Re-enabled Support Services Ltd

Re-enabled Support

Inspection report

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26 September 2022
27 September 2022
30 September 2022

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Re-Enabled Support provides personal care to people in their own homes within supported living and domiciliary care settings. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 9 people receiving personal care, some of whom may have a learning disability, autism, mental health needs, sensory impairments or physical disability.

People's experience of using this service and what we found
The provider was not able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

Right Support:
Staff were not all safely recruited and did not all have a DBS in place. Risk assessments did not hold sufficient information for staff to meet people's assessed care and health needs. The provider had not fully protected people from the risk of abuse and improper treatment. Incidents and accidents involving people were not consistently reported, recorded and investigated.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care:
Assessments of people's individual needs had not been consistently recorded and did not consider best outcomes for people. Care plans were not person centred and did not hold sufficient information to guide staff when supporting people. The provider had not fully explored how to present information in an accessible way to meet individual needs. The provider failed to ensure there were enough trained and competent staff to meet people's needs and keep them safe.

Right Culture:
Governance systems were ineffective. The provider had failed to implement systems to assess, monitor and improve the service. Staff did not receive support through training, supervision and meetings to ensure they have the knowledge and skills to meet people's needs. We found the language used in some people's care

plans to be disrespectful and undignified. Lessons were not learned from accidents and incidents to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 31 May 2022, and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about safe staff recruitment, staff training and lack of person centred care plans. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, need for consent, safe care, medicines management, safeguarding, staffing and governance at this inspection.

We have made recommendations about meeting peoples communication and health needs and ensuring appropriate records are in place.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help to inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Details are in our safe findings below.

Is the service effective?

Inadequate

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below

Re-enabled Support

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by 3 inspectors.

Service and service type
Re-Enabled Support currently provides two types of care:

The service supports 4 people through their domiciliary care service. It provides personal care to people living in their own houses and flats.

The service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 26 September 2022 and ended on 30 September 2022. We visited the location's office on 26 and 27 September 2022.

What we did before inspection
We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with 2 people who used the service and 4 relatives of people who used the service. We also spoke to the registered manager, the administrator, care co-ordinator, 6 staff individually and a group of 9 staff who were attending a training session. We reviewed a range of records which included 9 people's care records. We looked at 31 staff files in relation to recruitment and staff competencies. A variety of records relating to the management of the service including policies and procedures were also reviewed.

Inadequate

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Systems to protect people from the risk of abuse or neglect were not in place.
- The provider had a safeguarding policy and procedure, however, were not following the guidance within this. For example, the policy states all staff will receive safeguarding training and be DBS checked. We found gaps in these areas.
- The service was under organisational safeguarding. Organisational safeguarding is a process employed by the local authority to monitor the service where there are multiple concerns. Safeguarding alerts had been made by the service to the local authority, although these records lacked detail and did not demonstrate what action had been taken to mitigate immediate risk.
- Staff had not all received safeguarding training to ensure they knew how to identify and report abuse concerns.

Failure to protect people from the risk of abuse was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- We were not assured the provider was keeping people safe through assessing and managing risks to their health and safety.
- People's risk assessments were either unclear or were not in place to ensure known risks were mitigated. We identified significant risks from people's care records that risk management strategies were either not clear or did not exist. For example, one person was supported with manual handling; however, they did not have appropriate equipment to support them and not all staff had received appropriate training or had their competency assessed.
- Risk assessments and support practices in some instances included unjustified restrictions. For example, within one shared living accommodation fridges were locked without consideration of the least restrictive measure. There were no risk assessments or care plans which detailed the reasoning for this and if it was in each person's best interest.
- Positive behaviour support plans were not in place. People that were supported with behaviours that challenge did not have detailed risk assessments and guidance in place to support staff to manage this. Staff highlighted a lack of training to support people with behaviours that challenge and did not feel they had sufficient skills for this role. One comment included, "I don't feel I have enough training to meet [Names] needs."
- Environmental risk assessments were not in place to ensure staff had sufficient information available to them regarding any risks. For example, in the event of an emergency where to switch off the water, electricity

or gas. Also, to identify any hazards inside or outside the person's home they were visiting.
● Staff told us they followed the provider's process to record accidents and incidents. Staff told us there was not a consistent de-brief process in place to support them following incidents.
● The provider did not have a process in place to analyse, identify trends or learn lessons to improve on the service provided.
● The provider was not following their serious incidents reporting policy. For example, the reporting and investigating of restrictive practices was not being followed.

A failure to ensure risks associated with people's care was assessed and plans implemented and delivered to mitigate such risks was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● The provider had not followed safe recruitment practices. Gaps were found across all recruitment records. Missing information included application forms, interview records, gaps in employment, references and DBS details. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff right to work information was in place; however, some staff were working over their visa term time restricted hours.
● Records of staff induction and shadow shifts were not in place. Staff told us they had completed shadow shifts.

A failure to ensure sufficient numbers of suitably qualified, competent, skilled and experience staff was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff rotas showed people received support from mostly regular staff.

Using medicines safely
● Systems to ensure the safe management of medicines were not being followed.
● Medicines support plans were not in place. No guidance was available for actions to be taken by staff within a timeframe when a person refused their medicines or consideration of who this should be reported to. There was no guidance regarding how each person liked to take their medicines. For example, do they like to take their medicines with water or juice.
● The provider had not provided staff with written guidance via PRN protocols for 'as required' medicines. These provide staff with guidance on when and how they should administer medicines. This placed people at risk of receiving their medicines unsafely.
● Medicines training was not up to date for all staff and medicines competencies had not been consistently carried out. Appropriate systems were not consistently in place to monitor and audit people's medicines.

Systems to ensure the safe and appropriate management of medicines were not in place or not adhered to. This placed people at risk of harm. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and their relatives told us they were supported with their medicines and expressed no concerns.

Preventing and controlling infection
● Staff had not all completed infection, prevention and control training.

- People and their relatives told us staff used the appropriate personal protective equipment.
- The provider had an up-to-date infection prevention and control policy.

Inadequate

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People and their relatives were not fully involved in the assessment of their needs.
- The provider had failed to complete a comprehensive assessment of each person's physical and mental health needs. This meant people were at risk of receiving care that was inappropriate to their needs.
- Care and support plans did not reflect people's needs, likes, dislikes, goals or aspirations.
- Support plans did not always focus on people's quality of life outcomes or meet best practice guidance.

People were not always supported to make choices about their care and they, or their representative were not always involved in decision-making or reviews. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
- Staff induction and shadow shifts were not recorded. Staff told us they had completed shadow shifts.
- People were supported by staff who had not received good quality training relevant to their role. This included training in the areas of supporting people with a learning disability and/or autistic people, communication tools, positive behaviour support, restrictive interventions and human rights.
- The provider had a system in place to monitor staff training needs. However, once training was allocated to staff there was no monitoring to ensure staff had completed it. We saw significant gaps in staff training records that included safeguarding, practical moving and handling and basic first aid.
- Some staff were recorded as not having completed any training relevant to their roles.

People were supported by staff who did not have the right skills or training to meet their needs. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider was not working in line with the principles of the MCA. They were unable to evidence that people's rights under the MCA were being protected. Assessment and care planning processes did not always consider people's capacity to consent to care and treatment.
● Three people were being supported on a one-to-one or 2-to-1 basis. We found no evidence of how the decision to supervise people in this way had been made or any considerations of this being in their best interests.
● Where people could not make specific decisions for themselves, a best interest decision was not in place. Consultation with people, their relatives or healthcare professionals as required under the principles of the MCA was not in place.
● Staff knew about people's capacity to make decisions through verbal or non-verbal means; however, this was not always documented. This meant there was a risk that decisions made for people might be unlawful or not in their best interests.

The provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for Consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
● Care plans did not always contain information about people's dietary needs; including their likes, dislikes, preferred meal choices and the level of support staff should provide.
● Where records showed people required monitoring for their nutrition and hydration intake, the provider had failed to put in place clear documentation including the reason for this decision being made. Monitoring records were not consistently completed. The provider did not review these documents.
● People were supported by staff to make some choices about meals and snacks. Staff supported people to plan meals and their shopping. One person told us "I really enjoy my meals. They are tasty, the staff are good cooks."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● The provider told us people were supported to access a range of healthcare facilities and health professionals as required. Records did not clearly evidence this.
● Care plans did not hold sufficient information about people's health needs. Staff had some understanding of people's individual health issues and how these were supported.

We recommend the provider consider current guidance on supporting people to access healthcare services, maintain accurate records and take action to update their practice accordingly.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's life histories, preferences, likes and dislikes were not included in their care plans to help staff develop a relationship with them and to provide care and support that met their needs.
- People were not always supported to be involved in decisions about their care. Care records showed a lack of assessment and involvement from people and their relatives.
- We found the language used in some people's care plans to be disrespectful and undignified. For example, "[Name] is very childlike in their manner", "When out in the community they make unnecessary and at times offensive remarks" and "Needs 2:1 support due to their behaviour." This choice of language was uncaring.
- Relatives spoke positively about the staff that supported people. Comments included, "I trust staff with [Name] 100%", "The staff have natural empathy" and "You could not get a better set of carers [Staff]."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy, dignity and independence was not promoted throughout their care plan records.
- Specific communication needs were not clearly evidenced within people's care records to enable them to effectively express their views.
- People's independence was not prompted within the care plan records. They did not describe what people could do for themselves and what support they needed with specific tasks. For example, one person's care plan stated "[Name] requires support with personal care." No additional information was available to support this.
- Care plans did not hold sufficient information to ensure staff could offer the right level of support. For example, one care plan stated "[Name] requires support at night when unwell." This does not give clear guidance to staff.
- People and their relatives told us their dignity was respected. One person said, "Staff always keep me covered up wherever possible". A relative commented, "Staff keep the door closed to respect [Names] privacy and keep them covered up for their dignity" and, "The staff treat [Name] with respect and always as an adult."

Inadequate

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most people's care plans did not provide staff with clear guidance on how to meet their individual needs. They were not person centred and did not reflect people's own words. One staff member commented; "Some care plans are not greatly detailed."
- One person's care plan had been developed to include information to reflect their individual needs. This required further development to ensure it held sufficient information to support staff's understanding of the person.
- Overall care plans held insufficient detail to reflect people's needs and preferences. They did not hold information about people's preferred routines.
- Information to support staff to understand people's individual health conditions was not detailed within the care plan records.
- People's care and support plans did not always focus on positive outcomes to improve their quality of life. There was very little evidence that staff supported people to identify aspirations for their future.

The support people received was not person centred, did not consider people's individual needs or promote choice and control. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- People's communication needs were not consistently met.
- People's communication needs varied but information was not always tailored to meet their individual needs. For example, one person used Makaton on as an alternative means of communication. However, there was no information in their care files about some common Makaton signs they used so staff could understand them. Makaton is a language program that uses signs, symbols and speech, giving a person different options when communicating.
- The registered manager told us they understood their responsibilities under the accessible information standard. However, we found evidence that this was not always being effectively implemented to ensure people received information in a way they understood. Information was not available to people in easy read and pictorial formats.

● One care plan included more detailed information about a person's communication that included words, gestures, sounds and facial expressions. This person's relative spoke positively about staff interactions. Comments included, "Staff read [Name] really well and understand his mood also" and "Regular staff understand [Name] and know all the songs they like and also know when not to sing."

We recommend the provider follows current guidance on meeting people's communication needs and take action to update their practice accordingly.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy in place and copies of the policy were held within people's care plan files. These were not available in easy read or pictorial formats to meet people's individual needs.
● The registered manager told us there had been no recent formal complaints made to the service.
● Relatives told us they felt confident to raise any concerns or complaints. Comments included, "I would contact the manager and feel confident they would sort out any issues I had" and, "I haven't had cause to complain but I do know how to."

End of life care and support
● At the time of the inspection, no one using the service required end-of-life care or support. There was no advance care planning in place to ensure people's last wishes were respected.
● We discussed the need for consideration of advance care planning with the registered manager. They told us they would develop an advanced care plan and would consult with people, their relatives and health and social care professionals to ensure people have an advanced care plan in place.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to take part in activities and interests. One relative commented "The staff have great banter with [Name]. They enjoy going out with staff" and "I am really happy when [Name] goes out with the carers [Staff]."
● People's care plans described them accessing the community with staff support however, did not detail activities of choice to be undertaken. Positive risk taking was not evidenced throughout documentation.

Inadequate

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Governance processes were ineffective and failed to keep people safe, protect people's rights and provide good quality care and support. The provider had not identified the concerns we found at this inspection, including the lack of robust risk assessments in care planning processes, lack of person centred care plans, unsafe recruitment procedures and lack of staff training and competency assessments.
- The provider had not established robust systems and processes to enable staff to record a report accidents and incidents, and to ensure these were thoroughly investigated to minimise the risk of future re-occurrence and drive improvement in the service. This meant people were at risk of avoidable harm.
- Records including mental capacity assessments, medicine's records and staff records were not always accurate, complete and up to date. People's records did not always contain important information such as their health conditions, list of medicines, next of kin, GP and any known allergies. The lack of adequate information placed people at risk of receiving unsafe care and treatment.
- The provider had not identified that people were supported by staff who did not have the correct training and competency in place. For example, manual handling. This put people at significant risk of harm.
- The provider had started an action plan to drive improvements within the service in response to concerns raised by the local authority and a consultant that was working with them. Actions identified had not been addressed.
- Staff did not have regular supervision to receive feedback on their performance and constructive feedback on how this might be improved. This meant the provider was unaware of staff skills and areas of development. This meant people were at risk of being supported by unsuitable or and unskilled staff.

The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider failed to meet best practice guidance in relation to the supported living model and did not consider key elements relating to the right care, right support, right culture guidance.
- The provider was not always proactive in empowering people to be involved and to make decisions about their care and support needs. They had not always liaised effectively with those important to them to ensure

that the care and support provided was meeting their needs.

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

● We saw limited evidence that staff meetings or meetings with people and their relatives were taking place. This meant people and their relatives were not involved in the service, provided with key updates or given an open forum to raise suggestions or concerns.

● Staff told us the registered manager was approachable and supportive and felt able to raise any concerns about people's care with them.

Continuous learning and improving care

● The service was under organisational safeguarding and was being overseen by local authority commissioners and safeguarding adults' team.

● The provider did not have effective systems in place to learn lessons from accidents and incidents, safeguarding adult concerns, complaints or audits.

● The provider was working with an adult social care consultant to address areas identified for development and improvement.

Working in partnership with others

● The service did not always work in partnership with other agencies.

● Social care professionals from the local authority informed us they had concerns about this service and the care and support provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People or their representative were not always supported to participate in the development of their care and support plans and were not always involved in decision-making. The support people received was not person centred, did not consider people's individual needs or promote choice and control.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to protect people from the risk of abuse.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider could not evidence that staff were of good character, had completed an induction and training required for their role.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were supported by staff who did not have the right skills or training to meet their needs.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks associated with people's care was assessed and plans implemented and delivered to mitigate such risks. Systems to ensure the safe and appropriate management of medicines were not in place or not adhered to

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

Warning notice.