

Aaron Abbey Care Services Limited

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Inspection report

1 Rook Close
Wokingham
Berkshire
RG41 3SQ
Tel: 07557 665337
Website:

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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



Overall summary

This inspection took place on 13 and 15 May 2015 and was announced. We gave the registered manager 48 hours' notice as it is a small service and we needed to make sure someone would be in the office. At the last inspection on 14 and 15 July 2014 we asked the registered person to take action to make improvements to: the care and welfare of people; staff recruitment;

supporting staff and assessing and monitoring the quality of the service. We found the registered person had taken some action to meet the requirements of the regulations. However, the work started needed to be completed.

Aaron Abbey Care Services Limited provides a service to people living in their own homes in Berkshire. At the time of this inspection they were providing a service to 38 people.

Summary of findings

The service has a registered manager as required. 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.

Staff were available in enough numbers to meet the needs and wishes of the people they supported. People were protected from abuse and staff had a good understanding of action they should take if any concerns were raised or suspected.

People were treated with respect and their privacy and dignity was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and supported their independence.

People told us they got the care and support they needed, when they needed it. People's health and well-being was assessed and measures put in place to ensure people's needs were met. Where included in their care package, people were supported to eat and drink enough.

People benefitted from a service that had an open and friendly culture. Staff were happy working for the service and told us they got on well together and felt well supported by their managers.

We found breaches of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not carried out all required recruitment checks to make sure staff were suitable to work with people who use the service. Staff were not provided with appropriate induction, training, supervision and appraisal. Care was not always provided in a safe way and the provider had not ensured the safe and proper management of medicines. Care was not designed in a way that reflected people's preferences. The provider had not established an effective system that enabled them to assess, monitor and improve the quality and safety of the service provided. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The provider allowed staff to work at the service without making sure all required recruitment checks had been carried out. Care was not always delivered in a safe way and steps had not been taken to ensure the proper and safe management of medicines.

People were protected from the risks of abuse and there were sufficient numbers of staff.

Requires Improvement



Is the service effective?

The service was not always effective. Staff were not provided with appropriate induction, training, supervision and appraisal.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards, although not applicable to the people currently using the service.

Where included in their care package, people were supported to eat and drink enough.

Requires Improvement



Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible.

Good



Is the service responsive?

The service was not always responsive. People received care and support that met their needs but care was not personalised to include their preferences.

The service was responsive in recognising and adapting to people's changing needs. People's right to confidentiality was protected and they were made aware of how to raise concerns.

Requires Improvement



Is the service well-led?

The service was not always well led. The provider had not introduced an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

People benefitted from a staff team that worked well together and felt supported by their managers.

Requires Improvement



Aaron Abbey Care Services Limited

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 was carried out by one inspector and took place on 13 and 15 May 2015.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included the previous inspection report and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with six of the 38 people who use the service and five relatives of people who were not able to speak with us. We also spoke with six of the 16 care staff. Following the inspection we received feedback from one local authority commissioner who had placed and funded a number of people with the service.

We looked at three people's care plans, five staff recruitment files, six staff supervision records and staff training certificates. We saw a number of documents relating to the management of the service. These included: staff meeting minutes, a staff training matrix and a "service user survey" report covering questionnaires returned between December 2014 and February 2015. Other service management records seen included records of provider visits to people who use the service. These visits had been carried out to audit the care plans and records kept in people's homes and to gain their views on the service provided.

Is the service safe?

Our findings

At our last inspection in July 2014 we found the provider was non-compliant with regulation 21 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered person had not operated effective recruitment procedures to ensure staff employed were of good character. The registered person had not ensured all information required of schedule 3 of those regulations was available as required. The registered manager sent an action plan stating they would be compliant with the regulation by 15 December 2014. We found the registered manager had taken some action to meet the requirements of the regulation. However, we found the registered manager had not made all the necessary improvements.

We looked at the recruitment files for five staff employed since our last inspection and found only one contained all the required information. Of the other four files, two had a Disclosure and Barring Service (DBS) check and the registered manager had checked to see if those staff members were barred from working with vulnerable adults. However, for the two remaining staff, the registered manager had allowed the staff to start work on the basis of a DBS Adult First check and had not waited for the DBS criminal record check to be completed. A DBS Adult First check is a service provided by the Disclosure and Barring Service that can be used in cases where, exceptionally, a person is permitted to start work with adults before a DBS Certificate has been obtained. The DBS Adult First check makes sure the applicant is not on the DBS list of people barred from working with vulnerable adults. The DBS Adult First checks had been received in February 2015 but the online applications stated the DBS police checks were still in progress. The staff had been working unsupervised for the three months since the DBS Adult first check had been received. The DBS guidance states that a DBS Adult First is not a substitute for a DBS certificate and providers must take care when making recruitment decisions prior to receiving a full DBS Certificate. The Care Quality Commission (CQC) guidance sets out a number of safety measures to be implemented where a member of staff is working on the basis of a DBS Adult First check only. Those measures include: advising the person who uses the service of the outstanding information and contacting the person at weekly intervals to monitor their satisfaction with

the care provided and any concerns that may arise. The registered manager had not risk assessed allowing the staff to work unsupervised before receiving the full DBS certificate and had not implemented the safety measures set out in the CQC guidance. This meant people were at risk of having staff providing their care who may not be suitable to do so.

In addition to the missing DBS information, in one file there was a reference where the dates of employment stated by the referee did not match the dates given on the application form. The discrepancy was for 18 months but had not been identified by the registered manager or investigated. In four of the files there was no evidence of conduct in previous employments involving vulnerable adults. The registered manager had obtained written references for them but those references had only included dates of employment from the human resources department. The registered manager had not contacted the registered managers of the services to check the applicants' conduct in the employment. For three of the five staff, the registered manager had not verified their reasons for leaving previous employments with vulnerable adults as required by the regulations.

This was a breach of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in July 2014 we found the provider was non-compliant with regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Proper steps had not been taken to ensure each person was protected against the risks of receiving care that was inappropriate or unsafe. The registered manager sent an action plan stating they would be compliant with the regulation by 15 December 2014. We found the registered manager had taken some action to meet the requirements of the regulation. However, at this inspection we found the registered manager and staff were not recognising all potential risks in the delivery of the care package.

For example, where part of the care package involved helping people bathe or shower, there were no risk assessments regarding the risks of scalds. We saw a care plan stated "check the water temperature is OK" but no further instructions as to how to do that and no definition of what "OK" meant. We saw one person was having hot

Is the service safe?

water bottles filled with hot water and placed next to them at each of their four visits a day. There was no risk assessment related to the risk of scalds and no instructions to staff on how to reduce the risks. Following our inspection the registered manager told us they had stopped the use of hot water bottles with all people who had them as part of their care plans. They had spoken with the families suggesting they obtain electrical heat pads instead. One person had a note during their pre-package assessment saying they had reddened skin and that cream needed to be applied. No risk assessment had been carried out on the risk of skin breakdown and although the care plan stated that staff should apply cream, the reasons had not been included. There was no instruction for staff to check the person's skin condition and staff were not documenting skin condition in the person's daily logs. This meant there was a risk the person's skin condition could worsen without being identified promptly.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where staff handled medicines, people were not always protected against risks associated with incorrect administration. The medicines administration records were up to date and had been completed by the staff supporting people with their medicines. The medicines were mostly provided in dosette boxes that staff gave to the person at the times specified. A dosette box is a special container, sometimes used by pharmacists when filling people's prescriptions. The boxes are used when people need help to remember to take their medicines on the right day and at the right time. However, the registered manager told us that one relative puts the person's medicines in a pot the night before and staff hand the pot to the person in the morning. The registered manager was not aware that was not a safe practice and staff should only give medicines that they had taken from the pharmacy containers themselves. Despite having had medicines training, staff had not identified that this was not best practice and did not adhere to their medicines policy. The provider's medicines policy stated: "Medicines must be given from the container they are supplied in. Doses of medication must not be put out in advance of administration; this can lead to errors and accidents."

Staff training comprised staff watching an online video on the safe administration of medicines and completing an online multiple choice questionnaire, this was confirmed

by the staff we spoke with and documented in their training records. However, staff practical competencies were not being assessed before staff were permitted to administer medicines unsupervised. This was against current guidance and the provider's policy on medicines which stated that care workers must have their competencies assessed: "By supervisor's observation of practice during the first medication handling following initial training completion. By supervisor's observation of practice at 3 months following initial training completion. By supervisor's observation of practice annually. Each staff member will have an individual record of medication training, competence assessment, and practice skills supervision monitoring." The registered manager was not following the company policy, there were certificates showing staff had completed online training but no competency assessments had been carried out. The registered manager confirmed that medicines administration competencies were not carried out.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of what they needed to do to keep people safe, related to the environment, when in their homes. For example, by making sure the floor area was uncluttered and by making sure waste was dealt with appropriately. Staff were also clear on what action they needed to take if they saw any signs of potential health problems. For example, if they arrived at a person's home and they were unwell. Staff told us they would notify the office immediately and call an ambulance if needed. People's care plans contained emergency contact numbers for staff to use if needed. Risks to the staff associated with the delivery of the care package had been assessed. The registered manager carried out a full environmental risk assessment as part of the pre-package assessment. Care plans documented what actions needed to be taken by staff to reduce or remove risks to themselves where they had been identified. For example, one person had an up to date moving and handling risk assessment on file with clear instructions for staff based on the person's level of mobility.

People were protected from the risk of abuse. Training records showed all staff had undertaken online safeguarding training. Staff were able to accurately describe the signs of abuse and what they would do in the case of actual or suspected abuse. Staff all carried a

Is the service safe?

safeguarding information postcard which gave a brief description of what abuse is and what to do about it. The postcard gave details of local authority contact numbers and ensured staff always had guidance at hand. Nine people or their relatives told us they felt safe with the staff, one person answered "mostly". Comments received included: "Oh yes, very safe, they are absolutely magical." Another person told us: "I wouldn't be safe without them."

The provider's employee handbook stated: "identification badges must be worn at all times when representing the company." We had mixed responses when asking people if staff wore their identification badges and showed them. Three people said: "yes", two people said: "I don't think so", one person said "some do and some don't" and another person told us they didn't like to check. This meant people were potentially at risk from having unidentified people entering their homes.

There were sufficient numbers of staff to keep people safe and meet their needs. Staff told us they usually had enough time to carry out the care they needed to at each visit safely and to a good standard. Some staff felt the 15 minute calls were not always long enough to carry out the care, especially if the person needed something not usually included in the call. For example, if they needed to go to the toilet or be changed. Staff told us they had enough time allocated for travel between calls. People told us staff were sometimes late due to traffic problems but usually phoned to let them know. All people confirmed staff had never missed a call and stayed until they had provided all their care. One person told us: "I get a very good service, they always do everything I ask."

Is the service effective?

Our findings

At our last inspection in July 2014 we found the provider was non-compliant with regulation 23 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered person had not ensured that staff received appropriate training and supervision. The registered manager sent an action plan stating they would be compliant with the regulation by 15 December 2014. We found the registered manager had taken some action to meet the requirements of the regulation. However, we found the registered manager had not made all the necessary improvements.

The provider used an electronic system of training comprising a series of online videos. To gain a certificate saying they had completed their online training, staff had to watch a video in a training topic and then answer an online set of questions. After completing the online questionnaire the staff were given a percentage mark for the questions they had correctly answered. Staff were then issued with their completion certificate.

The registered manager told us the staff induction involved an initial day in the office going through the policies and procedures and how the agency worked. At this time staff were given their employee handbook which they were expected to read and follow. The registered manager told us staff watched the mandatory training videos and then shadowed an experienced colleague for a number of days until they were confident to work alone. This was confirmed by the staff, although there were no written records of the induction process. The registered manager was aware of the Skills for Care common induction standards (CIS) and the training package purchased by the organisation was a CIS package. However, the registered manager was not aware that the CIS required them to assess staff understanding and competencies in each CIS topic and then sign them off as "safe to leave". Meaning they were safe to leave to work unsupervised. With the exception of moving and handling, there were no other competency assessments carried out, no staff had been signed off by the registered manager as safe to leave and

no staff had a certificate of completion of their CIS induction. This meant the registered manager was allowing staff to provide care to people without being sure they were competent to do so.

At our last inspection we found staff had not received formal supervision. The provider's supervision policy stated all staff would have formal supervision sessions at least four times a year. At this inspection we saw that supervision had been introduced and eight staff had attended supervision meetings in November and December 2014. However, there were nine staff who had never received formal supervision, including six who were new employees since our last inspection. We saw four supervision records that showed the supervision had been carried out by someone other than the registered manager. That staff member had not done the company training in supervision, meaning staff were potentially being supervised by someone who was not appropriately trained. Of the six staff who had been employed over a year, none had received an annual performance appraisal. This was confirmed by the registered manager.

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

On the first day of our inspection, training records of ongoing and update training were incomplete and the training matrix used was not up to date. The registered manager sent us an up to date training matrix and copies of staff certificates after the inspection. The training matrix showed that all staff had watched the videos and taken the online questionnaire for the topics the registered manager highlighted as mandatory, and were within the dates identified as necessary for updated training. For example, moving and handling, fire safety, first aid awareness, hand hygiene and health and safety. At our last inspection we identified that staff had only had online moving and handling training. Staff had not received a practical assessment to make sure they were competent to carry out moving and handling tasks safely. Following that inspection the registered manager and another member of staff had attended a "train the trainer" course on moving and handling. This meant they were then qualified to assess the competence of other staff in this area. Since

Is the service effective?

then moving and handling competency assessments had been completed with all staff. Records showed all staff had been judged as safe and competent when moving and handling people who use the service.

People's rights to make their own decisions, where possible, were mostly protected. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The registered manager had a good understanding of the requirements of the MCA. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted, although not all we spoke with had a clear understanding of their responsibilities under the MCA. Staff confirmed they sought

consent before assisting people with personal care. The registered manager told us the care plans in people's homes had been signed by the person using the service or their relatives. The registered manager confirmed that in future, where relatives had signed the care plans, the reasons why would be documented. People confirmed they were asked their permission before any personal care was carried out. One person commented: "They always ask what I want."

People were supported to eat and drink enough, where included in their care package. Staff recorded what people had to eat and drink on food and fluid charts, where a problem had been identified. Staff had received online training in safe food hygiene as part of their induction. Staff told us they always made sure people had a drink to hand before they left at the end of a visit. People told us that, where staff prepared meals, they did it in the way they wanted.

Is the service caring?

Our findings

People were treated with care and kindness. People said staff were caring when they provided support. One person told us: "They are very caring and never miserable. They are always cheerful and always have a smile on their faces." A relative commented: "They are very nice, all of them." Another relative told us: "I would like to say they are a very caring company. They really are. I would recommend them."

People told us they were consulted and could change how things were done if they wanted to. Staff explained they always asked people for permission before providing any care or support. One person told us: "Everything they do is for me." Staff were flexible and felt they were usually allocated enough time to provide the care required in the way the person wanted.

People confirmed staff respected their privacy and dignity. One person told us: "Everybody has been most kind. I cannot complain." Staff described how they always made sure, when assisting people to wash and dress, that they were kept covered as much as possible. Staff told us that

personal care was carried out behind closed doors, even though people were in their own homes. Two members of staff commented they treated people in the way they wanted to be treated themselves. One person told us they felt confident that if they requested any changes, all they had to do was ask.

People were supported to be as independent as possible. The pre-package assessments gave details of things people could do for themselves and where they needed support. Staff told us they encouraged people to do what they could and gave them enough time to do things. One care worker explained sometimes it depended on how tired a person was and that some days people could do things they couldn't do on others. People told us they were supported to stay independent where possible and that staff did not rush them.

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and kept locked away when not in use. In people's homes, the care records were kept in a place determined by the person using the service.

Is the service responsive?

Our findings

People confirmed they were visited and their needs assessed prior to them being offered a service. The manager explained people were not offered a service before they met with them, carried out an assessment and agreed the care that could be provided. Each care plan was based on a full assessment, carried out prior to the service starting a package of care. The care plans detailed what people liked to eat and drink. However, people's individual likes and preferences in the way they wanted their personal care delivered were not included in the care plans.

We asked staff how they knew how people liked things done. They told us the care plans contained what had to be done. However, in order to find out people's preferences, all said they asked the people or referred to their colleagues. They said they got to know people over time and then didn't have to ask so much. One care worker said they would telephone colleagues if they didn't know something. The lack of individual preference details in care plans could lead to inconsistency of care, especially when the care staff were not the regular staff for that person.

The assessment forms were factual and did not have the facility for staff carrying out the assessment to ask people about their likes, dislikes or preferences. One care plan recorded that the person's relative was always available if staff needed more details. There were no instructions for staff to ask the person, even though they had capacity. The care plans were task oriented and did not provide staff with information on how to deliver care to the person as an individual. Care plans were designed to meet people's needs but did not incorporate how to meet those needs taking into account their personal preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they got the care and support they needed, when they needed it. Although three people couldn't remember, the remaining people said they were asked their opinion on how things were going. One person added: "They very often ask." The registered manager told us care plans were reviewed when needs changed and that they were going to set up a system for six monthly reviews.

People's changing needs were monitored and the package of care adjusted to meet those needs. Staff explained how they would report any changes to the office and write the change in the daily notes so the next member of staff was aware. People told us their views were respected and, where possible, their requests were almost always granted. People all said their changing needs were always catered for.

People were made aware of what to do and who they could talk to if they had any concerns when they began to use the service. Staff we spoke with were clear on the process to follow if anyone raised concerns with them. The local authority care commissioner commented: "When complaints come up they deal with them very quickly." They felt the service provided effective care and were quick to report any problems. They commented they had received positive feedback from their clients. All people were aware of how to make a complaint. People who had raised a concern told us they were satisfied with the way it was dealt with. One person said: "I was quite happy with how he handled it." Another person told us: "There were some problems to start with, now it's going very well."

Is the service well-led?

Our findings

At our last inspection in June 2014 we found the provider was non-compliant with regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the lack of an effective system to regularly assess and monitor the quality of service that people received. The registered manager sent an action plan stating they would be compliant with the regulation by 15 December 2014. We found the registered manager had taken some action to meet the requirements of the regulation. However, we found the registered manager had not made all the necessary improvements.

At the last inspection we highlighted that the provider had no system for checking the quality and safety of the services provided by the staff. The registered manager told us they would introduce three monthly staff supervisions and monthly "spot checks". The registered manager had introduced visits to people and, to the date of our inspection, 28 of the 38 people had been visited. However, the visits, although called "spot checks" had not included observation of the staff at work. The registered manager told us that usually the staff were not there. This meant there was still no system for direct checking of the quality of the work provided by the staff or to ensure they were working to the company policies.

The registered manager carried out a "service user satisfaction survey" between November 2014 and February 2015. The results had been correlated but no action plan had been devised to deal with the concerns raised. There was an action for one issue but not for others. We noted on the survey that one question asked if staff wore their uniform and ID badges at all times, four of the 21 respondents rated this answer as "2" on a scale of one to five with one being poor and five being good. There was no action plan to address that, even though it was a company policy for staff to wear their ID badges at all times. We found this issue persisted with people's responses to us.

The registered manager had not introduced an effective system to check they were meeting their legal obligations and meeting regulations. For example: the registered manager was not aware whether staff training was complete and up to date as the staff training matrix had not been completed. The registered manager was not aware

that recruitment regulation requirements had not been met as staff recruitment had been delegated to an administrator and not checked. There was no system to check care plans were individualised (person-centred) meaning the registered manager was not aware of that breach in regulations.

The lack of an effective system to assess, monitor and improve the quality and safety of the service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was undertaking a Level 5 Diploma in Leadership for Health and Social Care, with an expected finish date of June 2016.

At our last inspection we found the provider had not introduced staff meetings. At this inspection we found that monthly staff meetings had been introduced. The staff meeting minutes showed that seven of the 16 care staff had attended at least one staff meeting. The registered manager had also introduced management meetings for senior staff.

People confirmed their views were sought and the provider visited them in their homes to gain their views. The provider had carried out checks at people's homes. Completed check forms showed the provider audited time and attendance records, care plans, daily notes and medicine records during the visits. The forms also included details of conversations with the person using the service. The conversations included questions about the staff and service provided, as well as offering the opportunity to bring up any problems they had with the service. People felt their views were respected and the service listened if they raised concerns. They confirmed they received survey questionnaires to monitor the service. In the survey completed February 2015, the questions where the scores were all average or above included questions asking if staff respected their privacy, whether staff were respectful of their home and possessions and if people knew who to contact if they had any concerns or queries. These answers all corresponded with what people told us.

People benefitted from a service that had an open and friendly culture. Staff told us they got on well together and felt the management listened to them. Staff told us they would be comfortable raising concerns with the management. They were confident managers would act on what they said. One staff member commented: "We all

Is the service well-led?

support each other." Staff explained that suggestions on how to improve the service were invited at staff meetings for discussion. Staff felt any suggestions for improvement they made would be listened to and acted on if feasible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that information specified in Schedule 3 was available in respect of staff employed for the purposes of carrying on a regulated activity.</p> <p>Regulation 19 (1)(a), (3)(a) and Schedule 3 (1-8).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not made sure that care and treatment was provided in a safe way for service users.</p> <p>The registered person had not assessed the risks to the health and safety of service users of receiving the care or treatment and done all that was reasonably practicable to mitigate any such risks.</p> <p>The registered person had not ensured the proper and safe management of medicines.</p> <p>Regulation 12(1), (2)(a)(b) and (g).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not ensured that staff deployed were suitably competent. Staff had not received appropriate training, supervision and appraisal to enable them to carry out the duties they were employed to perform.

Regulation 18(1),(2)(a).

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

How the regulation was not being met:

The registered person had not ensured that the care of service users reflected their preferences. The registered person had not designed care with a view to achieving service users' preferences.

Regulation 9(1),(3)(b).

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems or processes had not been established and operated effectively to ensure compliance with the requirements of Part 3 and Section 2 of the regulations. The registered person had not established a system that enabled the provider to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Regulation 17(1),(2)(a).