

## Unique Care Providers

# Unique Care Providers

### Inspection report

St Johns Resource Centre  
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#### Ratings

### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



#### Overall summary

The inspection of Unique Care Providers took place on 1 October 2014 and we visited a second time on 16 October 2014. Both visit dates were announced. We previously inspected the service on 2 December 2013 and, at that time; we found the provider was not meeting the regulations relating to records and safeguarding people who use services from abuse. We asked the registered provider to make improvements. We also inspected this service on 13 February 2014 and at that time the provider was not meeting the regulation relating to care and welfare of people who use services. We asked the registered provider to make improvements. The

registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Unique Care Providers is registered to provide personal care. Care and support is provided to people who live in their own homes and to people who live at Bradley Court retirement living complex. One the day of our inspection 130 people were receiving support with personal care.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who

# Summary of findings

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 and associated Regulations about how the service is run.

People's safety was being compromised. We found two incidents of potential abuse which had not been reported to the local authority. We also found evidence that people's medicines were not being managed safely.

Staff had not received regular supervision with their manager. The training matrix and staff training records evidenced that staff were not up to date with their training. This included mental capacity, moving and handling and infection control.

People told us staff supported them with their meals.

People who used the service were supported by caring staff. Some of the people we spoke with expressed concern that there was a high turnover of staff.

The registered manager had not gained the views of everyone who used the service. However, feedback from people we spoke with was predominantly positive.

Our previous inspections highlighted a lack of detail in people's care and support records. On this visit, we found improvements had been made. However, we still found some records did not provide adequate detail to ensure people received appropriate care.

People we spoke with were all aware of how to raise a concern or complaint to the provider.

There was no effective system in place to regularly assess and monitor the quality of service that people receive.

Staff we spoke with told us they felt supported and were confident they could raise any concerns with their manager.

A failure to recruit staff meant that staff with management responsibilities were not able to allocate time to complete audits, review care plans and supervise staff.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 safe.

We did not see documented evidence all staff had received up to date training in safeguarding vulnerable people.

The registered provider had failed to notify the Commission of potential safeguarding incidents.

The registered provider did not have safe systems in place ensure accurate and safe administration of medicines to people who used the service.

Inadequate



### Is the service effective?

The service was not effective.

Staff had not received regular supervision with their manager. However, staff we spoke with told us they felt supported.

Discrepancies between the training matrix and the registered provider's policies meant we were unable to evidence how often staff were to receive training updates.

One person's care and support plan evidenced they had an impairment of their memory. The care and support plan did not include a mental capacity assessment.

Requires Improvement



### Is the service caring?

The service was caring.

Staff spoke about the people they supported in a caring manner.

We asked nine people who used the service if they received care and support from a regular group of care staff. Five people told us they did and four people told us they did not receive care from regular staff.

Staff were able to tell us how they supported people to make simple lifestyle choices and how they maintained people's privacy and dignity.

Good



### Is the service responsive?

The service was not always responsive.

We found that some improvements had been made to the details in people's care and support plans.

Not all people who used the service had had their care and support plan reviewed on an annual basis.

Not all the people who used the service had been offered the opportunity to provide feedback about the quality of the service they received.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was not always responsive.

We found that some improvements had been made to the details in people's care and support plans.

Not all people who used the service had had their care and support plan reviewed on an annual basis.

Not all the people who used the service had been offered the opportunity to provide feedback about the quality of the service they received.

**Inadequate**



# Unique Care Providers

## 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 checked 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 1 October 2014 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of two Adult Social Care inspectors. One inspector visited the service again on 16 October 2014.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local

authority contracting team and the manager of Bradley Court Retirement Living Complex. At the time of the inspection a Provider Information Return (PIR) was not available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.'

During our visit we spent time looking at eight people's care and support records. We also looked at seven records relating to staff recruitment, training records and the service's quality assurance documentation. We also spoke with the registered manager and a senior care worker. Following the inspection we spoke with three care staff and one senior care worker on the telephone. We also visited Bradley Court and spoke with six people who received care and support from Unique Care Providers. We also spoke on the telephone with one person who used the service and 16 relatives of people who used the service, who lived in the community.

# Is the service safe?

## Our findings

Our inspection on 2 December 2013 found the registered provider was not meeting the regulations relating to safeguarding people who use services from abuse. On this visit we checked and found there were still concerns about how the service safeguarded vulnerable people.

We saw there was a policy for safeguarding vulnerable adults. The policy gave information on the different types of abuse and informed staff of the actions they should take if they suspected a person in their care was suffering abuse. This included reporting the abuse to their line manager as soon as possible. We also saw the policy provided staff with the telephone number for the local authority, the Care Quality Commission (CQC) and the police, vulnerable victim's team. We saw the policy stated the chair of the board of directors was the overall safeguarding lead for the service, however, the policy did not provide the name of this person or any detail as to how a member of staff could contact them. This meant information on how staff could contact the safeguarding lead for the registered provider was not readily available.

All the staff we spoke with confirmed they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. They were also aware they could escalate their concerns to the local authority or CQC. However, when we looked in staff training records and at the training matrix we saw not all staff had completed training in safeguarding people from harm or abuse. This meant not all staff employed by the registered provider may be aware of the signs of abuse and their responsibility in reporting their concerns.

People we spoke with who used the service told us they felt safe. One person we spoke with said, "Yes I feel safe. I've never had any trouble."

When we reviewed one person's support plan we found evidence of a potential safeguarding issue, we asked the registered manager if this matter had been reported to the local authority safeguarding team and to CQC. The registered manager told us they were not aware of the information which we had been recorded in this person's record. This demonstrated not all staff were aware of their

responsibility to report potential safeguarding concerns to their manager. We have asked the registered manager to look into this matter and report back to us with their findings.

After the inspection we received a further potential safeguarding concern relating to a service users missing money. We asked the registered manager why they had not submitted a statutory notification to alert CQC of the incident. They said that following discussion with the person who had alerted them to the incident, this person had reported the matter to the police, the local authority and to CQC. We reminded the registered manager of their duty as the registered person to notify the Commission without delay of any abuse or allegation of abuse in relation to a service user or any incident which is reported to or investigated by, the police.

This demonstrated a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We looked at eight sets of care records and saw each person's support plan included a number of risk assessments which identified risks associated with their support. Risk assessments included environmental risks, such as access to people's property and use of electrical appliances. The risk assessments were also based on individuals' support needs, for example, risk of falls and skin integrity. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We looked at the recruitment records for seven members of staff and saw evidence that the registered provider had undertaken appropriate checks before staff began work. This included taking up written references from previous employers and checking evidence of the identification of new recruits. This meant that staff were being properly checked to make sure they were suitable and safe to work with older people.

We spoke with the local authority contracting team prior to our inspection. They told us they had concerns about the lack of staff recruitment to the service. Staff we spoke with told us the service had recently been short staffed. Two members of staff told us the board of directors had recently put a 'stop' on staff recruitment. One member of staff told us this 'stop' had now been lifted and the service was

## Is the service safe?

recruiting again. Two people who used the service told us they had had their care and support delivered by agency staff due to staff shortages. We asked the registered manager how they had ensured people's care and support needs had been met when the service had been short staffed. They explained care staff had worked extra hours and the office based staff had also provided care and support to people to ensure service users received the service they required. This showed the service did not have adequate numbers of staff to respond to changes in staff availability.

We asked one member of staff how their work was allocated. They told us the rota's for staff had been reorganised earlier in the year and were now based on geographical location. They said this made the rota more manageable. They said if a member of staff was off sick their calls were re-distributed to other staff. They explained that because the rota had been better organised they could absorb extra calls much easier if they needed to.

We asked people who used the service and where appropriate their relatives, if staff ever failed to attend visits or were late. People who lived at the retirement living complex told us they had never had a missed call. Seven relatives of people who lived in their own homes told us staff had missed calls, however, they told us this has only happened very occasionally. One relative told us, "We have had one or two missed calls, but nothing recently". This demonstrated the service ensured people who used the service received the care and support they required.

We looked at the medication records for eight people. We saw the records were incomplete and did not demonstrate safe medicines management. We saw three Medication Administration Records (MAR) sheets which did not have the date to identify the month they related to. We also saw one MAR sheet where a prescribed medicine had been handwritten. The handwritten entry did not detail the dose of the medicine or the times it should have been administered. We also saw two people's MAR sheets had

gaps where staff had not recorded if they had assisted the person to take their medicines. This demonstrated appropriate arrangements were not in place to ensure accurate and safe recording and administration of medicines to people who used the service.

We asked the registered manager if the service audited people's medicine records. They told us two staff were currently responsible for auditing people's medicine records. We looked to check the two members of staff who completed the audits had received training in medicines. We saw one member of staff had received medicines training in March 2014, however, there was no documented evidence the other member of staff had received up to date medicines training. On the second day of our inspection the registered manager told us the member of staff who did not have any record of up to date medicines training had completed their training after our first visit on 12 October 2014. This meant one of the members of staff with responsibility for ensuring the service was compliant with the regulations relating to the management of medicines did not have up to date training to ensure they were auditing to the required standard.

We looked at the medicines policy to see how often staff should receive formal training and an assessment of their competency in medicines administration. The medicines policy stated staff were required to complete training in medicines administration 'on appointment and refresher on a 2-yearly basis'. The policy also detailed staff should have an 'on the job competency assessment' annually. We asked the registered manager if a formal, annual assessment was completed with staff to ensure they were competent to administer people's medicines. They told us it was not. This meant people were at risk of receiving their medicines from staff who may not have the appropriate knowledge and skills to perform their job roles.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.



# Is the service effective?

## Our findings

We asked the registered manager how new staff were inducted to their role. They told us all new staff completed basic training in moving and handling, infection prevention and control, health and safety, medication management and safeguarding prior to them delivering care and support to people who used the service. They said staff also received practical training in moving and handling people. The registered manager also told us new employees shadowed a more experienced member of staff for a minimum of four shifts. They explained the period of shadowing could be extended if this was needed. We spoke with one member of staff who had been employed at the service for less than twelve months. They said, “I shadowed another member of staff for a few days. It was helpful; it meant you weren’t just thrown in”. This demonstrated that new employees were supported in their role.

We also asked the registered manager how often staff received supervision. The registered manager told us staff supervision was not up to date. They said this was due to not having a care co-ordinator in post who could support them in completing the supervisions. They explained the previous care co-ordinator had left the organisation earlier in the year and the board of directors had not given them authority to recruit to this vacant post. One member of staff told us they last received supervision in November 2013. However, each person we spoke with told us they felt supported by the registered manager. We asked the registered manager how they received supervision. They told us they had not received any documented supervision from the board of directors. This showed that neither the staff nor the registered manager were receiving regular management supervision. Supervision gives staff the opportunity to review their work and receive objective feedback and to monitor their performance and development needs.

A relative of a person who used the service told us, “They [staff] seem well trained, they know what they are doing”. However, when we looked at the registered providers training matrix we saw there were a number of ‘gaps’ which indicated staff training was not up to date. We asked the registered manager about this and they told us the matrix had only been implemented three months ago and therefore was not an accurate reflection of the training staff had completed. When we looked at the training policy we

saw there were discrepancies between the policy and the matrix for the frequency of training. For example, the policy recorded moving and handling practical training was to be updated annually, however, the matrix detailed this required an update every two years. This meant we were unable to evidence if people were cared for by suitably qualified and skilled staff.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us they had completed Mental Capacity Act (2005) awareness training through the local authority. They told us not all staff had yet received Mental Capacity Act training. The training matrix indicated only three staff had completed this training. Four of the staff we spoke with told us they had not received training in this subject and were unable to tell us what the MCA was. This meant not all staff may be aware of their responsibilities under this legislation. However, each member of staff we spoke with demonstrated they were aware of the importance of gaining the consent of the service user prior to undertaking any care or support. One member of staff told us, “People have the right to refuse... We cannot force them”.

Each of the eight care and support records we looked at contained a ‘statement of consent for’. This confirmed that the person who used the service, or where appropriate, their relative, agreed the content of their care and support plans and consented to the support being provided to them. However, in two of the care and support plans we looked at the consent forms and saw they were not signed. We looked at the care and support plan for one person who was living with dementia. Although the plan evidenced this person had a degree of memory impairment we could not see any evidence of a mental capacity assessment. This demonstrated the provider did not have the relevant documentation in place to comply with the Mental Capacity Act 2005.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people who used the service required support to prepare meals. We asked people how they chose what to eat and drink. One person said, “I tell them what I want to eat and they make it for me”. Another person told us, “I choose what I want to eat and they make it for me. They always serve it on my tray for me”. The care and support



## Is the service effective?

plans we looked at recorded the support people required with their meals. For example, one record detailed, 'prepare and serve breakfast of choice'. The record detailed on the person's evening call staff were to 'leave drink of water at side of bed'. This showed people were provided with a choice of suitable food and drink.

We asked staff what action they would take in the event of a service user being unwell. One member of staff said, "I'd

inform their family. If they didn't have any family then I would ring the G.P and ask for a visit". They also explained that staff were able to call the person's doctor or the district nurse if they felt it was required. One person who used the service said, "If I am unwell, they [staff] ring the doctor for me". This showed staff were aware of how to access additional support when required for meeting their care and treatment needs.

# Is the service caring?

## Our findings

As part of our inspection we reviewed eight people's care records. In each of the records we looked at we saw a document which detailed if the person had a preference regarding the gender of the person who was providing them with care and support. This demonstrated the service respected people's preferences.

Staff we spoke with talked about their job and the people they supported in a caring, professional manner. One member of staff said, "We treat people as we would like to be treated". Staff were able to describe to us how they encouraged the people they supported to make simple lifestyle choices. For example, one member of staff explained how they would enable someone to choose the clothes they wanted to wear or what they wanted to eat and drink.

When we spoke with the registered manager they spoke in a professional but caring manner when speaking about people who used the service. They told us how office based staff and care staff had been working extra hours in recent weeks to ensure service users received the care and support they required.

People who used the service told us staff were caring. One person told us, "They [the staff] are nice to me". Another person said, "They treat me right". We also asked relatives of people who used the service if they felt their relatives were supported in a caring manner. One person said, "[Relative] likes to talk and they take time to talk to her".

Another relative told us, "The staff are lovely. They really make an effort to engage with her [relative]". One service user's husband said, "They are very good. Absolutely great". This demonstrated people were supported by caring staff.

When we asked nine people who used the service if they received support from a regular group of staff, feedback was mixed. Five people we spoke with told us they had regular care staff who supported them. Four people expressed concern about a high turnover of staff and a lot of new staff who did not have the knowledge about people's individual needs. One person who used the service said, "There are lots of new staff. Usually they come with experienced staff, but it is awkward if they don't know me". Another person told us, "They use a lot of agency staff. It's not their fault [the agency staff] but they don't know what I want. I have to tell them what to do". This meant people were not always supported and cared for by staff who knew them well.

People who used the service told us staff treated them with dignity and respect. Relatives of people who used the service did not express any concerns that staff were disrespectful or did not respect the people they were supporting. We asked staff how they maintained people's dignity. One member of staff said, "We ring the bell when we get there, announce ourselves, we don't just walk in. We close doors when we assist people with their personal care." Another member of staff told us, "We cover people up when they use the commode and we don't leave them exposed". This demonstrated staff respected people's privacy and dignity.

# Is the service responsive?

## Our findings

### Our findings

Our previous inspections took place on 2 December 2013 and 13 February 2014; at that time we found the registered provider was not meeting the regulations relating to records. On this visit we checked and found that while some improvements had been made there were still some discrepancies in the content of some care and support records for people who used the service. We also found that not all care plans had been reviewed.

We spoke to two members of staff who told us one of their roles was to visit people when they initially began to use the service. They said this was to assess their needs and implement their care and support plan. Each of the care and support plans we looked at was person centred in their style. For example, 'likes a glass of water on the table and remote control for TV'. This helped staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

However, records lacked detail about how individual's needs were to be met. For example, one person's records detailed they became anxious when being hoisted but did not record what action staff should take to reduce the person's anxiety. Another person's record instructed staff to check the person's sheath on the evening call but this was detail was not recorded for the morning call.

We also saw one person's record which detailed 'can get aggressive at times when hoisting'. We spoke with a member of staff about this person and they told us the methods staff deployed to calm the person and distract them. We could not see this information recorded in the person's care and support plan. The lack of detail in people's care and support records puts people at increased risk of inappropriate and unsafe care.

Each of the records we looked at contained a 'task planner' which directed staff as to the care the person required at each call. None of the task planners we looked at recorded the date it was implemented or the date it was due to be reviewed. This meant there was no evidence to ensure staff were following the most up to date task plan.

This demonstrated a continual breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked the registered manager how often care plans were reviewed and updated. They told us all care plans should be updated annually or more frequently if people's needs changed. Both the registered manager and two of the staff we spoke with told us that not all care plan reviews had been completed in a timely manner. We spoke with one relative who told us they had recently begun to use the service. They said their relative was due to have their care and support reviewed but this had not happened yet. Another relative said their relative's care plan had been reviewed in September. They were very happy with how staff understood and met their relative's individual needs. Reviewing and monitoring people's care records regularly helps to ensure the records are reflective of people's needs and identifies changes to people's so that any necessary actions could be identified at an early stage.

We asked the registered manager how they gained the opinions of people who used the service. They told us they had issued feedback forms to some people who used the service. On our second visit to the service we looked at thirteen completed surveys. We did not see any negative feedback on any of the surveys we looked at. The registered manager explained they had not had opportunity to correlate the feedback or to extend the feedback to people who used the service who lived in the community. They explained this was due to not having the support of a care co-ordinator. This meant that a number of people who used the service had not had the opportunity to provide feedback on the quality of the service they received.

We asked people who used the service and their relatives if they were aware of how to complain in the event they were not happy with the level of service provided. People gave us a variety of answers but all were able to tell us what they would do. Some people told us they would tell their care worker, others said they would contact the office, some people told us they had recently received a booklet for the service with details of how to complain. A number of people we spoke with told us they had spoken to a particular member of staff in the office when they had a concern. The people who mentioned this member of staff all said this person had dealt appropriately with their concern. This demonstrated that people were aware of how to complain.

# Is the service well-led?

## Our findings

The service was led by a registered manager who had managed the service for over twelve months. During our visit the registered manager spoke with us in a friendly and open manner.

We saw the registered provider had a whistle-blowing policy in place. The policy stated that the whistle blower should report their concerns to the appropriate director; however, no directors were named on the policy. The policy also stated that if the whistle-blower thought this to be inappropriate they could 'approach one of the following individuals who have been designated and trained as independent points of contact under this procedure'. We saw the policy did not contain the details of who these alternative individuals were. This meant information on how staff could contact specific people with their concerns was not readily available.

We asked staff what action they would take if they had concerns about a colleague's standard of practice. Each member of staff we spoke with told us they felt able to report any concerns to either the manager or to a member of staff who was based in the office. One person told us they had recently reported an issue to the registered manager. They told us the registered manager had dealt with matter straight away. This demonstrated staff were confident about raising concerns with the registered manager.

The registered manager told us they held regular staff meetings. We saw minutes of meetings held in June, July and September 2014. We saw each meeting listed the staff who attended and the topics discussed. Topics included health and safety, staff training and annual leave. Staff meetings provide opportunities for open communication with staff about changes within the home and opportunities for staff and managers to raise issues for discussion.

As part of our inspection we looked at how the registered manager audited the quality of the service staff provided to people. The registered manager showed us a 'performance assessment' document. We saw this covered a variety of performance areas, including, use of hoists, personal protective equipment (PPE) and record book entries. The registered manager said they wanted each member of staff to have a performance assessment twice a year. The

registered manager showed us a list of staff who had received a performance assessment during 2014. We saw the list recorded a total of 53 staff, 27 of which had been assessed throughout 2014. We randomly selected five staff from the list to check the recorded evidence of their assessment. We saw an assessment had been completed for each person we selected.

We asked the registered manager if the service audited people's care records. They told us the team leaders chose a random selection of ten to fifteen daily logs each month. We saw the records were checked for legibility, factual accuracy and content. The manager showed us a matrix which listed 120 people who used the service. The list recorded that staff had audited forty-one people's daily logs throughout 2014. A photocopy of the daily log which had been audited was attached to the audit sheet. We looked at the audits of two people's records and saw each audit recorded where improvements could be made to staff recording. However, there was no evidence of action plans or that the findings were used to improve staff practice.

The registered manager told us they were accountable to the board of directors. They explained that a number of decisions which affected the running of the service required approval of the board of directors prior them being actioned. This included updating of new policies and recruitment of staff. The registered manager explained that because the care co-ordinator had not been replaced and the service did not have enough care staff employed, extra responsibilities had been placed on existing staff. They said office based senior care staff had not been able to complete audits, staff supervision or review and update of care plans. They explained this was because the registered manager had prioritised ensuring service users received the care and support they required. The impact of not having adequate staff in place meant the service was not able to effectively assess and monitor the quality of the service provided.

We asked the registered manager what structures were in place for the board of directors to oversee the organisation and ensure compliance with regulatory requirements. They told us the board of directors met every month, they said they attended the first part of the meeting and verbally reported any matters they wished to inform the board of, they said they then left the meeting. They said there was not set criteria for the issues they reported to the board and

## Is the service well-led?

they did not submit any formal management reports. The registered manager said in June 2014 they had emailed the board of directors and requested they send them the objectives and strategy for the service. The registered

manager said they had not received a response. This meant we were not able to evidence the registered provider had a robust system of governance in place to monitor the culture, performance and effectiveness of the organisation.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.  Regulation 13

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff  The registered person did not have an effective system in place ensure staff received receiving appropriate training, professional development, supervision and appraisal.  Regulation 23(1)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment  The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.  Regulation 18.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

## Action we have told the provider to take

People were not protected against the risk of unsafe or inappropriate care and treatment because accurate records in respect of each service user were not maintained.

Regulation 21(1)(a)



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 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The registered person had not made suitable arrangements to ensure service users were safeguarded against the risk of abuse.</p> <p>Regulation 11(1)(a)(b).</p>

**The enforcement action we took:**

A warning notice was issued. To become compliant by 31 January 2015.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided.</p> <p>Regulation 10(1)(a).</p>

**The enforcement action we took:**

A Warning Notice was issued. To become compliant by 28 February 2015.