

Dutee4U Home Health Care Ltd

# DuTee4u Home Healthcare

## Inspection report

11 Moorcroft Close  
Stoke-on-trent  
ST6 3GB

Date of inspection visit:  
09 November 2022

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31 March 2023

### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

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.

### About the service

DuTee4u Home Healthcare provides personal care within people's own houses and flats. At the time of our inspection 1 person was using the service.

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

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

The service was not able to demonstrate how they were meeting underpinning principles of 'Right Support, Right Care, Right Culture.'

Right support: Staff did not support people with their medicines in a safe way to achieve the best possible health outcomes.

Right care: Staff lacked understanding about how to protect people from poor care and abuse. The service did not work well with other agencies.

Right culture: People did not lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People did not receive good quality care, support and treatment because staff were not skilled or knowledgeable to meet the person's needs safely.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 6 June 2022).

At our last inspection we found breaches of the regulations in relation to 9, Person-centred care, 12, Safe care and treatment, 13, Safeguarding service users from abuse and improper treatment, 16, Receiving and acting on complaints, 17, Good governance and 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was also in breach of regulation 18 Notification of

incidents of the Care Quality Commission (Registration) Regulations 2009.

We told the provider what action they needed to take to ensure the safety of people who used the service. Due to the concerns identified at the inspection the local authority withdrew all, but 1 packages of care. At this inspection, we found the provider remained in breach of regulations.

This service has been in Special Measures since March 2022. During this inspection the provider demonstrated that improvements had not been made. The service remained inadequate and continues to be in special measures.

#### Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see Safe, Effective, Caring, Responsive and Well-Led sections of this full report.

The overall rating for this service is 'Inadequate' and the service remains 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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DuTee4u Home Healthcare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 safe.

Inadequate ●

### Is the service effective?

The service was not effective.

Inadequate ●

### Is the service caring?

The service was not always caring.

Requires Improvement ●

### Is the service responsive?

The service was not responsive.

Inadequate ●

### Is the service well-led?

The service was not well-led.

Inadequate ●

# DuTee4u Home Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

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

#### Registered Manager

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 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.

During the inspection

We spoke with the 1 person who used the service and their relative. We also spoke with the registered manager and provider and 1 care staff member. We looked at the care records and risk assessment relating to the 1 person who used the service, medicines administration records and staff training certificates. We looked at staff recruitment files and systems in place to assess and monitor the quality of the service delivery.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk from abuse

At our last inspection in March 2022, we found the provider had not taken action to safeguard people from abuse. This was a breach of Regulation 13, (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

- People were not protected from the risk of abuse.
- The registered provider had not taken any action to ensure people would be safeguarded from the risk of abuse.
- Staff had obtained the Care Certificate which covered safeguarding training. The registered provider identified the need for further training in this area. However, action had not been taken to commission this training to ensure all staff had the skills to recognise abuse and to safeguard people from this. The provider told us they did not have the necessary funds to commission safeguarding training.
- A staff member spoken with was unaware of external agencies to share concerns of abuse with. This meant people who accessed the service could not be assured they would be protected from the risk of potential abuse.

The provider had not taken sufficient action to ensure systems and practices protected people from the risk of potential abuse and continue to be in breach of regulation 13, (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection in March 2022, we found the provider had not ensured information was available to staff to assess and manage individual risks. This was a breach of Regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

- Risks to people were not managed safely.
- Risk assessments were in place for the 1 person who used the service which identified potential risks to the person. However, the risk assessment did not provide detailed information about how to reduce the risk. For example, the risk assessment informed staff to ensure the person's safety whilst using the stairlift but did not provide staff with information about how to do this. The person was not able to tell us about the support they received from staff whilst using this equipment.

Using medicines safely

At our last inspection in March 2022, we found the provider had failed to ensure staff had the knowledge, skills and competence to safely support people to receive their medicines safely and records did not reflect

safe administration. This was a breach of Regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

- People did not receive their medicines safely.
- Following our last inspection a condition was placed on the provider's registration certificate stipulating 'the registered person must ensure that staff do not administer medicines to anyone who uses the service until they are trained in the safe administration of medicines and are assessed as competent to do so.'
- The provider told us all staff had now received safe management of medicines training and we saw evidence of training certificates. However, we found the management of medicines for the 1 person who used the service was not safe.
- Medicines competency assessments were carried out by the registered provider. The provider told us they had received the same training as their staff team. We did not observe any certificates that showed they were skilled or competent to carry out competency assessments. This meant people could not be assured they would be appropriately supported by skilled and competent staff to take their prescribed medicines.
- We looked at medicine administration records for the 1 person who used the service. We observed signatory gaps which, indicated the person had not received their medicines as prescribed. The registered manager was unable to tell us whether this was a recording error or whether the person had not received their prescribed treatment. The failure to support the person with their prescribed medicines compromised their health.

### Preventing and controlling infection

At our last inspection in March 2022, we found the provider failed to ensure staff followed safe infection control practices. This was a breach of Regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

- People were not protected from the risk of infection.
- At this inspection we found insufficient action had been taken to be fully compliant with this regulation. We observed the registered location was not equipped with soap, hand sanitizer or paper towels to promote regular handwashing. This meant that care staff accessing the location did not have hygienic hand washing facilities. This placed 1 person who used the service and any prospective people accessing the service at risk from their visiting care staff.
- One person who used the service required support with their meals. The provider told us staff had not received food hygiene training. This meant staff were not skilled in ensuring foods were handled safely to reduce the risk of contamination. The provider had not taken sufficient action to ensure medicines management were safe or that systems were in place to reduce the spread of infection. Risk assessments did not provide staff with information about how to reduce identified risks. The provider remained in breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- Since the inspection visit the registered provider informed us staff have now received food hygiene training.
- The registered manager told us staff had received infection, prevention and control training and we saw these training certificates.
- We observed ample personal protective equipment (PPE) located in the office. A staff member spoken with told us they had access to relevant PPE.

### Staffing and recruitment

At our previous inspection the provider was in breach of regulation 19, (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found sufficient recruitment safety checks had not been carried out to ensure staff were suitable to work in people's home. We found where



staff had criminal convictions, risk assessments had not been carried out to ensure they were safe to support people.

- Staff were not recruited safely.
- At this inspection we found action had not been taken to comply with this regulation. Staff recruitment records did not contain evidence of sufficient safety checks. For example, references had not been obtained prior to staff's appointment.
- There was no risk assessment in place for staff members until appropriate safety checks had been completed. This meant 1 person using the service and any prospective people accessing the service could not be assured staff members would be suitable to work with them.

The provider had not taken action to ensure all staff members were subject to the appropriate recruitment safety checks and remained in breach of regulations 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Since our inspection visit the registered provider has obtained staff references.

#### Learning lessons when things go wrong

- People did not receive a quality service because appropriate action was not taken when things went wrong.
- At our previous inspection in March 2022, the provider was in breach of multiple regulations. At this inspection, we found very little action had been taken to comply with the regulations.
- Action had not been taken to ensure the staff team received appropriate training to ensure they had the skills and understanding to provide a safe and effective service.
- At our previous inspection we identified some people had been subject to abuse and action had not been taken to safeguard them. At this inspection the 1 person who used the service continued to be at risk because action had not been taken to ensure staff know how to safeguard people from the risk of potential abuse. This meant lessons had not been learnt when things had gone wrong.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

### Staff support, training, skills and experience

At our last inspection we found the registered provider had not provided staff with relevant training to ensure they had the appropriate skills to meet people's needs safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

- Staff were not skilled to provide care and support safely.
- At this inspection discussions with the provider confirmed staff had not been provided with relevant training to ensure they had the necessary skills to meet people's assessed needs safely.
- DuTee4U Healthcare is registered to support people living with dementia and people who have a learning disability and autism. Staff had not received training in these areas to provide them with the skills and knowledge to meet people's specialist needs. This meant the 1 person who used the service and any prospective people accessing the service could not be confident their assessed needs would be met safely.
- The provider could not evidence staff received regular supervision to ensure staff were supported in their role to carry out a good service. The registered manager said, "Staff supervision will be carried out in the future."

Staff had not received relevant training to ensure they had the skills and competence to meet people's assessed needs and the provider continued to be in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection visit, the provider informed us all staff members have now received training relating to dementia awareness, mental health and learning disability.

### 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.

- Staff's lack of knowledge of the principles of the Mental Capacity Act 2005, compromised the rights of the person who used the service and any prospective people accessing the service.
- At our previous inspection in March 2022, staff had not received MCA training and lacked understanding of the principles. At this inspection the registered manager told us MCA training had not been provided to the staff group.
- One staff member told us they had not received MCA training and was unaware of what this meant. Staff's lack of understanding of the basic principles of the MCA compromised the person who used the service and any prospective people accessing the service, of their choices being respected.
- The registered manager told us 1 person's relatives had power of attorney. However, they told us they had never seen official documentations giving the family legal authority to make decisions on behalf of the person. This meant that decisions may be being made by people who were not legally entitled to make these.

The registered provider had not taken action to ensure staff had an understanding of the principles of MCA, so people's rights to make their own decision and choices would be respected. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection visit, the provider informed us all staff have now received Mental Capacity Act 2005 training.

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

- The provider did not work with relevant agencies to provide a seamless service.
- After our previous inspection in March 2022, the local authority removed all, but 1 package of care due to the concerns identified at the inspection. The provider told us they now liaised with the local authority. However, we were not provided with any evidence of joint working with other external agencies to improve the quality of the service delivery.

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

- A relative of the 1 person who used the service told us they understood the importance of choice. However, some areas could be improved in relation to care routine and meal choices.
- The 1 person who used the service told us they were happy with the service they received.

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

- One person received support with their meals.
- The person told us staff provided them with meals with regards to their preferences.

Supporting people to live healthier lives, access healthcare services and support

- The provider told us they do not currently support the 1 person who used the service to access healthcare services. However, they told us this service would be made available on request.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The service was not caring.
- The care provided to the 1 person who used the service was compromised due to staff's lack of skills. Staff were unskilled to meet the person's assessed needs which did not support them in a caring way. Care records showed the person had sensory impairment. However, records did not contain information about how to support the person with their sensory impairment and this could compromise the care and support they received. Training certificates presented to us did not show staff had received training in relation to the person's specific needs. Staff lacked the understanding of the principles of the Mental Capacity Act 2005. This meant the 1 person who used the service was at risk of their rights not being respected when they made choices about their care.

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

- A person who was supported by the service told us they were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- The person's right to privacy and dignity was respected by staff.
- The 1 person who used the service told us staff always respected their privacy and dignity. They said, "They [staff] do what I ask them to do."
- The registered manager told us staff had undertaken the care certificate course of which, included respecting people's rights to privacy, dignity and independence and we saw evidence of these training certificates.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant services were not planned or delivered in ways that met people's needs.

At our previous inspection the provider was in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had not taken sufficient action to comply with this regulation.

Meeting people's communication needs. Planning personalised care

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

- People could not be confident staff would communicate with them effectively or that they would have access to information in a format they can understand.
- At our previous inspection the registered manager lacked understanding of the AIS and there were no systems in place to assist people with communication.
- At this inspection we asked the registered manager about their understanding of AIS, they continued to lack understanding and awareness of the importance of information being accessible in a format people could understand.
- Information contained in the 1 person's care record showed they have sensory impairment. However, there was no further information to tell staff how to communicate with them. The registered manager was unaware of their responsibility of making information accessible in a format that would assist the person and to promote their independence.

There was a lack of person-centred approach to meet the person's communication needs. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

At our previous inspection the provider was in breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were unaware of how and who to share their concerns with. The complaints procedure had not been made accessible to people who used the service. The registered manager had not maintained a record of complaints and so, was unable to evidence action taken to resolve them.

- At this inspection the provider had not taken sufficient action to comply with this regulation.
- The registered manager told us they had not received any complaints since the last inspection visit. However, they were unable to assure us that the 1 person who used the service had access to a complaints

procedure in a format they could understand, and the person was unable to confirm this.

The provider was unable to demonstrate that the person had access to the complaints procedure in a format they could understand or to ensure they and prospective people accessing the service would know how and who to share their concerns with. This is a continued breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us any future complaints would be acknowledged and responded to.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider's governance was ineffective to assess and monitor the quality of the service provided to people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had not taken sufficient action to comply with this regulation.

- Following our last inspection we told the provider what action they needed to take to ensure the safety of people who used the service.
- At this inspection the provider had not taken sufficient action to improve their governance. We were not assured that the person using the service and other prospective people accessing the service would receive adequate care and support.
- The provider's governance did not monitor staff's training needs or ensure they were skilled to deliver an effective service.
- The provider did not have effective systems in place to ensure the safe recruitment of staff. This meant people were at risk of being supported by people who were not suitable for the role.
- The registered manager lacked understanding of their responsibilities. For example, their lack of understanding of the Accessible Information Standards meant people who have communication needs may not be supported appropriately.
- At the previous inspection the registered manager was unaware of their responsibility of when to notify us of incidents which, they are legally obliged to do so. At this inspection we found the registered manager did not have a full understanding when to notify us of incidents.
- At our previous inspection some people had been subject to abuse and although the provider was aware of this, they did not take action to safeguard people. At this inspection the registered provider had not taken any action to ensure their staff team would recognise abuse and know how to safeguard people from this.
- The provider's governance did not identify shortfalls with infection, prevention and control systems within the registered location. This placed the 1 person who used the service and any prospective people accessing the service at risk of contracting avoidable infections.
- The provider had invested in systems relating to electronic care plans, care record templates and systems to identify if calls were late or missed. The provider said due to having 1 person using the service, some of these systems were not currently in use. The provider was unable to tell us if systems were in place to ensure calls to the 1 person who used the service were not missed. However, the person told us they had not experienced any missed calls.

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

- At the previous inspection it was identified that due to the fact most of the staff members were related, people did not always feel confident to express their views.
- At this inspection the 1 person who used the service told us they were happy with the care and support they received. However, we identified shortfalls regarding staff's skills and the management of the service. We were not assured the provider would be able to provide an adequate service to increased numbers of people, as there was no evidence of action taken to provide a positive and inclusive culture.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Discussions with the registered manager confirmed the 1 person who used the service was not involved in the management of the service. They told us their future plans of involving people in staff recruitment so they can have a say who worked with them.
- We were provided with evidence of the undertaking of quality assurance questionnaires completed by people who had previously used the service. However, we did not observe a questionnaire completed by the 1 person who currently used the service. This meant they were not provided with the opportunity to have a say about the service they received.
- The registered manager told us staff did not receive supervision. However, they planned to commence this in the future. Due to the lack of training provided to the staff team, access to supervision would provide them with some element of support in carrying out their role safely.

Continuous learning and improving care

- The provider and registered manager had not taken action from our previous inspection to make improvements and comply with breaches of regulations to ensure people received good quality care.
- We were not provided with evidence or reassurance that the service delivery would be safe and conducive to meet people's assessed needs.

Working in partnership with others

- The provider told us that due to concerns identified at the last inspection the local authority had removed packages of care. The provider told us they continue to liaise with the local authority but not with other agencies. However, we were not provided with evidence of this.

There continued to be a lack of oversight of the management of the service and the provider remains in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to our inspection visit we viewed the DuTee4u Home Healthcare website. Their current inspection rating was not displayed. We asked the registered manager why this was not displayed as this is a legal requirement. However, the registered manager was not aware they had a website.
- The rating from our last inspection was also not displayed in the registered location. The registered manager said, "I didn't know we had to display this." This meant people wishing to access the service may not be aware of the provider's current rating to enable them to make an informed choice.

The provider's failure to display their rating on their website and in the registered location is a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



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

- At our previous inspection the registered manager lacked understanding of the duty of candour. At this inspection we asked them about their understanding, and they had a reasonable knowledge of this now.

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 care provided was not person-centred to ensure persons with sensory impairments had access to information in a format they can understand. The lack of understanding of the Accessible Information Standards meant people's communication needs may not be met.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff had not been provided with Mental Capacity Act (MCA) 2005 training and lacked understanding of the principles. This placed people at risk of their rights to make their own decisions and their choices not being respected.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>People did not have access to a complaints procedure in a format they could understand. The provider did not have systems in place to ensure people would know how and who to share their concerns with.</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 management of medicines were unsafe and the person who used the service could not be confident that staff would support them to take their treatment as prescribed.</p> <p>Risk assessment did not provide staff with information about control measures to reduce the risk to the individual.</p> <p>The registered location was not equipped with appropriate handwashing supplies to encourage regular handwashing and this placed the one person who used the service and prospective people accessing the service at risk of avoidable infection.</p>

### The enforcement action we took:

Notice of Proposal to cancel the registration.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Although, staff had received safeguarding training, they were unaware of external agencies to share concerns of abuse with.</p>

### The enforcement action we took:

Notice of Proposal to cancel registration

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems or processes in place to assess, monitor or to improve the quality and safety of the service</p>

provided in carrying on of the regulated activity, including the quality of the experience of the person who used the service and prospective people accessing the service.

**The enforcement action we took:**

Notice of Proposal to cancel the registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Relevant staff recruitment checks had not been carried out to ensure the safety of staff prior to them being appointed. This placed people at risk of harm.</p>

**The enforcement action we took:**

Notice of Proposal to cancel registration.

Regulated activity	Regulation
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered provider failed to display their inspection rating on their website and within the registered location.</p>

**The enforcement action we took:**

Notice to cancel registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not been provided with relevant training to ensure they had the skills and competence to deliver a safe and effective service.</p>

**The enforcement action we took:**

Notice of Proposal to cancel registration.