

# Dynasty Care Services Limited

# Supported Living

## Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# 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

Supported Living is a domiciliary care agency providing support to people in their own homes. At the time of our inspection there were 38 people receiving support mainly in and around the Brighton area. 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.

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

#### Right Support:

People were not always supported to have maximum choice and control of their lives. Some people reported staff were rushed and did not have the time to help support people with their independence. Although staff had received training in the mental capacity act and other related guidance, people told us some staff were not always offering choice or giving people control over their care and support.

We have made a recommendation for the provider to consult the Mental Capacity Act and other related guidance.

#### Right Care:

Staff did not always understand people's cultural needs. People told us they found some staff were inexperienced and were not aware of how to undertake basic tasks such as cooking and cleaning. The provider had failed to support staff with the knowledge and skills they needed to provide people with culturally appropriate care. Staff told us they would protect people from poor care and abuse but were unsure about recognising the signs of abuse and how to report concerns outside of the organisation. Although the provider told us they had enough staff to keep people safe, people told us staff were often late and sometimes did not turn up. People told us when this happened they did not always feel safe because this had an impact on their care and support. People's care plans were not always person centred and some risks had not been identified, this meant staff may not have the information they needed to care and support people appropriately.

#### Right Culture:

People told us they sometimes had problems speaking to a manager when they had concerns. Some people felt when they did raise concerns they were not listened to because things did not improve. Staff turnover

had been high. The provider was recruiting new staff but this meant there was a lack of consistent care. Those people who had the same care staff visit them were happy with the care and support provided. However, the majority of people told us they did not know who would be supporting them or when they would be coming and this had a negative impact on their care. The provider had started to make improvements in this area and felt they would be able to improve staff punctuality and keep the same team of care staff with the same people to help with continuity of care. People did not always feel involved in planning their care. People told us they had received a visit at first to go over their care and support needs but information about their ongoing care and support was sometimes missing so they were unable to refer to this when they needed to. The provider had been working with the local authority to make changes to help improve people's care and support.

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 3 August 2021 and this was the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about late and missed calls by staff and concerns about the care and support people received. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements in each key question.

The provider has been working with the local authority to make improvements to the service and had an action plan in place to monitor progress in identified areas. When we highlighted areas of concern during our inspection the provider gave assurances these would be addressed to reduce risk to people receiving care and support.

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

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding people at risk of abuse, person centred care, staffing and good governance.

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

We have made a recommendation in relation to staff understanding of consent within the Mental Capacity Act 2005 and other relevant guidance.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Supported Living

## 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

This inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 December 2022 and ended on 19 December 2022. We visited the location's office on 6 December 2022.

#### What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us when they were registered. We used the information the provider sent us in the provider information return (PIR). 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 sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people and 3 relatives of people who used the service about their experience of the care provided. We spoke with 5 members of staff, including the registered manager, office manager and care staff. We reviewed a range of records, this included 6 people's care records and 4 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including duty rota's and policies and procedures were reviewed.

# 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 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.

### Assessing risk, safety monitoring and management

- Risks to people were not always recorded and guidance was not always in place to give staff the information they needed to keep people safe.
- One person had a healthcare condition but there was no information available for staff to recognise the signs that the person may be unwell and what to do. Another person needed support from two staff members to transfer using a hoist but there was no moving and handling plan in place and risk in relation to this activity had not been identified.
- One person was a risk of pressure ulcers but when we looked at the person's care plan we could not see a risk assessment in place regarding the person's skin integrity. The registered manager explained healthcare professionals managed the person's wound. However, we were concerned the provider had not considered the person may be at risk of further injury and staff needed additional information to help them identify and manage this risk.

The failure to identify and mitigate risks to people placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

- After the inspection the provider told us they were in the process of reviewing people's care records.

### Using medicines safely

- The provider had not always assessed the risk to people in relation to time sensitive medicines. For example, when people needed to take their medicines either before or after food, or at a certain times of the day. One person told us, "They [staff] are often late and I have to take my meds at a particular time, I'm not sure when they are going to come...the office say they will come at 8 but often they are not here until 8.50 and it's too late."
- The registered manager told us they planned the rota with the expectation that staff would always arrive at people's homes on time. However, when they were short staffed or staff were running late they had failed to prioritise people in line with their care and support needs. This meant some people may be more at risk when staff were late and they did not receive the help and support required. The registered manager told us they would look at how their systems could support this change.

The failure to identify and manage the risks associated with the management of medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

- The provider used an online system so staff were able to record when they had supported people with their

medicines. The registered manager told us they system produced alerts when a person had not received their medicines and they were able to contact staff to find out what had happened.

- Staff told us they had received medicines training and we saw competency checks in place to check staff had the knowledge and skills to support people safely,

#### Staffing and recruitment

- People told us they did not feel safe when staff were late or did not turn up. We spoke to 9 people and their family members and 7 of them told us staff were often late. We looked at the duty rota's and were able to identify examples where staff were late which supported what people were telling us. This meant people did not always receive a consistent, reliable service. The registered manager told us they had enough staff to support people and punctuality was improving. They had just secured the use of 2 cars over the Christmas period to help support staff to arrive at people's homes on time.

- People told us they felt frustrated when they were not told about changes in staff or when staff were running late or unable to attend. The registered manager explained they telephoned people when staff were running late and office staff were able to cover calls in emergency situations.

Although the registered manager had started to make improvements in this area by recruiting more staff and ensuring travel arrangements were robust, the deployment of staff did not always ensure that people received their calls as planned for them. This risk was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities)

- The registered manager acknowledged there had been issues with staff recruitment and retention and had joined the home office sponsorship scheme so they could recruit staff from abroad. They were in the process of recruiting and training new staff during the time of the inspection

- Recruitment checks were carried out for new staff, including identification, proof of address, employment history, employer references and a check with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- Staff did not always have a comprehensive awareness and understanding of abuse and what to do to make sure people were protected. Staff confirmed they had received training in safeguarding people from abuse. They told us they would inform their manager if they had any concerns about people. However, staff were unsure on how to recognise and report concerns directly to the local safeguarding authority. For example, when one staff member was asked how they would recognise signs of abuse and what their next actions would be, they told us, "I would offer companionship and make sure people are OK", When we looked at the providers safeguarding policy we noticed there was not a named safeguarding lead and information about who to report concerns to had been left blank.

- We spoke to the registered manager who told us they were assured all staff were aware of their reporting responsibilities and another safeguarding policy was available in their local office, providing all the information staff needed about reporting safeguarding concerns. However, we were not assured this policy was accessible to all staff or that staff had the knowledge or confidence to report safeguarding concerns.

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

After the inspection the provider contacted us to give assurance that staff were able to access the safeguarding policy using their online training portal and that staff had been trained to report concerns using the providers computerised care planning system. We will check this again when we next inspect the



service.

#### Learning lessons when things go wrong

- The registered manager gave examples of how they had responded to concerns raised by the local authority and the actions they had taken to make the service better.
- The provider had made improvements in the systems they used to record accidents, incidents and safeguarding concerns. They had moved to a computerised system to enable them to have instant access to all accidents and incidents and give them a better picture of all concerns raised.

#### Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff.
- People told us staff wore personal protective equipment (PPE) such as gloves and masks, and had good hygiene practices, such as hand washing.

# 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.

Staff support: induction, training, skills and experience

- People had mixed views about the skills and experience of staff. One person was concerned about the lack of staff experience having an impact on their care and another person's relative told us they were concerned about their family member's care when staff were rushed or running late. People told us there appeared to be a lack of knowledge about basic tasks such as using a teapot and teacup or how to prepare food. One person told us, "The current carers really lack experience, they are quite sweet people but just have no idea about hoovering or cleaning." Another person told us, "I think they [staff] don't have any training, they just don't know what to do."
- We were concerned the provider had not provided adequate support for staff to prepare them for their role in certain areas. This included training and support in basic tasks that align with people's cultural needs. The registered manager explained the language barrier between staff and people using the service was an issue but assured us they would review their training to include additional information about household chores, food preparation and local knowledge so they could support people in line with their cultural preferences.

Although the provider was taking action to improve we were not assured at this time staff had all the necessary knowledge and skills to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities)

- Staff told us they felt well supported by managers and felt they received the training they needed to carry out their roles. Staff told us, "I feel supported I can give them [managers] a call if I need anything" and "I have had loads of training, on-line and face to face."
- The provider had systems in place to monitor the training received by staff and carried out competency assessments in medicines management and manual handling to make sure staff understood how to keep people safe in these areas.

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.

- The registered manager was aware of their responsibilities under MCA and records confirmed staff had received training in this area.
- Systems were in place to obtain consent from people to provide care and support and this was recorded in people's care records.
- People's feedback about staff asking for permission and consent before providing care was varied with half of people we spoke with being happy that staff would speak with them before any support was offered while others felt this was dependant on the staff member and seeking consent was not always consistent.

We recommend the provider review and ensure staff are always supporting people according to the principles of the MCA and other related guidance.

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

- Staff supported people with meal preparation if people required support in this area.
- People told us staff helped them prepare food. One person told us, "They [staff] will prepare my food if I can't and I can tell them what I like and how to do it all."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was assessed when they first started to use the service. The registered manager explained this gave them the opportunity to identify any additional support the person may need from other healthcare professionals. For example, seeking the advice of occupational therapists for equipment to help people mobilise.
- People confirmed they had received a visit from staff when they first started to use the service and they were able to go over their care and support needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked with other healthcare agencies and the local authority to help people receive the right support.

# 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.

Respecting and promoting people's privacy, dignity and independence; ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People did not always feel well supported and cared for. People's views were mixed about how staff cared and supported them. Comments included, "The carers are generally good people and try their best to always be respectful and they do care clearly", "I think they try their best" and "I am extremely well cared for." However, 3 people told us that they felt staff were rushed and did not listen to them and this had an impact on the care they received. One person told us, "I say don't do that but the carers don't listen and they just carry on. If I phone the office they come out with some excuse and they don't listen".
- People told us there was a lack of consistency with the staff that supported them and this sometimes had an impact on the care and support they received. Comments included, "Lots of different workers", "All different carers no consistency" and "I have two young carers who are totally inexperienced and they really do not know what they are doing."
- People told us staff did not always respect their privacy and dignity. One person told us having female care staff was really important to them. They told us, "[Staff] try their best but really you just feel uncomfortable. I had 2 male carers who just turned up in my room and I was really shocked. They did not knock or anything... suddenly I was woken up and I did not like it."
- Staff did not always encourage and support people with their independence. One relative told us how staff rushed their family member to complete tasks or would take over certain activities to save time. They told us, "[Staff] are always rushing and don't seem to have the right approach... it really confuses [family member name]."
- The registered manager gave us some examples of how they encouraged people's independence when they were in the field providing care. For example, one person liked to be involved when using their hoist and how staff supported another person to make hot drinks. However, people's care records contained very little person centred information to help inform staff how people wanted to be supported and how to support people to be more independent.
- People did not always feel able to express their views or be involved in decisions. Three people told us they felt they were listened to and felt involved in making decisions about their care. However, 5 people felt communication with staff and managers was poor. The registered manager explained people were involved at the start of their care package and during ongoing reviews of care. Spot checks by managers gave opportunities for people to raise concerns and give feedback about the care and support received.
- We spoke to the registered manager about people's concerns and the impact it was having on people's care and support. The registered manager explained they were recruiting more staff to improve

timekeeping. Increased staff numbers would make it easier to respect people's wishes around specified staff gender and allocated teams of staff would allow more continuity of care for people. During the inspection the registered manager explained they had started to record more person centred information in people's care records and showed us one example. However, this did not apply to all the records viewed during the inspection.

Although the provider was making improvements in this area we were concerned the service did not always identify and meet people's individual needs or reflect their preferences. The above concerns were a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities).



# 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

- The provider had not always ensured people had detailed person centred care plans in which they or their relatives had been involved and which were accessible to them. Two people told us about their frustration that their full care records were not available and they did not have access to their own information. One person told us, "Nothing is written down, it is so frustrating the lack of information, they don't ever do handovers or updates. The doctors have asked for notes from the carers but there are none." When we spoke with the registered manager they explained staff had access to the computerised care planning system and they made sure people had access to a basic care plans in their homes.
- People's care plans did not always contain person centred information. The provider told us they were working with people to make care records more person centred. They told us they regularly reviewed people's care records and maintained audits to ensure this task had been completed. However, when we spoke to people about their care plans and how much choice and control they had over their care and support, 5 people told us they had little or no contact with the managers and 3 people had not seen sight of their care plan. In relation to communication, comments included, "Just texting really" and "This company is very different from the other companies. You don't really hear from them."

People did not always have person centred care plans that had been developed with their involvement or their relatives. This was a breach of Regulation 9 (Person centred care ) of the Health and Social Care Act 2008 (Regulated Activities)

Improving care quality in response to complaints or concerns

- People did not always find it easy to raise concerns or make a complaint. Although there were systems in place people were not confident their concerns or complaints would be dealt with. Comments included, "I probably wouldn't bother...I really don't want to waste time", "Really a waste of time" and "Nobody gets back."
- The registered manager had recognised improvements were needed and gave examples of the improvements they had already made. This included the way they monitored and dealt with complaints as part of a computerised system update. The registered manager told us how they had worked with the local authority to identify and address one person's complaint. After the inspection the provider sent us an action plan of the improvements identified and the progress made in this area.

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 care plans included their communication needs and how best to achieve effective communication. Care plans included information on sight, hearing and how people preferred to be communicated with.

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 who were supported to follow their interests and take part in social activities told us they were happy with the support they received. One family member told us, "The carers encourage hobbies, they know he loves going to the library and they help and talk about his books and they are very supportive."

End of life care and support

- At the time of our inspection the service was not supporting anyone who required end of life support.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider failed to have adequate and robust systems in place to monitor and improve the service and effectively identify, monitor and improve risks to people. Although some monitoring systems were in place these were not effective and did not always identify the issues we found during this inspection. For example, risk assessments often lacked detail and some risks to people had not been identified. The provider did not always seek to identify and prioritise those people who were at high risk of harm should staff be late or miss a call. This meant people may be at risk of harm because the provider had failed to adequately assess and act upon people's risk.
- The provider told us they operated a computerised rota system that allowed them to monitor staff calls to reduce the number of late or missed visits to people's homes. However, when we reviewed a sample of the rota we could see staff were still often late to calls and this was confirmed by people's feedback. The registered manager explained staff were in the process of receiving additional training to use the system properly. However, we were concerned the lack of monitoring and governance oversight was having a negative impact on people's care.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities)

After the inspection the provider informed us they were monitoring the computerised rota system and told people when staff were running late. They sent us confirmation that taxis were used to help staff arrive on time to people's homes. We will look at this system again when we next inspect.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a lack of consistency in how well the service was managed. Overall people told us they were unhappy with the leadership at the service. Although, 2 people we spoke with were happy, 6 people spoke to us about the issues they had experienced since receiving care from the provider. This included, staff lateness, lack of continuity with staffing, poor communication from the office and not being able to contact the office or speak to a manager when they had needed to.
- Most people told us they had been contacted by the provider and asked for feedback. However, 3 people felt when they provided feedback they were not listened to and nothing changed as a result and 2 people



did not recall being contacted at all. Comments included, "I try to tell them if no one turns up but the same thing happens over and over", "They just don't listen, I am very unhappy" and "I don't think they are interested."

- The provider had systems in place to seek feedback from people via spot checks and reviews. Although, the written feedback we saw during our inspection was mostly positive we were concerned that not everyone had been contacted as the providers system of auditing did not appear to always record if people were involved in their care review. People's feedback suggested there were gaps in the system which meant some people were not contacted or asked about their views.

The providers systems did not assure us that all people had been actively encouraged to give feedback or that the feedback had always been listened to or acted upon. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities)

- Staff told us they were happy working at the service and felt they were well supported. They told us they felt comfortable making suggestions for improvements and were confident they would be listened to.
- The registered manager told us they were working with staff to encourage and motivate them to do well and to speak with her if they had any concerns. They understood staff culture and behaviours may not always align with those of people using the service and understood that more learning was required to further support staff in this area.

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; continuous learning and improving care

- The registered manager acknowledged there were areas of improvement specifically around staffing and late calls. They explained how they were now treating any late or missed calls as a complaint and told us "we will try to make amends and keep the lines open."
- The registered manager was working with the local authority to make improvements to the service and the impact this had on people's care. After our inspection the provider made immediate improvements in some areas such as the way accidents, incidents and complaints were recorded and monitored.
- The registered manager understood the importance of acting on the duty of candour. They told us, "We are open and transparent and understand the consequences of not being honest. Our policy, no matter how small is to document and communicate."

Working in partnership with others

- Staff and management worked with other agencies, organisations and professionals such as local authorities, safeguarding teams district nurses and occupational therapists.

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  The provider did not always ensure care was designed to meet people's needs and preferences. The provider did not always ensure people were involved in making decisions about their care and treatment Regulation 9 (1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to sufficiently assess risks to people and to monitor and mitigate the risks relating to the health, safety and welfare of people. Reg 12 (1)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes did not sufficiently protect people from abuse and improper treatment. Reg 13 (1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users  
Reg 17 (1)

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not always ensure the deployment of staff met people's care and support needs. Staff did not always receive the appropriate training and support to carry out the duties they were employed to perform  
Reg 18 (1)(2)