meet their needs and keep them safe.

Disclosure and Barring Service checks (DBS) had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However recruitment and selection processes were not always followed to ensure the safety of people because other appropriate checks had not been carried out to ensure staff were suitable to work within a care setting. For example, seven out of nine care staff recruitment records viewed did not contain references. The provider’s recruitment policy stated “In no circumstances proceed with the recruitment process unless at least two satisfactory written employer references have been received for that candidate; at least one must be from last employer who has also been verbally spoken with to confirm employment.” Schedule Three of the Health and Social Care Act 2008 requires the provider to obtain satisfactory evidence of conduct in previous employment with the provision of services relating to health and social care.

Gaps in employment and previous employment history had not been explored or completed for all nine care staff. Information relating to the applicants had been requested but had not been completed, explored or reviewed for all nine care staff. The provider’s recruitment policy stated, “Before each interview check work history, note and investigate all periods of no work and note any declared requirements for adjustments for disability.” Schedule Three of the Health and Social Care Act 2008 requires the provider to obtain, a full employment history, together with a satisfactory written explanation of any gaps in employment, reason for leaving previous employment and information about any physical and mental health conditions must be explored. This meant the provider did not follow their recruitment policy or meet the requirements of Schedule Three of the Health and Social Care Act 2008.

There were no records of interviews for all nine applicants. The registered manager said they interviewed applicants but did not write this information down. The provider’s recruitment policy stated “Ensure there is time to record the results of that interview.” This meant the registered manager did not act in accordance with the provider’s recruitment policy to ensure persons employed were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed by them.

The failure to ensure appropriate recruitment checks had been completed and recorded for applicants was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff said they would keep people safe from harm by reporting any concerns to the registered manager. This included recognising different types and signs of potential abuse and unexplained bruising and marks or a change in behaviour. Staff had received training in safeguarding adults and had a good knowledge of the procedures they should follow if they had a concern. For example, one care staff said, “I’d tell management if there was a risk to anyone.” Another said, “I’d tell the manager, but if it was the manager I was concerned about I would inform adult services.”

The Commission had not received any safeguarding notifications from the service. The registered manager was aware the Commission needed to be informed of safeguarding concerns. The registered manager informed us they had not received any reports of potential abuse. This had been confirmed by staff.

Risk assessments had been completed for each person which identified risks to themselves and others. However they were not always dated so it was not possible to tell if they were the most up to date document. Environmental and manual handling risk management plans were implemented to ensure people and those around them were supported to stay safe. For example, one person’s manual handling risk assessment had identified they were able to walk independently for short distances but a wheelchair was in place for longer distances to support the person to remain safe.

People and their relatives were happy with the support they received to keep them safe. One relative stated, “I am very happy with my [relative’s] care when care staff are

## Is the service safe?

moving him from bed to the shower.” Staff knew how to keep people safe and promote independence while supporting people to take appropriate risks. For example, one care worker said, “I support a person with a frame rather than use a wheelchair because they want to keep their independence.” Care staff confirmed they had received training on using equipment to support people safely.

Risk assessments were in place for one person who experienced behaviours that could be seen as challenging as a result of living with dementia. Care and risk plans identified when the person could display these behaviours and detailed how the care staff should respond to ensure the risk was minimised. For example, the person’s care plan made reference to how staff should approach the person by seeking permission to support them. It stated that it could take some time for the person to agree to the support and what staff should do when seeking the consent of the person. The registered manager had a good understanding of this person’s needs and advised only two care staff were working with this person because the

person liked them and consented readily to their support. Care staff were confident in understanding the needs of people they supported whose behaviour could be seen as challenging.

People told us there were enough staff to meet their needs and support them safely. Staff confirmed there were always enough staff to meet people’s needs and keep them safe. One said, “There’s always enough staff, especially when two care staff are required to support people”.

There were clear procedures for supporting people with their medicines. People and their relatives confirmed they did not have any concerns with how the service managed people’s medicines. People were supported with their medicines from a Monitored Dosage System (MDS). An MDS is a medication storage device designed to simplify the administration of pills and capsules. Care staff confirmed they supported people with medicines from an MDS and demonstrated a good understanding of safe storage, administration, management, recording and disposing of medicines.



# Is the service effective?

## Our findings

People were positive about the support they received. People felt their needs were met and confirmed that care staff had the knowledge, skills, experience and right attitude to provide their care. One person said, “They seem to know what they’re doing; I think they do get training.” Another said, “Yes I think the staff have on-going training more.”

Staff had an induction programme but it was not always completed in line with the provider’s policy. The registered manager said staff completed an induction workbook which looked at eight standards; the role of a care worker, personal development, communicating effectively, equality and inclusion, duty of care, principles of safeguarding, person centred support and health and safety. The registered manager confirmed staff would have to complete this booklet, additional training using an on line computer-based learning programme and shadow experienced care staff prior to starting work. Staff confirmed they had completed training and shadowed experienced care staff before starting work however they confirmed they had not completed the induction workbook. The induction workbook was present in nine care staff files; however none of the nine care staff had completed the induction workbook prior to starting work. This meant care staff did not cover all the elements expected in line with nationally recognised guidance such as the Skills for Care Common Induction Standards or the Care Certificate. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

Staff did not always have a supervision or appraisal. The registered manager confirmed staff had never had an appraisal. The registered manager said staff received supervision but this was not always at regular intervals. One care worker confirmed they had received a supervision three months ago with the manager and discussed how they were doing and if they required any additional training. However two care staff confirmed they had not received an appraisal or supervision. One said, “Supervision, what’s that? Never had one.” Another said, “No supervision, no appraisal.” There were no documented

records of supervisions in any of the nine care staff files. The registered manager confirmed they did not document supervisions. This meant staff may not receive appropriate supervision and appraisal to enable them to carry out the duties they are employed to perform.

Failure to have processes in place to monitor staff performance, induction, learning and development is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training which was on line computer-based learning. The registered manager said care staff were sent to a care home to receive practical training on manual handling. The registered manager of the care home confirmed that care staff from the agency had been shadowing care staff at the home and shown how to use manual handling equipment prior to working with people unsupervised. All staff said they had received enough training to enable them to care and support people effectively. There were certificates in care staff files to show they had completed training on relevant subjects, such as manual handling, food hygiene, safeguarding, infection control and safe administration of medicines. People confirmed they felt care staff had sufficient training to meet their needs.

Staff did not have training on the Mental Capacity Act 2005 (MCA), however were able to demonstrate a good understanding of the MCA 2005 and how to put this into practice. One care worker said, “Always involve people in making decisions about their care and if they may get confused sit with them and explain in a different way.” The registered manager showed a good understanding of the MCA 2005 and was able to put their understanding into practice. They said, “Always assume the person has capacity but if they have a cognitive impairment you may have to consider completing a mental capacity assessment to find out what their level of understanding is around a specific need.”

Where people lacked capacity to make decisions the service was guided by the principles of the MCA 2005 to ensure any decisions were made in the person’s best interests. For example, the registered manager confirmed one person was assessed as having fluctuating capacity to make decisions about their care and as a result some decisions were made by the person and supported by their



## Is the service effective?

relative, who had Lasting Power of Attorney for health and welfare. The provider showed us that a mental capacity assessment had been completed for this person which confirmed their capacity fluctuated.

People were supported to have enough to eat and drink. People's care plans indicated the level of support required with eating and drinking and their choices and preferences. For example, one person's care plan stated they ate a normal diet and preferred to drink milk and tea instead of water. Another person's care plan said, "Offer drinks and

encourage to drink well throughout the day." Care staff confirmed they always ensured people had sufficient to eat and drink and would always make sure people were left with a drink before they finished supporting the person.

Staff and people confirmed they regularly accessed healthcare services. Most people confirmed they or their relative had seen a health professional in recent weeks. These ranged from GP appointments, physiotherapy assessments, Community Mental Health Nurse and District Nurse visits to hospital outpatient attendances for a variety of conditions and monitoring purposes.

# Is the service caring?

## Our findings

People said care staff were friendly and engaged in conversation, they were polite and treated people with dignity and respect. People described their care as excellent or very good and felt that their personal needs were met. People felt involved in their care and were able to express their opinion and felt their opinion was listened to. One person said, “They care for me with respect and dignity.” Another said “I think they’re very kind.”

People were involved in their care planning and felt their specific needs were supported. People said they were encouraged to be independent. One person said, “I always tell them what I want.”

Another said, “I do some things by myself.” The registered manager spoke respectfully about people and said people were involved in their care as much possible. People felt their views would be acted upon and listened to by the registered manager. People and their relatives said the manager was approachable and respectful. One relative said, “I talk to the registered manager all the time about [relative], they are looking after her well, very respectful.”

Care staff confirmed they would always ask the person and involve them in how they would like their care and encourage them to be as independent as possible. One care worker said, “It’s more about prompting and

reminding them, rather than taking over.” Another care worker said, “Ask the person if they’d like a particular thing, share information and work together with the person supporting them with the things they are unable to do.”

People’s care plans were personalised and took into account people’s choices and preferences. For example, all care plans were individualised detailing what support each person required and how they would like to be supported with their care. One person’s care plan identified they required support with washing and dressing but that they liked to do certain aspects of the washing and dressing themselves. Another person’s care plan detailed how they required the use of mobility equipment when they were not confident with walking without assistance. This meant people’s views and choice in how they would like to receive their care was respected.

People and their relatives confirmed staff were respectful and mindful of respecting people’s dignity when providing personal care to them. Staff confirmed they would respect people’s dignity and privacy by closing doors, knocking before entering the person’s home or room and informing them what they were going to do before supporting them with personal care or other support tasks. One care worker said, “I take them to the bathroom, make sure they are safe and wait outside until they call me to say they are ready for support.”

# Is the service responsive?

## Our findings

People's needs were regularly assessed and reviewed by staff and people were involved in the assessment of their needs. Care staff ensured people were involved in their day to day care. One said, "Everything is related to how people want their care delivered." People said sometimes care staff arrived late. This was not a big concern to people as they were always informed when the care staff would be arriving later than planned. One person said, "Sometimes they are helping others and yes, they will say they are running late, this has happened only once or twice."

The service listened to people's experiences but did not always identify them as a complaint. The registered manager did not have processes in place to monitor and learn from them. Care staff confirmed there was a booklet in people's homes which detailed how people could contact the manager with concerns. Most people and their relatives confirmed they had never needed to make a formal complaint about the service. One person said, "They give me what I need; no complaints." However one person said they had spoken with the registered manager about a missed call and that it was "no big thing." The person confirmed this had only happened once and the registered manager communicated and apologised. The registered manager had made the inspector aware of this concern during the inspection; however there was no record that this concern was identified as a complaint to assist the registered manager in monitoring and showing how they learnt from the concern. The provider's complaints policy stated, "In all cases complaints and concerns shall be treated seriously in a serious and confidential manner." The provider's complaints policy also stated, "The recording of complaints will not be confined to "serious" or "substantial" complaints. The existence of records for complaints of an apparently minor nature is an indication of the effectiveness of the procedure, openness of the culture of the organisations and its employees." This meant the registered manager had not followed the provider's policy when a concern had been received and had not established or operated an effective and accessible system for identifying, receiving, recording, handling and responding to complaints by people and other persons.

The failure to identify and learn from complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People had individual care folders which contained a care plan, review pack, care needs assessment, risk assessments and completed daily logs. The care plans were very detailed and included people's likes and dislikes, personal histories such as medical conditions, strengths cultural needs and how they would like their support. For example, people's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for themselves and what support they required from the care staff. This meant arrangements were in place for people to have their individual needs assessed and met.

People were involved in their care planning and had choice and control over their care planning. The registered manager said they always tried to seek the views of people when completing a care plan and on-going through the care process. One relative said that their relative's capacity was variable at times but the service always involved their relative in the day to day decisions about their care. People living with dementia were involved in their care planning as the registered manager confirmed most of them were able to understand the care planning process.

People's needs had been reviewed and updated regularly. One person said, "If anything changes or is needed I let them know." On the day of the inspection the registered manager was due to attend a review of a person's care needs with social services. The registered manager confirmed they would review a person's care plan regularly or as and when the need arose. Care staff confirmed the registered manager updated people's care plans. One said, "Yes we change care plan for the service user, i.e. dietary, mobility or even food preferences." People's care plans had been reviewed; however a date was not always evident to indicate which was the most up to date review of a person's needs.

# Is the service well-led?

## Our findings

There was a registered manager in post and people, their relatives and staff were clear on the management structure of the service. Most people felt the service was well led and that their suggestions were usually listened to and acted upon. However two people felt the registered manager did not always communicate well. One said they were still waiting for feedback on information requested. Another person said there had been times when they had raised concerns about timings and they had not been resolved.

The registered manager did not have a system in place to analyse, identify and learn from incidents and accidents. The registered manager told us they had not had any incidents or accidents reported. The registered manager informed us repeatedly during the inspection that care staff had been struck by a person whose behaviour challenged on a number of occasions. This person's care plan recognised this person could display behaviour that may challenge and detailed how staff could keep themselves and the person safe from harm. However, incident and accident reports had not been completed on the occasions when this person displayed behaviour that could challenge others. This meant the registered manager did not have fully effective processes in place to assess, monitor and learn from events that could improve the safety and quality of care the person received as well as promote staff safety.

Audits had not been completed to assess the quality of the service. People and their relatives told us they did not have any involvement with providing quality feedback about the service. One person said, "No I have not had a questionnaire." Staff confirmed questionnaires had not been sent to people. This meant the provider did not have effective processes in place to assess and monitor the service to help drive continuous improvements.

The registered manager did not have records in place which detailed the safe and effective recruitment, supervision, induction and training of staff. The registered manager was unable to show us how staff training was monitored because staff training records were kept on the computer and this was not working at the time of our inspection. We asked the registered manager to send us

this information by 25 June 2015. This information was not received. This meant we could not be certain staff training was monitored to ensure care practice was kept up to date. This meant records relating to the employment and management of staff were not available to ensure staff were of good character and were continually supported in providing personal care.

A failure to maintain records relating to persons employed and to operate effective systems and processes to monitor staff training, assess, monitor and learn from audits, incident and accidents and to have this information readily accessible to authorised people is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we asked the provider to complete and send a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However this was not submitted at the time of the inspection. Our records showed an email had been sent to the provider requesting completion and submission of the PIR. At the inspection on 24 June 2015 we reminded the registered manager of their responsibilities regarding the completion and submission of the report which was required under Regulation 17(3). The registered manager said they had sent the PIR when requested. We asked for the information to evidence the PIR had been completed and sent to the Commission to be provided by 25 June 2015. This information was not received.

The failure to complete and return a PIR meant the provider was in breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt confident in raising concerns to the registered manager and were supported to question practice. They demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. Staff said management were very good, very supportive and open. One said, "They're very good to me." Another said, "I think of them as one big happy family; I've never had any concerns."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person did not establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16 (2)

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not operate effective systems and processes to make sure they assess and monitor their service against regulation 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Such systems must enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a).</p> <p>The provider did not have a system in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (2) (b)</p> <p>Registered persons did not seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services; Regulation 17 (2) (e)</p> <p>The provider did not evaluate and improve their practice in respect of processing quality and safety of their service. Regulation 17 (2) (f)</p> <p>The provider did not send a written report setting out how and the extent to which, in the opinion of the registered person, the requirements of (2) (a) and (b) were being complied with and any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare. Regulation 17 (3) (a) (b)</p>

### The enforcement action we took:

A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 21 September 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.

Regulated activity	Regulation
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## Enforcement actions

### Personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not assess whether the applicant was of good character because they did not have robust recruitment processes in place. Regulation 19 (1) (a)

The provider did not appropriate processes in place for assessing and checking that people have the competence, skills and experience required to undertake the role. Regulation 19 (1) (b)

The provider did not take reasonable steps to assess the individuals ability to carry out their role. The provider did not have processes in place for considering their physical and mental health in line with the requirements of the role and to regularly review the fitness of employees. Regulation 19 (1) (c)

The provider did not operate their recruitment procedure effectively. Selection and interview processes did not assess the accuracy of applications and did not demonstrate the candidate's suitability for the role. Regulation 19 (2)

The following information must be available in relation to each such person employed – the information specified in schedule 3. Regulation 19 (3) (a)

### **The enforcement action we took:**

A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 21 September 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.