Look Ahead Care and Support Limited

Nimrod House Supported Living

Inspection report

11 Vanguard Close
Butchers Road
London
E16 1PN

Tel: 02070554833

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 29 August 2017 and was announced. The provider was given 48 hours' notice as they are a small supported living service and we needed to be sure someone would be in.

This was the service's first inspection since being registered with us.

Nimrod House is a building containing five one bedroom flats. The provider has two registered locations at the address. Up to three of the flats can be registered care, and the remaining are supported living flats for adults with learning disabilities. This inspection related only to the supported living aspects of the service. At the time of our inspection two people were receiving personal care in supported living flats.

The service had a registered manager. 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 receiving a service presented with a range of behaviours and needs that could put themselves and others at risk of harm. Although the risks had been clearly identified, the measures in place to mitigate risks were unclear and lacked detail.

Staff were knowledgeable about the different types of abuse people might be vulnerable to and knew what action to take to safeguard people from harm. Staff looked after money for people and there were effective systems to protect people from financial abuse.

People received support from a consistent staff team and records showed staffing levels matched the hours of support people were entitled to receive. However, recruitment records did not demonstrate safe recruitment practice had been followed.

People were supported to take medicines by staff. Records showed this was managed in a safe way and staff were confident in how to respond to a medicines error.

Staff did not always receive the training and support they needed to perform their roles. None of the staff had received training in supporting people with autistic spectrum conditions despite the fact that everyone receiving a service had an autistic spectrum condition.

People were supported and encouraged to make day to day choices in their lives. However, records regarding the application of the Mental Capacity Act 2005 were inconsistent and were not always in line with best practice.

People were supported by staff to prepare and eat a varied diet. However, information about people's

dietary preferences was not clearly recorded in their care plans. This meant there was a risk people were not always supported to prepare meals that reflected their preferences.

People receiving a service experienced a range of physical and mental health conditions. People had health related care plans and records and were supported to access relevant healthcare professionals. However, records were not clear that the advice from healthcare professionals was implemented by the service.

People and staff were able to develop positive relationships as they were paired to work together gradually. The service had information profiles about staff interests to ensure they were a match to people they were supporting.

The service used assistive technology to ensure people were given private time. Assistive technology was used to monitor people to ensure they were safe while alone in their flats.

People were supported to maintain relationships and to develop new relationships. Staff supported people to practice their religious faith where they wished to do so.

Care plans were large documents contained in various folders with information in different places. It was difficult to locate the most up to date information within the folders. Instructions for staff about how to meet people's needs were not detailed enough to ensure people's needs were met. Staff told us they relied on verbal handover from senior staff and people's relatives to get the clearest information about how to meet people's needs.

Relatives told us they had made complaints and were satisfied with the outcome. However, the service had not recorded complaints on their system.

The values of the organisation were clear and on display throughout the service. People, relatives and staff spoke highly of the registered manager and their commitment to person centred care.

The registered manager and provider completed various audits and checks to monitor and improve the quality and safety of the service. Although some issues had been identified and addressed, others had not.

The service did not have records to show that people had been given the opportunity to provide feedback about the quality of their care.

We found breaches of four regulations and have made three recommendations. The recommendations relate to the application of the Mental Capacity Act 2005, the format and accessibility of care plans, and complaints recording. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments did not contain clear information for staff about how to mitigate risks.

Staff recruitment files did not demonstrate the service had followed safe recruitment practice.

Staff were knowledgeable about the different types of abuse people may be vulnerable to and knew how to respond to allegations of abuse.

People's medicines were managed in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had not received the training or support they needed to perform their roles.

The application of the Mental Capacity Act (2005) varied and was no always in line with best practice guidance.

Staff knowledge of people's dietary needs and preferences was not reflected in care plans.

People were supported to access healthcare professionals as required but it was not clear that the advice and recommendations of healthcare professionals had been followed.

Is the service caring?

Good

The service was caring. Support was structured to ensure that people were able to build relationships with a stable group of staff.

The service used assistive technology to ensure people's privacy was promoted.

People were supported to maintain and develop personal relationships.

People were supported to practice their religious faith.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans were complex and lacked detail. It was difficult to locate the most up to date information about people's support needs which meant staff may not support people in line with their needs and preferences.

People were not consistently supported to take part in activities as planned.

The service had no record of any complaints although relatives told us they had made complaints and had been satisfied with the response. This meant it was not clear the service was listening and responding to feedback.

Is the service well-led?

Requires Improvement

The service was not always well-led. Audits had identified issues with the quality of the service but these had not always been addressed in an effective way.

There were not effective systems for seeking feedback on the quality of the service from people and their relatives.

People, relatives and staff were positive about the ability and skills of the registered manager.

Nimrod House Supported Living

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.

The inspection took place on 29 August 2017 and was announced. The provider was given 48 hours' notice as they are a small supported living scheme and we needed to be sure that someone would be in.

The inspection was completed by one inspector.

Before the inspection we reviewed information we already held about the service. This included information the provider had submitted when they registered the service and notifications they had submitted to us. We sought feedback from the local authority commissioning team, the safeguarding adults team and the local healthwatch.

During the inspection we spoke with one person who receives a service and two relatives. We spoke with five members of staff including the operations manager, the registered manager, the team leader, a specialist behaviour support worker and a personal support assistant. We reviewed the care files of two people who received a service including needs and risk assessments, support and behaviour plans, health information and medicines records. We reviewed three staff files including recruitment, supervision and training records.

Requires Improvement

Is the service safe?

Our findings

The service had completed risk management plans for people. These included plans to ensure people were supported to evacuate the building during emergencies as well as plans to address risks such as self-neglect, road safety, as well as people's individual risks. Risk assessments included specific behaviours of people that could be risky to themselves and others. Staff were knowledgeable about how to mitigate these risks and described the measure they took to reduce people's risks with confidence.

However, the written plans lacked details on the actions staff should take to mitigate risks. For example, a risk assessment regarding possible violent behaviour instructed staff to "Try and communicate what I want." It also stated, "Staff to be patient and have a good understanding of his triggers." There was insufficient detail for staff on how to mitigate these risks in the documents. One person had a risk assessment in place in relation to a specific behaviour which could cause harm to themselves. The registered manager told us they had not behaved in this way for almost a year and the risk management strategies were no longer used. However, the risk assessment had not been updated and still instructed staff to deploy strategies which were no longer needed. This meant there was a risk that staff did not have full information on how to mitigate risks.

The registered manager told us the service used a positive behaviour support (PBS) approach to supporting people with behaviours that could be risky to themselves and others. PBS plans describe people's behaviours when in different states, coding them according to whether they indicate whether the person is content, agitated or in crisis. They also describe staff interventions at each stage to support the person to return to a content state. The PBS for people were reviewed and contained limited information on how staff should intervene to support people. For example, the instruction for staff in one person's PBS for when they were in crisis stated, "Experienced staff should de-escalate the situation and make me feel safe and secure." This was not a detailed instruction on how to de-escalate the situation. This meant there was a risk that people were not supported in an appropriate way when in a crisis as the information for staff was limited and lacked detail.

The registered manager told us physical intervention was used as a last resort during incidents when all other interventions had failed to ensure people's safety. The registered manager told us they used "Minimum physical intervention" with one person to facilitate their health treatment. The daily notes referred to staff getting a senior member of staff to support the person's regular health appointments due to a new behaviour. However, there were no guidelines in place regarding the use of physical intervention for this person. This meant there was a risk that physical intervention was being used without proper assessments and guidelines in place to ensure it was done safely.

The above issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People receiving a service had high support needs which meant they had been allocated high staffing levels. People had a high number of allocated one-to-one staffing hours. Records showed staff were allocated to

specific people for the number of hours support that had been commissioned. The registered manager told us they recognised that people found new staff difficult to work with and therefore used only agency staff who had been thoroughly inducted to the service when emergency cover was needed. The registered manager told us the service had struggled with staff retention when it had first opened. This was in part due to the additional demands placed on staff working in the service compared to the workload in other services managed by the provider. In recognition of the additional workload the service had re-designated some personal support assistant roles as specialist behaviour support workers. This re-designation recognised the increased responsibilities of support workers in the service and entitled these staff to additional training.

Staff files did not demonstrate the service had followed safe recruitment practice. One staff member file contained no application form, no assessment of their interview and no evidence that their right to work in the UK had been checked. Another staff member's file contained records of an interview but it was not clear how the decision had been made to appoint them. A third staff file contained no record of their application or interview records. After the inspection the provider submitted additional recruitment records, however, these did not include evidence that the right work and identity of the staff member had been assessed. For another member of staff the references supplied did not match those provided on their application form and there was no explanation of this discrepancy.

This issues above regarding staff recruitment records are a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they thought people were safe in their homes. One relatives said, "I think he is safe." Staff were knowledgeable about the different types of abuse people may be vulnerable to and knew how to escalate any safeguarding concerns. One member of staff told us, "If someone disclosed they had been abused to me I'd reassure them, document it and pass it on to my manager and they'd report it onwards. If they didn't, then I'd use whistleblowing to make sure it was properly investigated."

Staff with management responsibility were clear about onward reporting of safeguarding concerns. The contact details of the local safeguarding team were clearly displayed in the service and were available to staff. Records showed incidents involving people were appropriately investigated and the registered manager liaised with the local authority to consider whether safeguarding adults processes should be instigated. There had been no incidents that had been escalated to safeguarding since the service had started. These arrangements helped to protect people from abuse.

People received support from staff to manage their finances. The service held money on people's behalf. Records of people's money and transactions were clear and accurate. Records showed staff checked the balance daily and the registered manager performed monthly audits. These arrangements helped to protect people from the risk of financial abuse.

Staff supported people to take their medicines. Relatives told us they were confident in staff ability to support their family members with their medicines. Staff described how they administered people's medicines in a safe way, respecting their preferences for how they wished to receive medicines. Staff correctly described the action they would take in the event of a medicines error or if medicine was spoiled. One member of staff said, "If I dropped a tablet I can't give it to him. It goes to be sent back to the pharmacist to be destroyed. I'd have to call the GP to get advice about what to do, or get them to prescribe an extra tablet to make sure he doesn't run out."

Care files contained detailed medicines support plans which included details of people's medicines, their purpose and any side effects staff needed to be aware of. Records showed people had been supported to

take their medicines as prescribed. Staff and managers completed regular audits to ensure medicines stocks were correct. This meant people were supported to take their medicines in a safe way.

Requires Improvement

Is the service effective?

Our findings

A relative told us their confidence in the skills of staff varied. They said there were some staff who they thought were skilled at working with their relative, but others who they did not think understood autistic spectrum conditions (ASC) well enough to motivate their family member. All the people who received a service had an ASC diagnosis. Staff told us they received the training they required to perform their roles. However, training records showed none of the staff had received training in ASC. Only three out of the ten staff working in the service had received training in learning disabilities despite this being a learning disability specific service. Although staff had received training in other areas, including positive behaviour support, safeguarding adults, medicines administration and engaging with people, the lack of training in key areas meant there was a risk that people were being supported by staff who did not have enough knowledge about their conditions to be able to support them appropriately.

The provider's policy stated staff should receive supervision at a minimum of monthly intervals. Although records showed staff were receiving supervision, it was not happening as frequently as the policy required. For example, one member of staff had not received supervision since February 2017. Another member of staff had been appointed to their role in December 2016 but only had two supervisions in their file, one from April 2017 and one from June 2017. After the inspection the provider sent us records showing two staff had received supervision in August 2017. Records showed staff roles and responsibilities as well as the details of people's needs were discussed in supervisions. However, as they were not happening frequently there was a risk that staff were not receiving the support they required to perform their roles.

The above issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Care files contained assessments of people's capacity to decide to receive care and treatment in the supported living setting. Records showed that both people lacked capacity to make these decisions. Records showed the service liaised with the local authority to ensure the local authority had submitted applications to the Court of Protection to authorise people's care and treatment as the levels of support people required amounted to a restriction on their liberty.

Records showed staff had received training the MCA and in conversation they talked about the importance of offering people choices in their day to day lives. One staff member said, "They can choose when they have personal care, when and what they eat and drink. He's very clear about what clothes he wants to wear. We respect the choices they make." Care files contained communication care plans which included details about when people were most likely to be able to make decisions and how they expressed their choices.

Care files contained a number of consent forms, including consent for information to be shared with other professionals, consent for photographs and for medicines to be held on people's behalf. In both care files these consent forms had been signed by people's relatives. The registered manager told us these relatives did not have legal authority to consent on people's behalf. They were not deputies appointed by the Court of Protection and did not have lasting power of attorney for finances or health and welfare. This meant they were not lawfully able to consent to these matters on their relative's behalf. This meant the service had not fully applied the principles of the MCA across all decisions being made in people's lives.

We recommend the service seeks and follows best practice guidance from a reputable source about the application of the Mental Capacity Act 2005.

People had their own kitchens and were supported by staff to prepare their own meals. Staff were knowledgeable about people's dietary preferences and told us what people's favourite meals were. However, people's dietary preferences were not clearly recorded in their care plans and information about the support people required to eat and drink had not been kept up to date. For example, one person's care plan stated, "I have no difficulties in eating or drinking. My support worker needs to assist me by cutting my food into small bits to prevent me from choking on my food." However, review notes and discussion with staff showed this person no longer fed themselves and relied on staff feeding them to receive adequate nutrition. This was not clearly captured in their support plan and meant there was a risk they would not be supported to eat by all staff. Another person's care plan stated they had no issues with their diet, but their relative told us they had clear preferences for home cooked meals. This was not reflected in their care plan which meant there was a risk their dietary preferences were not met.

People receiving a service lived with a range of physical and mental health conditions. Records showed the service liaised closely with relevant healthcare professionals and supported people to attend appointments as required. People had health action plans and health passports in their files. These are health related documents that are considered good practice when supporting adults with learning disabilities as they ensure all health related information is available in one place. The information contained within these documents related only to physical health needs and routine checks. In the section regarding other health professionals involved in people's care mental health professionals including psychologists and psychiatrists were not mentioned despite other records showing they were closely involved in people's care.

Records showed a speech and language therapist and psychologist had met with the staff team in May 2017 to discuss how to support one person to develop their skills. The same records showed staff had agreed to undertake some actions and liaise with the healthcare professionals to develop a structured plan. The person's support plan did not show these actions had been completed or that there had been further involvement of these healthcare professionals. This meant there was a risk people's on-going healthcare needs were not being met by the service as they had not recorded their actions. The registered manager told us they would address the actions agreed.

Good

Is the service caring?

Our findings

Staff teams were built around the people who received a service. This meant people received support from a stable pool of staff who knew them well. The registered manager recognised the importance of a stable staff team in providing support to people with complex needs and autistic spectrum conditions. They told us it was better for people to have regular staff rather than new faces.

Individual staff profiles were displayed in a shared area of the service. The profiles included information about staff skills as well as information about their hobbies and interests that could be shared with people receiving a service. This meant the provider was able to match suitable staff to people in order to ensure positive relationships were developed.

Care plans contained information about people's significant relationships, including contact details of their relatives. Relatives told us they felt welcome when they visited the service and there were no barriers to them visiting people when they wanted. One relative said, "I visit regularly and he comes to see me. The staff help him get to my house so that's good." They continued, "I think he does like living there."

Care plans also contained information about people's wishes for building and developing new relationships. One person had expressed an interest in forming a romantic relationship and the service had developed a plan to support the person to expand their social circle. The person was supported to attend social events where they were more likely to meet new people.

Care files contained information about people's lives before they had moved into the supported living service. People's views and preferences were captured in the documentation. Since moving into the service one person had records of circle of support meetings. These were meetings where the person, their relatives and other professionals involved in their care discussed their care plans, goals and preferences. This meant people, their relatives and professionals were able to contribute information that was relevant to developing new goals and ways of supporting progress. This meant the service supported this person to express their views and be involved in making decisions about their care.

People's religious beliefs and the support they wished to receive in order to practice their faith were recorded in their care plans. Records of care showed that people were supported to practice their faith in line with their preferences. A member of staff told us, "I was supporting someone in the community and they pointed out their place of worship. He recognised it and we have planned when he wants to go next."

People receiving a service received a high level of support due to the complexity of their needs and behaviours. The service recognised the impact this could have in terms of people's ability to have private time as they had limited opportunities to be on their own. The provider used assistive technology solutions to ensure that people were able to spend time on their own in the flats in a safe way. The flats were fitted with sensors which meant staff could monitor where people were and ensure they were safe without having to be physically present in their flats. This helped ensure that people's privacy was respected.

Requires Improvement

Is the service responsive?

Our findings

Before people moved into the supported living flats the service completed a comprehensive assessment of their needs and preferences in collaboration with the person, their family and relevant healthcare professionals. Records showed the assessments considered people's needs and risks in relation to relationships, medicines, communications, personal care needs, domestic tasks, accessing the community, financial support and emotional and behaviour needs. Relatives confirmed they were involved in the assessment and care planning process. Records showed care plans were reviewed regularly and updated at least every six months.

Care files contained various places where information about people's support needs and how staff should work with people were held. It was not always easy to locate the most up to date information about what people's support needs were. For example, one person's main care file contained limited instructions to inform staff about how to support the person to achieve their goals. In relation to accessing the community the care plan stated, "Staff team will promote active support and monitor my participation in all aspects of my life." This was not information that instructed staff on how to provide active support and what level of participation would be an improvement for the person. Regarding relationships the care plan stated, "Keyworker will work with me to maintain and develop new relationships that are safe and appropriate." Again, there was no information about how this support would be provided.

The registered manager stated the key places where the most up to date information was held were the communications passports and positive behaviour support plans. However, the information contained within these documents lacked details and was unclear. For example, staff were instructed, "Be aware of my capabilities and do not place huge demands on me." Later the plan stated, "Provide a consistent, predictable routine of daily activities." There was no further information for staff about what would be a huge demand and what consistent support looked like. This meant there was a risk staff may place demands on the person or be inconsistent as there was no information to tell them what consistent support looked like.

There were further details in people's support guidelines folders, however these still did not contain sufficient detail. For example, although the language used by one person was detailed, instructions for staff stated, "Support him out of bed. Prompt him to take off pyjamas and strip bed." There was no detail about what support meant and how to prompt the person."

It was noted that staff did have the information needed to provide support when all the information from across the folders were combined with feedback from senior staff. However, it was not easy for staff to locate the information. Staff told us they received the clearest information from conversations rather than documents. One staff member said, "The registered manager gave me the most information about people. I also have a bit of a catch up with their families. Most information was from the registered manager and family."

We recommend the service seeks and follows best practice guidance from a reputable source about

ensuring care plans contain sufficient information that is accessible to people and staff.

Care files contained timetables of activities that people were supported to attend. However, records showed that people were not consistently attending activities as scheduled. Staff told us that people were offered opportunities to attend activities but often refused. A relative expressed concern that staff did not consistently appreciate the impact of people's health conditions or appreciate the best way to encourage people to participate in activities. A relative told us, "They made lots of promises about activities but all the new ideas have come from me. I do worry that they don't always explain activities in a way he can understand so then he says no and ends up staying in all the time. I worry about the impact that has on his mental health, it's not good to not leave the house." Records showed another person was no longer engaging with any of the community activities on their activities timetable.

Records showed staff completed comprehensive records of daily care and support delivered which were shared across the staff team. Staff completed formal handovers at shift changes to ensure that key information about people's behaviours and schedules were shared across staff. Records showed when handover systems had not operated effectively staff were encouraged to complete a reflective account and consider the impact for the person. For example, one person had missed a health appointment as staff had not checked the diary on handover.

The provider had a comprehensive policy regarding complaints which included timescales for response and how to escalate concerns if people were not happy with the response. Information about how to make a complaint was displayed in shared areas of the service. The registered manager told us they had not received any complaints. However, a relative told us they had made multiple complaints. The relative was satisfied that complaints made had been resolved in an appropriate way. They told us, "There have been issues and I've made some complaints about [various aspects of care] but the registered manager sorted things out. They do make more of an effort now." The discrepancy between the records and the views of relatives about complaints meant the service was not clearly recording feedback and complaints.

We recommend the service seeks and follows best practice guidance from a reputable source about reporting and recording complaints.

Requires Improvement

Is the service well-led?

Our findings

The registered manager completed monthly audits of the quality of the service. These included checks on the medicines, financial record and health and safety aspects of the service. In addition, the provider completed quarterly quality audits of the service. These considered how the service was performing in line with CQC's key lines of enquiry. The most recent of these audits had been completed in April 2017. These had identified issues such as the frequency and recording of team meetings as well as some issues with medicines and finances records which had been addressed. The audit had also identified the issues found on inspection with the complexity of care files and recording of feedback and complaints. However, as these issues persisted at the time of inspection the action taken to address them had not been effective.

The registered manager told us there had been no audits or quality checks on staff files. However, the provider audit did include checks on recruitment and staffing records. These had identified that files were not complete. The actions to address these issues had been ineffective as the files were not complete at the point of inspection. The provider audit had also identified that staff were not receiving supervision in line with the provider's policy.

Staff meeting records showed meetings were held on a monthly basis and were used to discuss individual people and their needs as well as information about expectations on staff roles. Records of these meetings included actions for the service to take to ensure that people's needs were being met. However, there was no record to show these actions had been taken. This meant there was a risk that the service was not taking the actions required to ensure they were providing the best service to people.

The provider audit had identified the service was not routinely seeking feedback from people or their relatives about the quality of the service. The provider submitted feedback they had received from relatives and a healthcare professional about the quality of the service. However, one of these feedback forms was over a year old and another raised a number of issues the relative wished to be addressed. It was not clearly recorded that further feedback had been sought or actions taken to address the concerns raised.

The registered manager told us they did not have meetings for people who used the service to provide feedback on the quality of the service they received. It was recognised that people may struggle to engage with a meeting of this format. However, it was not clearly captured that the service had made alternative attempts to gather feedback from people about their experience of the quality of the service.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a clear vision and four core values that were displayed around the service. Staff received training on the values of the organisation and the behaviours that showed adherence to these values. Staff professional development reviews considered whether staff had been able to demonstrate behaviours consistent with the values of the organisation.

Observations showed people knew the registered manager and they responded positively to interactions with him. Staff and relatives spoke highly of the registered manager and the support and leadership he provided to the service. A staff member said, "Registered manager is everyone's friend. He settled me in when I started. He was very supportive and is very approachable." A relative told us, "The registered manager is good to deal with. He takes our concerns seriously. I do worry about what happens when he is not there though." Shortly before the inspection the registered manager had submitted an application to cancel their registration as they will be leaving the service. The provider had plans in place for the existing team leader to register as manager.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not contain sufficient information to ensure risks were mitigated. Regulation 12 (1)(2)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems had not effectively addressed issues with the quality of the service and the provider had not sought people's feedback on the quality of the service. Regulation 17(1)(2)(a)(e)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Records did not show staff had been recruited in a way that ensured they were suitable to work in the service. Regulation 19(2)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training or support they needed to perform their roles. Regulation 18 (2)(a)