

Positive Care Link

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our last comprehensive inspection of this service took place on 25 October 2016 where we found breaches of regulations in regards to risk management and good governance. We rated the service "Requires improvement". At this inspection we found the service remained "Requires improvement". Following our last inspection, we asked the provider to complete an action plan to show what they would do in order to meet regulations.

This inspection was announced and took place on 12 January 2018 to check that the provider had followed their plan and to confirm they now met legal requirements. At this inspection we found the provider had failed to make necessary improvements.

Positive Care Link is a domiciliary care service providing personal care and support to adults. Whilst we have taken into account any wider social care and support provided to people in their homes and in the community, the Care Quality Commission (CQC) carried out this inspection only in relation to the regulated activity of 'personal care'.

At the time of our visit the service was supporting 42 people. Of these people, 14 were receiving support and assistance with personal care tasks.

There was a registered manager in post. 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's care and support needs were assessed by local authority social workers before a timetable of tasks was created and an appropriate package of care provided.

The provider did not consistently provide staff with information about people's life histories, individual preferences, communication methods, likes and dislikes, cultural and emotional needs. This information can be useful for staff when meeting people for the first time and ensures that individualised support is appropriate and person-centred.

The registered manager demonstrated a poor understanding of the risk assessment process. Risks to people's health, well-being and safety were not being clearly identified during the assessment process and therefore appropriate plans to manage and minimise risks were not always in place.

Most people told us they felt safe with staff. Staff received safeguarding training and were able to explain what they would do and who they would contact if they had any concerns about people's safety.

Staff were not always following the provider's medicines policies and procedures when supporting people

to manage their medicines. Information we reviewed provided insufficient detail as to what medicines had been prompted, at what time and whether people had been observed taking their medicines.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff respected people's decisions and gained people's consent before they provided personal care. People using the service and their relatives told us staff were kind and caring and mindful of privacy and dignity issues.

People were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, district nurses and social workers.

People were supported with meal preparation where this task formed part of their care plan. However, care records did not provide any specific information regarding dietary requirements where people were at risk of choking due to their illness or disabilities.

There were measures in place to ensure that staff were recruited safely and were suitable for their roles and once in post, staff received a programme of ongoing training and supervision.

People's feedback was sought through spot check visits and telephone reviews and there was a process in place for ensuring that complaints were investigated and responded to appropriately.

We found that the provider was in continuing breach of regulations relating to safe care and treatment and good governance. We also found a breach of regulations relating to staff training. We are considering what further action we are going to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Completed risk assessments did not provide staff with adequate information and guidance as to how to manage risks and keep people safe.

Staff were not always following the provider's medicines policies and procedures when supporting people to manage their medicines and systems in place for reviewing contemporaneous records relating to people's care and medicines were not readily available for review.

Recruitment procedures were safe and staffing levels were sufficient to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported with their meals.

People had access to medical and community healthcare support.

Staff completed mandatory training in a range of topics and were able to demonstrate a basic knowledge of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement ●

Not all aspects of the service were caring.

People occasionally experienced late visits which caused them inconvenience and disrupted their daily lives.

Most people were pleased with the support and care they received and felt staff supported them well. However, some people told us they were not treated kindly by staff.

People told us they had received a service user guide which contained information about the service, its values and purpose.

Is the service responsive?

Aspects of the service were not responsive.

Support plans developed by the provider lacked clear guidance as to exactly how people wanted to be supported and by whom.

Not all staff had received training in relation to supporting people with palliative care needs.

People knew how to raise concerns. People said any comments or complaints were listened to and acted on.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The service was not organised in a way that promoted safe care.

The registered manager had not identified or addressed significant shortfalls within the service and did not appear to be aware of the seriousness of her responsibilities.

The registered manager had a poor overview of the service and there was little evidence of learning from past mistakes.

Requires Improvement ●

Positive Care Link

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.

Why we inspected - We inspected this service as it was 12 months since it was rated 'Requires Improvement. We have not received any notifications relating to safeguarding concerns, accidents or incidents during this period from the provider or other organisations.

This was a comprehensive inspection and took place on 12 January 2018. We gave the provider 24 hours' notice of the inspection because we needed to ensure the registered manager would be available to speak with us.

Before the inspection took place we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

One adult social care inspector visited the provider's office location on 12 January 2018. We spoke with the registered manager of the service and looked at five records relating to staff recruitment, staff training and supervision, auditing systems and service quality monitoring. We looked at four people's care records and risk assessments, policies and procedures relating to the service and other relevant information.

Following the site inspection, two experts by experience spoke with four people using the service and four family members. An expert by experience is a person who has personal experience of using or caring for

someone who uses this type of care service. We also contacted two local authority representatives and three members of support staff to gain feedback about their roles and the management of the service.

Is the service safe?

Our findings

Despite the provider having policies and procedures in place to protect people from avoidable harm and improper treatment, some people told us they did not always feel safe when staff visited them in their own homes. A relative we spoke with told us that some staff lacked the confidence and skills to carry out specific tasks safely. One person using the service told us, they felt "bullied" and were often shouted at by one particular member of staff and that this made them feel unsafe and frightened. We have reported this matter to the provider and the relevant local authority as a safeguarding concern so that it can be investigated and appropriate action taken to ensure this person is protected from avoidable harm.

The provider had a safeguarding policy and related procedures in place in relation to safeguarding adults from harm. Staff we spoke with told us they had received training in safeguarding and the registered manager told us this training was refreshed annually. Staff told us they knew what to do if they felt someone they were supporting was being abused. From the example above, we can not be sure until the matter is fully investigated, whether all staff are adhering to the principles of safeguarding adults from abuse.

Our last comprehensive inspection was carried out on 25 October 2016. During that inspection we found that people's completed risk assessments lacked sufficient information in relation to managing and minimising identified risks.

The registered manager had since made changes to the risk assessment format. At this inspection we looked at four completed risk assessments for older people all living with a range of needs including physical disabilities and dementia. Risk assessments were divided into 22 separate sections and addressed areas such as the external and internal home environment, fire emergency procedures, the use of assisted devices and appliances, tissue viability and pressure sores, moving and manual handling, falls, nutrition, hydration and medicines. Each person's level of risk was assessed by a "Yes", "No" or "Non applicable" answer. Where action was required to minimise risks, senior staff were required to record relevant information and guidance under the heading "We will provide control preventative measures to reduce the risk."

The new risk assessment format was comprehensive in its scope. However, we found that the section entitled "We will provide control preventative measures to reduce the risk" was completed in every case where a risk had been identified with a generic sentence stating "care workers attend and assist" rather than a robust risk management plan. For example, one person had a diagnosis of vascular dementia, anxiety, poor short term memory, restricted mobility and was in need of support and assistance with personal care tasks, meal preparation and medicines. Under the assisted devices section staff identified them as having the following equipment: a walking stick, zimmer frame, bed rails, and bath rails. No risks were identified with the use of these items and under the section headings "We will provide control preventative measures to reduce the risk" staff had recorded "carer visits 4 times daily." Information lacked sufficient detail and guidance as to how staff should support this person when aids were being used, potentially placing them at risk of falls and of receiving unsafe care.

Records for another person highlighted that they had severe muscle weakness, used a wheelchair and required assistance with transfers. To the question asking whether appropriate fire precautions were in place staff had recorded "Yes." There was no other information provided as to what these precautions were and no information had been recorded relating to the level of risk or the action to be taken in the event of a fire. Under the heading "We will provide control preventative measures to reduce the risk" in both the moving and handling section and the moving and handling equipment section staff had recorded "carer calls 3 x daily to assist with all D.L.A (daily living activities). Information lacked sufficient detail and guidance as to how staff should support this person in the event of a fire potentially placing them at risk of receiving unsafe care.

More detail was required where people had specific needs. For example; we noted that one person was at risk of choking. There was no information to guide staff in the preparation of suitable meals other than a statement in the risk assessment saying that this person was "spoon fed." Nor was there any supporting information or guidance for staff from relevant health professionals. This placed the person at increased risk of developing aspiration pneumonia, choking and even death. This and the above two paragraphs relate to a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager if any of the people using the service received support with their medicines. She told us that no one was currently receiving this type of support. We found this statement to be inaccurate. All of the staff we spoke with told us they were caring for people who required assistance taking their medicines. One person's support plan stated, "I need help to take medicines four times a day." Care records stated that this task was to be carried out by care staff and family members. We checked the medicines risk assessment for this person and saw that it had been crossed through suggesting that support was not required and/or had not been considered necessary to assess. We asked the registered manager if we could look at the daily log entries for this person to check whether medicines were being prompted and the task recorded appropriately. The registered manager told us, "I just can't find them [the daily logs]."

We asked the registered manager for the daily logs corresponding to other care records we reviewed. These too, were not available. We asked if there were any other daily records we could look at and were provided with a random selection of six log books. One log book belonged to a person who was no longer using the service and others dated back to January 2015, February 2016 and August 2016 respectively. Three log books had entries for the administration of medicines, for example; "medication given", "I give [them] tablets" and "medication not administered." This information provided insufficient detail as to what medicines had been prompted, at what time and whether people had been observed taking their medicines.

Explanations for non-administration of medicines were not provided. Entries in people's logs were not always legible or signed by staff and logs of care provided were not audited to ensure the safe and proper management of medicines. The provider did not use any form of medicines recording chart to record the medicines which people had been prompted to take. This meant that the provider was not working in line with 'The Handling of Medicines in Social Care guidance from the Royal Pharmaceutical Society of Great Britain', which states "When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given." We could not be sure that people using the service were receiving their medicines (both prescribed and non-prescribed) as intended. The above issues constitute a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager what lessons had been learnt from past mistakes, incidents, accidents

and/or complaints since our last inspection in October 2016. She told us that there had been no accidents, no incidents and no complaints since we last visited the service. We asked the registered manager; in that case, what improvements have taken place since our last visit and were told, "Nothing has really changed." We noted from information provided by the registered manager that one complaint had been received and responded to in July 2017.

The registered provider had a contingency plan in place for the event of an emergency. The policy stated that arrangements would be made to draft in extra staff in the event of a staffing shortage or emergency and that during out of hours, people and staff could telephone the out of hour's telephone number. People using the service told us that at times they experienced difficulty getting through to the office on the number provided. Relatives told us, "There is a book with emergency numbers but they go to voicemail at weekends" and "The office is not open at weekends." This meant people were not always able to summon help and support when they needed to.

New employees were required to submit an application form, attend an interview and provide two references before they started working for the service. We saw that applications had been made to the Disclosure and Barring Service (DBS) to determine if potential employees had a criminal record or were barred from working with vulnerable people.

Each member of care staff used their mobile hand set to log in and out of people's homes via a simple scanning mechanism attached to people's care plan folders. We received both positive and negative feedback to the question of whether staff arrived on time and equipped for the job. Relatives told us, "[Staff] do arrive on time. If there is a hold-up we get a phone call to advise us", "Yes, sometimes [staff] arrive a little bit early", "They are always on time and they let me know if they've been held up" and "My only problem is their timing and more so at weekends. They all come by public transport which I am told makes them late and they can't arrive at the time I'm expecting them."

Staff were aware of their responsibilities in relation to infection control and had access to personal protective equipment (PPE) such as gloves and aprons to help prevent and control the spread of infection. A relative told us, "[Staff] always wear gloves and aprons they bring them with them".

Is the service effective?

Our findings

The registered manager told us care and support staff were required to complete a range of training both at the induction stage and throughout their employment. Mandatory training included topics such as moving and handling, food hygiene, medicines management, mental health legislation, equality and diversity and health and safety. Staff records contained up to date and recent training certificates relating to the above and staff confirmed they had access to ongoing training and were able to update their skills and knowledge on a regular basis.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where appropriate, people had signed their consent in agreement to receiving care provision. We found staff followed the principles of the MCA and people's consent was sought in advance of care being provided. Staff we spoke with understood that some decisions may need to be taken in a person's best interests and told us they treated everyone as an individual and respected their specific wishes.

Staff we spoke with demonstrated a good understanding of the needs of each individual they supported. This included what people needed support with, what they may need encouragement with and how they communicated and expressed their wishes. Staff told us, "When you have been working with someone for a long time, you get to know what they need, you give them choices, you try different things" and "I always ask [people using the service] how they want things to be done. I encourage them, I understand their needs."

Support plans we reviewed contained some information about people's dietary requirements where support to eat and drink had been agreed as part of the care package. Relatives told us, [Staff member] helps [my family member] with everything, [they] go above and beyond. I prepare [their] food [staff] assist [them] to eat it" and "I leave whatever [they] need, cheese, biscuits, fruit, yoghurt so there's plenty of choice." We saw that one person was supported to shop for their "favourite African foods" and another person liked to eat Kosher food products.

Staff we spoke with were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being. A relative told us, "We had an assessment and risk assessment done, the occupational therapist is brilliant. We have a stair lift, safety rails in the bathroom and a raised toilet seat. The district nurse comes and says, "oh you need this", and we get it." Staff told us they accompanied people to health appointments to ensure they received the care and support they needed at the appropriate time where this formed part of an agreed arrangement. People and their relatives confirmed this support was available to them if requested.

Is the service caring?

Our findings

People using the service and their relatives told us that staff usually arrived for visits on time. However, one relative told us that a late cancellation of a visit over the Christmas period meant that they had needed to support their family member with personal care and that this had been an uncomfortable experience for both of them. Another person's relative recounted a time when staff turned up over an hour late for a visit; "I asked [them] why [they] were so late again and [they] just went ballistic at me and I told [them] to just go." A person using the service told us they felt "bullied" by staff. Other people told us they occasionally experienced late visits and that this was disruptive and inconvenient.

People received information in a way that they could understand as well as other information that would be useful to them. People told us they had received a service user guide which contained information about the service, its values and purpose. One person told us, "Their booklet is good and nicely laid out."

Care needs assessments were conducted by local authority social workers and written in consultation with people and their relatives where appropriate. People were supported to express their views and to be involved in planning their care. We saw people had signed and agreed to their plans where this had been possible. Where possible, the provider ensured consistency in care by ensuring the same care staff worked with people using the service. Relatives told us, "[Staff] are friendly and professional and look after [my family member] well", and "My [family member] has a great package of care."

People told us they were involved in day to day decisions about their care and that staff knew them well. A relative told us, "We have an ongoing care plan, the manager comes in and checks and if anything has changed we update it. We've had regular questionnaires, several over the years. I always say I'm happy with the care provided. [Staff member] dresses my [family member] immaculately. The level of care is truly above and beyond. If there was a carer of the year award [they] should have it. [They] are respectful and gentle and treat my [family member] with dignity, always keeps her covered and talk her through what [they] are doing". Staff told us they developed caring relationships with people using the service and told us they enjoyed working at the service.

People told us their privacy and dignity was respected. A person using the service said, "They help me wash and have a shower. They always keep me covered. They ask permission to help me do things." A relative said, "They help [them] wash, they apologise if they get something wrong, they keep [them] covered and check if [they] are ok. They are caring and kind. [My family member] has a bath seat they talk [them] through things. The two carers they have are very caring". Staff told us they took measures to ensure that personal care tasks were done in private and always made sure there were no interruptions and doors were closed.

Recent compliments received by the service highlighted the caring approach taken by staff. They included, "My carers do a great job for me", "My carer is very good, always assisting me with my needs and wants" and "My carer is very helpful."

Is the service responsive?

Our findings

At our last inspection we recommended the provider sought advice from a reputable source about how to develop and implement person-centred care plans. At this inspection we found the provider had not acted on our recommendation. Details about people's lives, likes, dislikes, interests and preferences were not always included in people's support plans and therefore clear guidance as to exactly how people wanted to be supported and by whom was often missing.

The provider relied on local authority representatives to carry out an assessment of people's care and support needs. Once the registered manager had received this information and accepted a referral, a timetable was completed. The provider referred to this as a "service user plan". The plan specified the services to be provided, tasks to be performed and timings of visits. The registered manager told us that plans were reviewed if and when people's care needs changed and focused on any amendments to the times and length of visits provided and whether people were satisfied with the care provided. One relative told us, "Because [my family member] doesn't really change we have an ongoing care plan. The manager is good she rings up or checks in and if there are any changes we discuss them then and add anything that's needed. If I was worried I'd just talk to the manager I've got a good relationship with her".

The service was commissioned by a local NHS clinical commissioning group to provide care for people at the end of their lives. One member of staff told us, "We have to be gentle and kind with people nearing the end of their lives." Not all staff had received training in relation to supporting people with palliative care needs. Staff we spoke with told us they sought specialist support from people's GPs and community nurses to ensure people were supported appropriately. We read an entry for one person receiving end of life care who was discovered not breathing by a member of staff. Records for that event stated, "We found [person using the service] not breathing. [They] were white and looked peaceful in [their] sleep." However, there was no further detail as to whether staff had contacted this person's GP, an ambulance or members of senior office staff to report the matter in line with the provider's policies and procedures.

The service ensured people had access to the information they needed. People told us they were provided with information about the service before the package of care commenced. This included the aims and objectives of the service, an explanation of the assessment process and details of what the person could expect from the service. We asked the registered manager if information was available in large print and electronic formats to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given. We are still waiting for a response to our query at the time of writing this report.

People told us they knew how to make a complaint and who to speak to in this event. People told us any complaints they had made in the past had been resolved satisfactorily. The registered manager told us the service had received no complaints since the last inspection took place in October 2016. This information was inaccurate. We noted that one formal complaint relating to service delivery had been recorded and responded to appropriately in July 2017.

Is the service well-led?

Our findings

In October 2016 and July 2015, the provider was found to be in breach of Regulation 12 and 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection in October 2016 we asked the provider to compile an action plan and provide us with completed monthly service audits in order to become compliant with the regulations. The registered manager had been in post since 2011. Staff told us she was helpful and supportive. However, we found the registered manager had a poor overview of the service she was managing. In addition we saw little evidence of learning from events or of effective action taken to improve safety.

Systems and processes in place to assess, monitor and improve the quality of the service remained ineffective. Audits dated May 2017 to December 2017 identified no gaps, errors or concerns with service delivery and information held. However, we found shortfalls in relation to the fullness and accuracy of information recorded in people's risk assessments as outlined in the safe section of this report.

Log books used for recording care delivery were not being collected from people's homes on a regular basis meaning important information regarding care delivery and the management of medicines was not available for review or quality checking. One member of staff told us daily logs were returned to the office when they were full and that log books could contain anything up to three months' worth of information depending on the service provided. Another staff member told us daily logs were returned to the office weekly and/or checked when senior staff carried out observation spot checks. We found the practice of quality checking daily log books to be inconsistent. None of the log books we looked at displayed a name on the front or inside cover meaning that it wasn't always immediately clear who the record related to. Pages of one log book had fallen away from the spine and had been put back in no particular order and another had pages torn out. People using the service told us, "The carers use the book to write in and for updates" and "The [log book] is there but [they] don't write anything in it." The provider was failing to maintain an accurate, complete and contemporaneous record in respect of each person using the service, including a record of the care and treatment provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information to evidence other ways in which the registered manager monitored the service for quality was not always available when we requested it. We asked to look at the overview of staff training, also known as the training matrix. The registered manager provided us with a calendar of training and informed us that all staff had completed the necessary courses. Without looking in individual staff files we could not be sure whether all necessary training had been completed. In addition, the training calendar made no mention of training in risk management planning. From the evidence outlined in the safe section of this report in relation to risk assessments it was clear that senior staff lacked the necessary skills, knowledge and experience to complete this task effectively. This constitutes a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The office environment was disorganised on the day of our visit. Care records were stored in various cabinets and on open shelving in an office that was kept locked when not in use. The registered manager

was not always able to locate information when we requested it and some care records were poorly maintained. We encountered delays when requesting further information from the registered manager following our inspection. A relative commented, "I think there is a communication issue between [staff] and the office and equally the Directors passing it on. I would call it a lack of rigour on communication." We heard from a local authority representative that the registered manager didn't always respond to requests for information promptly.

The registered manager told us she worked in partnership with other key organisations. For example, when the provider was concerned a person may not be receiving the required support due to the length of visits agreed she liaised with social workers who were able to investigate the matter. The registered manager told us she attended monthly joint meetings with other providers and local authorities to keep up to date with developments in the care industry on a local and national level.

We saw evidence of some staff meetings taking place and staff confirmed they attended meetings once every three months where they had opportunities to share ideas, discuss the health and welfare of the people they cared for and feedback about how the service was managed. Staff performance was monitored by the care coordinators visiting people's homes while care staff were present and a report of each check was kept in staff members' records. Staff had access to support through regular supervision and appraisals to discuss their work and the needs of people they supported.

The registered manager told us that people and their relatives were given opportunities to provide feedback about the service via telephone contact and visits. People told us, "The other morning one of the bosses came out and [staff] did the job together with the other carer. They call about twice a year", "We've had regular questionnaires several over the years. I always say I'm happy with the care provided" and "Yes, I have been called for feedback." However, one person told us, "They have never called me for feedback." Where care reviews and observations had taken place, relevant completed forms were kept in people's care records.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (2)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure that senior staff received appropriate training and support to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2)(a)(b)</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 provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks.</p> <p>Regulation 12 (2)(a) and (b)</p> <p>The provider did not ensure that care and treatment was provided in a safe way as systems for the proper and safe management of medicines were not operated.</p> <p>Regulation 12 (1), (2)(g)</p>

The enforcement action we took:

A Warning Notice was served.