

Cultural Dignity 'n' Care Limited

# Cultural Dignity 'n' Care Limited

## Inspection report

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Date of inspection visit:  
17 October 2017  
18 October 2017  
19 October 2017  
20 October 2017

Date of publication:  
09 January 2018

## 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

Cultural Dignity 'n' Care is a domiciliary care agency registered to provide the regulated activity of personal care. They provided care and support to people in their own homes. At the time of the inspection the service was provided to people who lived in the Bristol and parts of the South Gloucestershire area.

The inspection was announced. We gave the registered provider 48 hours notice of the inspection. We did this to ensure key staff were available for the inspection. The registered provider (who was currently also the registered manager for the service) chose not to be present when we visited the offices, but said a newly appointed manager who had been in post for two weeks would be present. At the time of the inspection the service was providing personal care to seven people and supporting four people with domestic support. The service employed up to 16 care staff but not all were actively working at the time of the inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service people received was not safe in all areas. We found that staff recruitment procedures were not robust enough. Pre-employment checks had not been completed satisfactorily in all cases. Where criminal offences had been disclosed on one staff members DBS certificate no risk assessments had been undertaken to ensure people using the service were not at risk. The management of medicines and the support provided to those people who needed assistance, did not follow safe working procedures and clear records were not maintained.

The service people received was not effective in all areas. Staff induction training and the on-going mandatory training for all staff required improvement. Training records were not adequate and did not provide a clear picture of what training care staff had received. Mandatory training did not include Mental Capacity Act 2005 or infection control training.

The feedback we received from relatives we spoke with during the inspection did not evidence that they were always happy with the service their family member received. On the whole staff were able to build good working relationships with the people they supported but reasons for any changes to work programmes were not always communicated. We were given examples where people/relatives were not treated respectfully or in a professional manner. Details are in the main body of the report.

The service people received was not responsive in all areas. This was because care planning arrangements were insufficient and care plans did not provide the care staff with the information they needed to be able to support people with the tasks they needed.

The service was not well led and this required improvement. There were examples where the views and experiences of people using the service had been gathered but the feedback had not been acted upon. This meant the service was missing the opportunity to evaluate the service and make improvements.

Those staff we spoke with and the manager understood their role in safeguarding people from harm and knew what to do if they witnessed or were told about any bad practice. Risks to people's health and welfare were assessed but management plans to reduce or eliminate any risk need to be kept up to date. There were sufficient care staff employed to meet the number of people being supported at the time of the inspection.

We found five breaches of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not safe in all areas.

The recruitment of staff and pre-employment checks were not robust. There was the potential that unsuitable staff could be employed.

The management of medicines was not in line with good practice and increased the risk of people being supported to take their medicines incorrectly.

The staff team were knowledgeable about safeguarding adults procedures and would know what to do if concerns were raised however improvements were needed in working together with the local authority during any investigations.

There needs to be a consistent approach to managing any risks to people's health and welfare in order to ensure that people receive safe care,

There were sufficient staff employed to meet the number of people being supported at the time of the inspection.

### Is the service effective?

**Requires Improvement** ●

The service was not effective in all areas.

The staff team would benefit from receiving all relevant training to enable them to do their jobs well. This includes Mental Capacity Act 2005 training.

People were supported to eat and drink where this had been identified as a care and support need. The care staff would work with health care professionals as required to ensure people's needs were met.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People were not able to always have good working relationships with the staff who supported them because of changes made to work programmes.

People or their relatives were not always treated respectfully or in a professional manner.

### **Is the service responsive?**

The service was not fully responsive to people's specific care and support needs.

Care planning did not take account of people's individual needs. Care plans did not contain specific details regarding the actual support the person needed which increased the risk of them not receiving the care they needed.

People's views were not consistently listened to when they had something to say about the service they were provided with.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

People's views and experiences were not listened to. Any comments they made were not addressed. The quality assurance measures they said were in place were not followed.

A new manager was in post. They wanted to implement service improvement plans but these had not been started as yet.

**Inadequate** ●

# Cultural Dignity 'n' Care Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and was undertaken by two adult social care inspectors. This was the first inspection of Cultural Dignity 'n' Care since it was re-registered in July 2016.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We also looked at information we had received from two local authorities. We received feedback from three social care professionals prior to our inspection. We had asked them to tell us about their views of the service. Their comments have been included in the body of the report.

During our inspection we spoke with the relatives of three people who were supported by the service. We emailed nine staff members who we were told were currently active and working for the service but did not receive a response. We spoke with three members of staff on the phone. When we visited the offices of Cultural Dignity 'n' Care, the registered provider and registered manager was not present but we met with newly appointed manager and office clerk.

We looked at care records for four people, six staff employment records and training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

# Is the service safe?

## Our findings

We did not receive any direct comments from the relatives we spoke with, regarding whether the service was safe. One relative told us they had been concerned because they had seen a staff member administering medicines incorrectly.

Staff recruitment procedures were not safe. Pre-employment checks were not robust and the potential for unsuitable staff to be employed was increased. Of the six staff files we looked at four of them evidenced shortfalls. References from previous employers had either not been obtained or had not been authenticated. An employer's reference had been supplied for one staff member who had worked for that organisation six years ago. Character references only had been obtained for four staff members. A disclosure and barring service (DBS) check was in place for all six staff members. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. For one staff member the initial Adult First check had advised the registered manager to 'wait to view the applicants DBS certificate to see the results before making a recruitment decision'. The disclosure certificate detailed a number of serious offences but the registered provider had not completed a risk assessment to determine whether people would be at risk from this staff member. This staff members employment had commenced in February 2017 but their DBS certificate was dated 23 May 2017. The manager told us this staff member had not worked since August 2017.

The records for one member of staff indicated they had received a telephone interview and their application form had been completed as a result of this conversation. An interview assessment form had been completed and this had recorded an outcome score of the interview. The worker had not scored the provider's minimum score to be employed, however they started work with the service in March 2017. The assessment had also recorded that the workers English was not very good, but there was no evidence of how the service were going to address this to ensure the member of staff was able to communicate adequately with people they supported.

These examples are a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The information contained in people's care files in relation to medicines was brief and insufficient to ensure their support was delivered safely. There was no assessment of people's needs in relation to medicines and it was not clear from the information provided exactly what support they required. Terms such as 'prompt' and 'administer' were used but with no further qualification about what they meant in practice. These are terms that could easily be interpreted in different ways. For example, in one person's care plan it stated 'prompt and check that medication has been put in to boxes for daily use'. There was no further detail about the medicines this person was taking, what time they needed to be administered, or whether staff were expected to observe the person taking their medicines. This meant there was a risk this person would not receive the support they needed, in a safe way. One relative told us about an occasion when a member of staff had been administering medicine but the relative had taken over the support because they weren't confident in what the member of staff was doing.

We also found the procedure in place for staff to record medicine administration was inconsistent. The manager told us that medicine administration was recorded in the daily log sheets in people's homes. However, from archived records we saw that one person had a medicine sheet in place where the member of staff ticked a column to say that medicines had been administered. There was no accompanying list of medicines the person was taking for staff to refer to, so that they could check that the person was receiving their medicines as prescribed.

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

Following the inspection the manager advised us a new medication assessment would be implemented, a medicines administration record would be introduced and where appropriate a record of the person's prescribed medicines they needed support with would be available for the care staff. The manager planned to complete this task by the end of October 2017 and issue all staff with a new medication policy.

The service had a safeguarding adults policy and procedure and this was last reviewed in October 2016. The policy detailed all the different types of abuse and the reporting protocol. The registered manager was the lead member of staff in the service for safeguarding. Safeguarding training was part of the induction, mandatory and refresher training programme. The service also had a whistle blowing policy which enabled staff to raise concerns about any bad practice and to be listened to. Those staff we spoke with confirmed they had received training and would feel able to report concerns. They said, "Anything you see that is not right, you call the office" and "If I feel something is wrong I report it".

Three safeguarding alerts had been raised following concerns for the welfare of people supported by the service. Local authority safeguarding teams had reported the registered provider/registered manager had not worked well with them during their investigations however had taken action to terminate the employment of an unsuitable staff member. The registered provider also then made a DBS referral, an expectation of a responsible care service provider. The other two safeguarding alerts were raised in respect of the standard of care provided for two individuals and the service were required to make improvements to service delivery. The registered provider had provided an action plan to address those issues that came to light during those investigations. The new manager told us they had already completed safeguarding adults alerters' training with South Gloucestershire Council and demonstrated good awareness of the procedures to follow.

Moving and handling training was completed by all staff and those we spoke with confirmed this. People who needed assistance from the staff to move and transfer from one place to another had a moving and handling plan in place. However, for one person this contained contradictory information to that provided by other health professionals involved in their care. The risk assessment carried out by Cultural Dignity 'n' Care stated that no hoist was used in relation to this person, but the information provided by other health professionals stated a hoist was to be used to support the person with certain aspects of their care. This meant there was inconsistent guidance for the care staff and put the person at risk of receiving care that wasn't safe or met their needs.

A risk assessment was undertaken of each person's home and was kept with people's care records. These assessments reviewed, for example whether doors and windows were secure and whether there were sufficient hand washing facilities to ensure good hygiene. The environmental risk assessments ensured each person's home was a safe place for the care staff to work in.

At the time of our inspection there were sufficient care staff employed to cover the needs of the people



supported. However a number of them were not actively working for the service. The manager told us they were recruiting new care staff in order to increase the capacity of the service to support more people. All staff were part time and were employed on a zero contracted hours basis.

Staff were provided with personal protective equipment (PPE) in order to prevent the spread of infection. This included gloves and aprons. It was not possible to evidence which staff had received infection control training and we were told this was not part of the mandatory training programme. There were no records made available showing a training plan or records to evidence what training each staff member had completed and the new manager could not provide this information. The service had an infection prevention and control policy and this had last been reviewed in December 2016.

## Is the service effective?

### Our findings

Those relatives we spoke with provided mixed feedback about whether the service was effective. One relative made very negative comments about the service, they were unhappy with the service provided and was looking to arrange an alternative care provider. They told us the care staff did not always turn up on time, communication was difficult with the registered manager and they had not been informed there was a new manager in place. Another relative just said the staff arrived on time and there was "no problems". A third relative was happy with the service provided to their family member because they had regular member of staff who knew their needs well.

It was not clear from the records we viewed that staff had received adequate induction training or that this was based on the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures staff meet the minimum standard required to carry out their role effectively. The Care Certificate is a comprehensive programme that takes around three months to complete. There was no evidence in staff files to show they had been assessed as meeting the standard required to achieve the qualification, but certificates had been placed in their training files. For example one member of staff had completed their 'induction checklist' on 27/3/17 and had their Care Certificate in place dated on the same day. Given the nature of this qualification, it would not be possible to complete this within one day as there were 15 modules to complete. Another person completed their induction checklist in July 2015 and had a Care Certificate dated January 2017. Again it was not clear how this member of staff had been assessed to ensure they met the standards required by the certificate. In addition, the Care Certificate was introduced in April 2015, which meant this member of staff had been in post for approximately 18 months before completing the qualification.

In relation to other training that care staff completed, there was no overall record kept of training. This meant it was difficult to assess what training care staff had completed and when refresher training was due. The manager told us some training was completed online, this included safeguarding vulnerable adults training. Other topics such as moving and handling were outsourced to other local organisations. We found no evidence that mental capacity training had been completed with any of the staff group. This is an important topic to cover as it helps ensure that staff protect people's human rights. We discussed the training programme with the manager who immediately took steps to source external training for all new staff.

This is a breach of regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Post inspection the manager told us the registered provider/manager had already planned for induction training for new staff to be outsourced to an external training provider. Existing care staff were to be reassessed on an individual basis and update training organised.

Records evidenced that staff had received supervision meetings with the registered manager. This is dedicated time for a member of staff to discuss their performance and development needs with their line manager. The staff files we viewed showed that each staff had last received a supervision session in August.

Prior to this, records showed that office based supervision took place every three to four months. The manager told us they would aim for four office supervision sessions per year. There was some recorded evidence of field based checks of staff taking place, however these were recorded against the name of the person receiving support not the staff member whose name was not recorded. It was difficult to get an overall picture of which staff members had been checked in this way. We saw that staff undertook shadowing of more experienced staff as part of their induction training.

Regarding people's mental capacity there was some relevant information recorded in the care records. For example, it was recorded whether or not a person had a power of attorney in place. A power of attorney is a person who can legally make decisions on behalf of a person who does not have capacity to make decisions for them self. There was also information about people's health that highlighted conditions that could potentially affect the person's ability to make decisions, such as dementia. We also noted that consent to care and consent to sharing information was sought. There were documents in place to this affect. However, where a person did not have capacity, we saw that relatives were asked to sign on their behalf. A relative does not automatically have the right to make decisions on the behalf of a person without capacity.

The manager confirmed they had received training about the Mental Capacity Act 2005 during previous employment with a care provider. They demonstrated their knowledge of the subject by talking about powers of attorney and decision making involving relatives and other professionals on behalf of a person without capacity.

The manager said that each person they supported had the capacity to make decisions for themselves however no assessment of their capacity was made when a care and support service was being set up or on an on-going basis. Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training was not included as part of the providers training programme and staff confirmed they had not received any training in this subject. Those staff we spoke with had little or no understanding of the principles of the MCA and DoLS however indicated they would always check with the person that they were happy for them to provide care and support. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty of people who lacked the capacity to consent to the treatment or care they needed.

Following our inspection, the manager informed us the Mental Capacity Act 2005 and their policy would be discussed in the next team meeting and explained to all staff.

People were assisted to eat and drink and prepare meals where this was assessed as a care and support need. One relative had made a comment that some staff were unable to cook with certain food items because of their own faith therefore this impacted upon their family members service. We have referred to this again in respect of care planning and a person centred service for each person.

People were supported to consult with health and social care professionals as necessary. This may be the person's GP, a district nurses or community based occupational therapists and physiotherapists. One relative told us a member of the care staff was going to meeting with a physiotherapist to discuss an exercise programme that would improve the person's mobility. The relative appreciated the staff members commitment to doing this.

## Is the service caring?

### Our findings

The relatives we spoke with provided mixed feedback regarding the service their family member received. One relative was concerned that changes were made in which member of care staff attended to their family member. They said, "Mum builds up a relationship with the staff and then they are taken away with no explanation". They also described the registered manager/registered provider as "disrespectful and rude" when they had raised an issue with them. The relative had been told, "Don't tell me how to run my business". This does not evidence that people and their relatives were treated with respect.

Two other relatives said they were happy with the service provided by Cultural Dignity 'n' Care.

We had emailed nine care staff asking them about the service, but received no responses. We were able to speak with three members of staff by telephone.

Staff did not give us much feedback regarding the people they supported but just answered the questions we asked. They were mostly visiting the same people each week and said they got to know the person well and understand their needs. One member of staff told us there had been a recent change to their work programme, they were to stop working with a regular person and take on a new person. They said this did not work logistically for them because of travel and family commitments.

People were assessed before a service was set up to determine what support the person needed. The manager said people were asked what they needed support with and how they wanted to be looked after. The manager planned to introduce a new assessment tool to ensure people were asked by what name they preferred to be called, preference regarding the gender of the care staff and any other choices and preferences that were important to them.

## Is the service responsive?

### Our findings

We received a mixed response from the relatives we spoke with regarding the service their family member received. One relative said their mother would build a relationship with care staff and then they would be taken away with no reason given. The relative said the newly allocated staff member did not then know how her mother liked things done. This had been raised with the registered manager but they did not feel they were listened to. Another relative told us the service did not always respond to specific care and support needs because care staff were allocated who could not cook the food items they wanted because of their own faith. This does not suggest that people were provided with a person centred service, responsive to their particular care and support needs.

We reviewed the care records of four people. The information contained in these care plans was insufficient to ensure that staff would be able to meet the person's needs and provide person centred support. Within the person's care plan there was a section entitled 'tasks and activities' where a description of each visit was to be recorded. For two people, the times of their visits were recorded but no further details about what staff were expected to do during that time. The third person's plan had more detail; this plan had been completed by the new manager and was a new person to the service.

There were some further details in other sections of the person's care file; however this again was brief and gave insufficient information. For example, on one sheet entitled 'care needs', the information stated that the person required 'personal care, toileting, shower, dressing up, medication administration'. There was no information about the specific support the person required with these tasks or how they should be carried out to ensure the person's independence could be encouraged.

We saw no evidence of any care plan reviews and the manager was uncertain how often the registered provider expected this to be undertaken. The manager planned to visit each person in order to assess their care and support needs and get the care records up to date.

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

Following our inspection the manager advised us a new more detailed care plan template had been implemented immediately and this included a person centred approach to planning service delivery, a medicine assessment and where appropriate a list of the person's medicines. As Cultural Dignity 'n' Care currently supported a relatively small number of people, the manager gave an undertaking that each person would be visited by the end of October 2017. People's care and support needs would be reassessed and a proper care plan put in place.

We asked the manager for a copy of their brochure or service users guide but were only given a leaflet which listed the type of services they were able to deliver. The manager who had only been in post for a few weeks was unaware of what information was kept in the care files in each person's home. Relatives we spoke with knew the telephone number and on call arrangements and said they would know what to do if they were

unhappy about any aspect of their family members care. We received a mixed response from those relatives we spoke with. One said they had raised a concern with the registered manager regarding invoicing as these were often incorrect and had not been happy with how they had been responded to. Another told us they had spoken to the registered manager because the care staff did not turn up on time but "nothing had changed".

## Is the service well-led?

### Our findings

We did not receive any direct feedback from the relatives we spoke with about whether they thought Cultural Dignity 'n' Care was well led. However, one relative told us they had not been informed there was a new manager who was now in day to day charge of the service. They also said when they had raised concerns nothing changed and they weren't listened to. The two other relatives were satisfied with the service their family member received.

When we announced this inspection the registered manager told us a new manager had been appointed who would be responsible for the day to day running of the service. We were told they had already started the application process to be the registered manager. The registered manager was given 48 hours notice of our inspection but would not be present for the inspection. The new manager had only been in post for a few weeks. The new manager was supported by an administrator who had just returned from maternity leave.

Social care professionals told us before the inspection that concerns had been raised regarding the relationship that had developed between one person using the service and a member of care staff. The member of care staff had not maintained a professional relationship with the person therefore the service had been terminated. When the social care professionals had been discussing this with the registered manager, the concerns had been dismissed. In another situation where safeguarding concerns had been raised, a person said a named member of staff had "made her cry". The investigation was inconclusive that this had happened. The social care professional staff also told us about difficult working relationships they had with the registered manager/registered provider.

The service had a quality assurance policy. This stated there would be audits of accidents and incidents, complaints, daily communication records, service user issues, staff issues (spot checks and staff files) and care audits.

There were no records to show that any audits had been completed of accidents and incidents, the daily communication records and care records. This meant the service was missing an opportunity to address any shortfalls and make improvements.

Initially the manager was only able to locate one quality assurance telephone feedback form that had been completed in June 2017. The person was asked if they were happy with the service and the care staff, if they had any concerns or complaints, any suggestions to make and any other service requirements. Only Yes had been recorded against each question. Four further forms were eventually located and these had several negative comments on them – "not happy with (named member of staff)", "not happy with some things (no indication what this was)", "(named member of staff) argues with me" and "the support worker is too old and I don't trust her". No follow up action was recorded in respect of the first three comments however after the fourth comment it was written "reassess who we are sending to visit". There was no evidence that this had taken place.

In April 2017 the registered provider had commissioned a management consultant to look at how the service was performing. This explored the following areas: standards of care, time keeping, professionalism of staff, expectations, communication and knowledge and skills. Many comments resulted from this exercise – "tell them to do things and they don't", "some staff do give me my breakfast", "she (staff member) has a negative attitude and shows no respect" and "she is sending a man to look after me and I do not want a man". There was no evidence any action had been taken as a result of the survey and does not evidence that people were listened to.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff comments about the management arrangements were mixed with one staff member saying, "It depends, sometimes we get good support and sometimes we don't". We found that the new manager tried to do his very best to provide all the information for the inspection however was hampered by the fact he did not know all the systems and processes in place.

At the time of the inspection Cultural Dignity 'n' Care was a small domiciliary care service and supported 11 people, only seven of them in receipt of a personal care service. Although there were 16 staff members on their books only eight of them were actively working. The manager told us the service was provided to people living in the central Bristol area within a three mile radius. There were plans to expand the service and recruit more staff.

The manager told us there was an expectation they would have contact with the registered manager/registered provider on a weekly basis and handover information about how the service had performed that week. Details regarding the number of hours support delivered, intake of new people to support and new care staff plus any safeguarding alerts and complaints. The manager said up until 13 October 2017 the registered manager had had a daily presence in the office to help them settle in. The plan was the manager would be the registered manager in the future, application to CQC had already been made and there was a date for the interview arranged.

The manager provided 24 hour on call support for any care staff who were working outside of office hours. Only minimal service was provided at the weekends at the time of this inspection and the hours of work were 07:00 to 22:00 each day.

The manager was arranging very frequent staff meetings at present in order to update the care staff on new procedures for example. They were proposing staff meetings were held on a three monthly basis in the future to keep staff up to date with any changes and developments within the service.

The manager was aware when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received one notification in 2017 from the service and this was in respect of a safeguarding alert they were raising.

We looked at the complaints log. In 2017 two complaints had been logged. Previous complaints had been in 2015. In the same folder there were safeguarding investigation reports. One of the investigations had resulted in an action plan being put in place. Following the inspection the registered provider/manager informed us their action plan had been completed. Following our inspection the manager emailed us and said separate folders had been created to record any complaints, accidents incidents or near misses and safeguarding events. Each folder would contain a log page, a description of the occurrence, acknowledgement letter, a record of any action taken and any follow up.



The policies and procedures we looked at were regularly reviewed. The manager was in the process of familiarising themselves with the policies. Care staff were provided with an employee handbook and these contained details regarding key policies such as safeguarding, cash handling procedures, health & safety and moving and handling. The manager planned to discuss key policies with the care staff in team meetings that were planned. This meant the staff team would stay up to date with any changes and clear advice and guidance was available to them.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care planning does not ensure service user's preferences or ensure their needs are met.</p> <p>Regulation 19 (3) (b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The procedures in place for the management of medicines were unsafe. The records kept were varied and not consistently completed.</p> <p>Regulation 12 (2) (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Complete, detailed and accurate care plans and care records were not maintained for each person.</p> <p>Regulation 17 (2) (c).</p> <p>The systems in place to assess and monitor the quality and safety of the service were not effectively used.</p> <p>Feedback from relevant persons was not acted upon in order to evaluate and improve the service.</p> <p>Regulation 17 (a), (b) and (e).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were unsafe and meant that unsuitable workers could be employed.</p> <p>Regulation 19 (2) and (3).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive sufficient training to enable them to do their jobs well. Induction training for new staff members was inadequate.</p> <p>Regulation 18 (2) (a).</p>