

Parkhill Support Services Ltd

# Parkhill Support Services Main Road

## Inspection report

263 Main Road  
Sidcup  
Kent  
DA14 6QL

Tel: 02083025848  
Website: [www.parkhillservices.com](http://www.parkhillservices.com)

Date of inspection visit:  
28 April 2022  
18 May 2022

Date of publication:  
04 July 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

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

Parkhill Support Services Main Road is a supported living service providing personal care for up to six people with a learning disability and autistic people,, brain injury and complex health needs. At the time of our inspection there were two people using the service.

### People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture.

### Right Support

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. Care and support was not tailored to meet individual needs and to ensure people were supported to have a meaningful and fulfilling life and achieve best outcomes. People and their relatives were not always involved and encouraged to make decisions about the care and support in place or how the service was run. The service did not always work within the principles of the Equality Act by ensuring people's diverse and cultural needs were met.

### Right Care

Medicines were not safely managed to ensure they were effective when administered and achieved best possible health outcomes. The service did not always ensure that risks faced by people had been identified, assessed and planned for. Staff did not always understand the need to protect people in their care from abuse. Needs assessments were completed but they did not consider the ability of staff having the appropriate knowledge and skills to safely support people.

### Right culture

The provider did not have oversight of the service. An effective quality assurance system was not in place. The culture at the service was not always positive. The service did not work effectively with other agencies to drive improvement. Lessons were not learnt from accident and incidents and safeguarding to drive improvement. There was an organisational structure in place, but staff did not always know of their individual roles and responsibilities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 20/03/2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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 regulation 9 (Person centred care), Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), and Regulation 17 (Good governance).

We have made recommendations about staff recruitment records, infection prevention and control, staff support and access to healthcare services.,,

Please see the action we have told the provider to take at the end of this report.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Parkhill Support Services Main Road

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection, there was no registered manager in post since July 2021. The current manager applied to be registered with CQC but withdrew their application during the interview process.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 28 April 2022 and ended on 8 June 2022. We visited the office location on 28 April 2022 and 18 May 2022.

#### What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service since they registered with us. We sought feedback from health and social care professionals and the local authorities that commissioned the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives on the telephone about their experience of the care provided. We spoke with six members of staff including the manager, an operations and business development manager, a quality manager, two support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at supervision records for three staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a recruitment checklist, records of Disclosure and Barring Service (DBS) checks carried out for three staff and a complaint log.



# 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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed and stored safely. Staff started fridge and room temperature checks two days before our inspection. The recorded fridge temperatures were not within range; therefore, medicines were not stored within manufacturer's requirements and may not be effective when used.
- There was no system in place to record the administration of topical creams. There were no medicines administration records (MARs) in place or a body map to help staff know which part of the body the cream was meant to be applied.
- A PRN protocol was not in place for 'as required' medicines to provide staff guidance on when and how they could administer this medicine. This placed people at risk of receiving unsafe support with their medicines.
- Staff had completed medicines training. However not all staff had refreshed their annual training as required. Medicine competency assessments had not been carried out for all staff.
- Appropriate systems were not in place to monitor and audit people's medicines. There was no countdown system in place, and we found a discrepancy of 10 tablets missing from one person's medicines.

A failure to ensure the proper and safe management of medicines was a breach of Regulation 12 (Safe care and 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

- Risks to people were not always identified, assessed and with appropriate risk management plans in place. Risks to people had been assessed in areas including food and nutrition, mobility and falls, access to the community and absconding. However, the risk assessments did not always cover all aspects of people's needs including their personal care.
- The systems in place for identifying and managing risks were not always effective. There was a generic risk assessment template in place which covered areas such as suicide, sexual exploitation and alcohol and drug use which were not always relevant to the risk being assessed; such as the risk of eating food.
- Risk management plans did not always contain detailed information on how staff should mitigate or prevent identified risks. For example, the risk assessment and management plans for 'making tea' did not include guidance for staff for example on how to prevent the risk of hot water burns or scalding.
- Where a person was considered underweight, regular weight checks were not in place to ensure action was taken to mitigate any nutritional risks and to seek prompt support from healthcare professionals if required.
- Lessons were not always learnt when things went wrong and to prevent repeat occurrences.

This failure to ensure risks associated with people's care was assessed, 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.

Systems and processes to safeguard people from the risk of abuse

- One person told us they felt safe using the service. A relative informed us, "It is difficult to say [my loved one] is safe there."
- The service was not always safe. The provider had policies and procedures in place to safeguard people from the risk of abuse. Staff completed safeguarding training and told us they would report any concerns of abuse to their line manager.
- However, staff knowledge and actions did not consistently reflect the training they had received. Not all staff could tell us of the types of abuse that exist.
- At the time of this inspection, the local safeguarding team were investigating two safeguarding concerns; one of which was later substantiated.

This 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.

We raised our concerns with the management team. They informed us all staff would be updating their safeguarding training to ensure they understood the need to keep people in their care safe.

Staffing and recruitment

- There were enough staff to support people's needs. One person told us there was always staff around to support them when needed.
- The management team informed us the staffing arrangement in place was based on people's assessed needs.
- Staff rotas showed the number of staff on shift was consistent with the numbers planned for. Staff confirmed the staffing arrangements in place was enough.
- However, we were not assured of the provider's recruitment and selection process because we were unable to access all information relating to staff recruitment. The provider had a recruitment checklist in place to demonstrate recruitment checks were carried out for all staff before they began working at the service. We were sent DBS checks for three staff; however, we were unable to access the full recruitment record for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider to consider current guidance on maintaining staff recruitment records and take action to update their practice accordingly.

Preventing and controlling infection

- We were not always assured people were protected from the risk of infections. The provider had an infection control policy in place which provided staff guidance on how to minimise and prevent the spread of infections.
- The provider encouraged staff to partake in national vaccination and regular COVID 19 testing to minimise the risk of an outbreak and records were maintained to support this.
- Staff requested visitors and professionals to take or show a negative COVID-19 test result, and their temperature checks were taken and within range before they could access the rest of the service.
- However, staff did not follow the provider's COVID-19 procedures and did not always wear a mask as



required. They did not prompt visitors to wash their hands or to use a hand sanitiser upon entering the service.

- A COVID-19 declaration form was in place, but staff did not ask visitors or professionals any COVID-19 related questions such as if they were having any symptoms before admitting them into the service.

We recommend the provider to follow current COVID-19 guidance and take action to update their practice accordingly.

# 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 requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were not always protected because the service was not always working within the principles of the MCA. The service did not have a consent to care and support agreement in place.
- Staff told us people had capacity to make day to day decisions for themselves, for example about what they would like to eat and how they would like to spend their day.
- Where people were unable to make specific decision for themselves, appropriate MCA and best interest decisions were not in place in areas such as COVID-19 vaccinations.
- Information in people's records was not always consistent as to whether they could make decisions or not and was contradictory. For example, whether people had the capacity to make decisions about where they wanted to live.
- Staff told us a relative had legal authorisation to make decisions on behalf of one person. However, the authorisation they had in place was for finance only and did not cover for health and welfare.

The failure to obtain consent to care and support was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- One person was under constant monitoring and supervision. The manager informed us they had an authorisation for their liberty to be deprived. Records showed the service had the incorrect authorisation in place and staff were not always aware of the conditions they had to comply with. The lack of appropriate

authorisation placed people at risk of unsafe levels of restrictions and support.

This failure to ensure the appropriate lawful authorisation was in place 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 people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service was suitable and could meet their needs. However, the assessment process was not always effective as this not always carried out by staff that were familiar with the service and were responsible for the day to day management of the service.
- The assessment process did not consider the complex and diverse needs of people and the knowledge and skill set of staff that would be responsible to support and meet individual needs.
- People and their relatives were not always engaged in the assessment process or encouraged to visit the service before admission so they could make an informed decision for themselves. A relative told us, "We were not involved, we were just told [our loved one] has been moved to Sidcup."

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 were supported through induction and training; however, supervisions and annual appraisals had not always been completed in line with the provider's requirement. New staff completed an induction including the care certificate standards as part of their training. This is the benchmark set for the induction standard for new care workers.
- Staff completed training the provider considered mandatory such as safeguarding adults, medicines administration, infection control, and health and safety. However, staff knowledge and skills were not always reflective of the training they had received. For example, in medicines management and safeguarding adults.
- We had mixed views from staff about the support they received in their roles and with supervisions. We were unable to confirm supervision was carried out for all staff in line with the provider's policy. Annual appraisals had not been completed to support staff professional development. Staff said the changes in management affected the consistency of the support received. However, they felt things were improving.

We recommend the provider consider current guidance on supporting staff and to take action to update their practice accordingly.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink. One person told us, "I enjoy the food."
- Where people required their meals to be prepared differently, either because of health or cultural reasons staff supported them.
- Staff knew of people's nutritional needs and told us of the support they provide including grocery shopping and preparation of food. They also knew about the texture of food and the kind of meat they should provide.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. Each person was registered with a local GP. On the first day of our inspection, staff supported one person to attend a health appointment.
- People had been treated by health care professionals including occupational therapists, psychologists,

nurses and hospital teams.

- Each person had a hospital passport which provided emergency and hospital teams important information about their health and care needs to ensure they received care and support that met their needs.
- One person had a health action plan which included details of the various healthcare professionals involved in their care. However, staff did not maintain records of appointments or communications they had with healthcare professionals. Therefore, we were unable to verify the consistency and the effectiveness of the support this person received from healthcare professionals.

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.

# 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

- Relatives could not confirm staff were kind and caring. They told us regular staff had all left the service within a short period of time.
- Information about people's life histories was minimal, which made it hard for staff to get to know people well and to build a positive relationship with them.
- The service did not always understand the importance of working within the principles of the Equality Act, how to support people's diversities in relation to their protected characteristics including race, disability, sexuality, sexual orientation and religion. For example, one person who wished to practice their faith did not have the appropriate support in place for them to do so.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were not always involved in making decisions about the care and support in place. A relative said it was sometimes difficult to get their views across to staff and some managers.
- A key worker system was in place; however, regular meetings were not being held to discover and meet individual needs. A key worker is a named member of staff responsible for coordinating a person's care and providing regular reports on their needs or progress.

The above issues were breaches of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Staff knock on my door."
- Staff told us they maintained and promoted people's privacy and dignity. A staff member told us, "We shut people's doors, we knock on their doors and just don't barge in and we don't have private conversation in the communal areas."
- Information about people was kept confidential; records were kept in locked cabinets in an office.



# 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 requires improvement: This meant people's needs were not always met.

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

- Care and support was not always planned and delivered to meet individual needs. The service was not working within the principles of Right support, right care, right culture. The service was not proactive in assessing, drawing up and delivering care in a timely manner to meet people's needs.
- Each person had a care and support plan in place. However, information in the care and support plans was not always consistent and did not always include all aspects of people's care and support needs including their personal care needs.
- Care plans did not always include detailed information about people preferences or likes and dislikes.
- Appropriate systems were not always in place to work towards positive outcomes based on people's strengths and abilities. Relevant goals were not always set to enable people to improve on their independence and to achieve positive outcomes.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were not always supported to participate in social activities of their choice. Where activities plans were in place this was not being followed. One person prefers to spend their time in the garden; however, the garden had not been designed and decorated to a standard that met their needs.
- Another person preferred outdoor activities including sports. The service was yet to find appropriate activities that stimulated and met their needs.
- Relatives told us the standard of activities people were engaged in were not adequate and did not always meet their needs.

The above issues were breaches of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to build relationships with those important to them. One person told us, "My friends come and visit me." A relative confirmed they could visit the service without restrictions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and met. Each person had a communication passport which provided staff guidance on how they communicate, and the support they should provide to ensure people understood information presented to them. Information in communication passports was specific to individual needs.
- Records such as hospital passports and feedback questionnaires were presented in easy read and pictorial formats.
- Staff knew the support to provide people with their communication. Information they shared with us was consistent with information in their care records.

#### Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure in place. This included how to make a complaint and the timelines to expect in response to complaints.
- A relative informed us they knew how to make a complaint; however, they had not made any complaints but had raised concerns. They said, "It depends on the staff member you are speaking to, sometimes it is difficult to get your point across to a[manager]."
- A complaint log we reviewed showed the provider had received three complaints in 2022 and had acted to resolve these to ensure people were happy with the service.

#### End of life care and support

- At the time of this inspection, no one using the service required end of life care or support. One person had an end of life care plan in place; however, the details including their home address were incorrect.
- We raised this with the manager. They told us they had plans to discuss, develop and update advanced care plans where required. They would consult with people, their relatives and with health and social care professionals to ensure people's end of life care needs and wishes would be met. We will follow-up on this at our next inspection.

# 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.

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

- The culture at the service was not always positive, empowering and inclusive of people and their cultural differences. The service was not proactive in exploring ways in which individual needs could be met to achieve best outcomes for people.
- The manager did not always have up to date knowledge about people in their care. For example, they told us one person does not practice their faith; this was contrary to information the person shared with us and evidence we found.
- Managers and staff were not always clear about their roles and did not understand their responsibilities and the impact of their actions on the quality of the service delivered. For example, we found night staff had failed to safely remove two portable heaters from the living room after use. Despite the temperature being hot and the risk of a trip or fall, day staff did not remove these until we prompted them.
- The management team informed us they understood their responsibilities to be open, honest and transparent when things go wrong. The manager was not always candid with us and did not always answer our questions. They had failed to inform the Commission promptly of significant events that had occurred at the service under our statutory notifications.
- The principles of supported living were not always being upheld. There was an office in the middle floor next to bedrooms and shared toilets and bathrooms. This was not appropriate to have a care providers' office situated in the middle of a private home. Also, a branded company car was parked in front of the service on both days of our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not well-led; there was a lack of management oversight. Staff job titles and roles, responsibilities and accountabilities were unclear and there was a blame culture at the service.
- There was no registered manager in post since July 2021. The current manager started working at the service in December 2021 and had applied to CQC to become the registered manager but had withdrawn their application during their interview process. The manager's knowledge, understanding and responsibilities under the Health and Social Care Act was not always up to date.
- Records were not always accurate, complete, up to date and presented promptly when required. This included medicines and care records. Staff log-in details were not always kept confidential as we found that some staff had shared their log in details with other members of staff.



- An effective auditing system was not in place to assess, monitor and improve on the quality and safety of the service provided, for example, for medicines management.
- Documents used in the service including care plans, staff files, medicines records had the letterheads and brand logos of another provider and were not always for Parkhill Support Services Ltd as required.
- Lessons were not always learnt for example from accident and incidents and safeguarding to improve on the quality of the care and support provided.

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

- The systems used to gather people and staff views were not effective. One person who was unable to make complex decisions for themselves was supported by staff to complete a survey which was all positive. However, their relatives raised some concerns with us. This meant the feedback gathered may not have reflected people and their relative's views.
- Staff completed quarterly surveys about the service. A survey result reviewed for the first quarter of 2022 was not all positive. Staff had raised concerns relating to communication and staff recognition. However, these were not analysed with appropriate action plans to improve on the quality of the service.

Working in partnership with others

- The service worked in partnership with various health and social care professionals. However, health and social care professionals informed us of concerns they had about the service including poor management of medicines, management oversight, staffing and learning lessons when things went wrong.

The above issues were all breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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 were put at risk of receiving unsafe care and support because the provider had failed to plan care and support that met their individual care needs. Regulation 9(1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to act by seeking consent from people in line with the requirements of the Mental Capacity Act 2005 (MCA). Regulation 11(1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure risks relating to the safety and welfare of people was identified, assessed and managed effectively. Medicines were also not managed safely. Regulation 12(1)(2)
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, neglect and improper treatment.  
Regulation 13

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure appropriate systems were in place to assess, monitor and improve on the quality and safety of the service. Records were not accurate, complete and up to date.</p> <p>Regulation 17(1)</p>

### **The enforcement action we took:**

The provider did not ensure appropriate systems were in place to assess, monitor and improve on the quality and safety of the service. Records were not accurate, complete and up to date.

Regulation 17(1)