

ANOFT Global Resources Ltd

ANOFT Global Resources Limited

Inspection report

46 Kirpal Road, Portsmouth, Hants, PO3 6FD
Tel: 07814582138
Website: www.anoftglobalresources.org.uk

Date of inspection visit: 4 June 2015
Date of publication: 21/08/2015

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



Overall summary

This inspection took place on 4 June 2015. Forty eight hours' notice of the inspection was given because the service is small and the manager was often out of the office supporting staff or providing care. We needed to be sure they would be in.

Anoft Global Resources Limited is a domiciliary care service which provides care and support to adults and adults living with dementia in their own homes. At the

time of the inspection there were 13 people using the service. There were six care staff and the owner who is the provider and registered manager also provided care to support people.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People and their relatives confirmed they felt safe with care staff, and were treated as an individual. Staff knew how they could keep people safe from harm and could recognise types and signs of potential abuse to look for. Staff would report any concerns to the manager and had confidence the manager would deal with the concern and would know what to do if concerns were not dealt with by the manager. However, the provider did not have an effective system or process in place to investigate any evidence of potential abuse to protect people from abuse and improper treatment.

The provider had clear procedures for supporting people with their medicines safely. There were enough staff to meet people's needs and keep them safe.

Risk assessments relating to the health, safety and welfare of people were not always completed. Incidents and accidents were identified but not always reported, written down, dealt with, monitored or reviewed. Safe recruitment and selection processes were not always followed.

Staff did not receive an effective induction programme. Suitable arrangements were not always in place to ensure staff received appropriate supervision and training to meet people's needs.

Where people lacked the mental capacity to make decisions the service was not guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People were supported to have enough to eat and drink and people regularly accessed healthcare services.

People and their relatives felt staff were kind and caring and that their views would be acted upon and listened to by the provider. People's dignity and privacy was respected at all times. People were involved in day to day decisions about their care needs, however people were not always involved in their care planning because relatives were often consulted at the assessment about their relatives care needs without the person's involvement.

People were encouraged and supported to keep connected with the local community. Complaints had not been received about the service. People and their relatives confirmed they had never needed to make a formal complaint about the service.

People and their relatives were not clear on the management structure of the service. The provider had a good knowledge of people's needs and personalities because they provided personal care themselves. However they were unable to demonstrate a good understanding of their role and responsibilities as a provider. The service did not have a clear vision and a set of values that involved putting people first and records relating to people's care were not always available.

The provider did not have a system in place to analyse, identify and learn from incidents, accidents and safeguarding concerns. The provider did not have effective processes in place to assess and monitor the service to help drive continuous improvements.

Staff felt the registered manager and the provider were very supportive.

We found a number of breaches of the Health and 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Safeguarding concerns were not always identified and investigated. Risk assessments were not always completed for people. Incidents and accidents were identified but not always reported, written down, dealt with, monitored or reviewed.

People and their relatives felt safe and there were enough staff to keep people safe and meet their needs. Staff knew how to keep people safe from potential harm. There were clear procedures for supporting people with their medicines.

Safe recruitment and selection processes were not always followed in line with the provider's recruitment policy.

Requires improvement



Is the service effective?

The service was not always effective. Some people and their relatives felt staff were matched well to them or their relative's personalities and mostly had sufficient skills and experience to be able to give good care.

Staff did not receive an effective induction, training or supervision programme. Staff did not receive training on the Mental Capacity Act 2005 and did not know how to put this into practice.

People were supported to have access to healthcare services and were visited regularly by healthcare professionals to support them with eating and drinking.

Requires improvement



Is the service caring?

The service was not always caring. The service did not always take the views of people into consideration when planning and providing care.

People and their relatives experienced care that was caring and compassionate and provided by staff who treated people as individuals and respected their privacy and dignity.

People were encouraged to do as much for themselves as possible.

Requires improvement



Is the service responsive?

The service was not always responsive. People's needs were not always regularly assessed and reviewed by staff and they were not always involved in the assessment of their needs.

People did not always have choice and control over their care planning. People's needs had not been reviewed or updated when a change in need arose.

People were encouraged and sometimes supported to keep connected with the local community.

Requires improvement



Summary of findings

Complaints had not been received.

Is the service well-led?

The service was not well led. There was a registered manager in post. However people and their relatives were not clear on the management structure. The provider did not have a good understanding of their role and responsibilities as a provider and records relating to people's care were not accessible to authorised people.

Clear visions and values were not in place that staff were aware of. Staff, people and their relatives confirmed management were good and staff felt supported to raise concerns about bad practice.

Quality audits were not in place to ensure the ongoing quality and safety of the service was monitored.

Staff demonstrated an understanding of their roles and responsibilities.

Inadequate



ANOFT Global Resources 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.

This inspection took place on 4 June 2015 and was announced. Forty eight hours' notice of the inspection was given because the service is small and the registered manager and the provider were often out of the office supporting staff or providing care. We needed to be sure they would be in.

The inspection team consisted of two inspectors 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. The expert by experience had personal experience of caring for a relative who uses care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the Provider Information Record (PIR) before the inspection.

We were unable to examine previous inspection reports because this was the first inspection for this service. Notifications had not been received. A notification is information about important events which the provider is required to tell us about by law.

On the day of the inspection we spoke with three people who used the service and nine relatives. We also spoke with two care staff and the provider. The registered manager was not available at the time of the inspection.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for four people which included specific records relating to people's health, choices and risk assessments. We looked at daily reports of care, incident and safeguarding logs, complaints and compliments, service quality audits and minutes of meetings. We looked at recruitment records for five members of staff and supervision and training records for eight members of staff.

We asked the service lead to send us information after the visit. We requested copies of their policies and procedures to be sent to us by 8 June 2015. These were sent to us by this date.

This was the first inspection since the location had been registered with the commission.

Is the service safe?

Our findings

People and their relatives said they felt safe with care staff and were treated as individuals. One person said, “I feel safe with them.” People and their relatives confirmed they were encouraged to raise concerns about the care received. One relative said, “My [relative] feels very much in control of their care. They talk easily with the carers. They asked for a time change and they sorted it out straight away.”

Four out of eight staff had not received training in safeguarding adults, however staff knew how they could keep people safe from harm and could recognise types and signs of potential abuse to look for. Staff said they would report any concerns to the manager and had confidence the manager would deal with the concern and knew what to do if concerns were not dealt with. One staff member said, “If my client disclosed any abuse I would inform my manager and work closely with them, the manager would contact social services to inform them of the concern.” Another said, “If I reported a concern and the manager did not do anything I would then report the concern to the appropriate professionals.” The provider had a policy on safeguarding which detailed what staff should do if they suspected a person was at risk of being harmed.

Safeguarding concerns were not always identified and investigated. The provider told us there had not been any safeguarding concerns raised or identified since the service commenced. However we found a body map in a person’s care file identifying unexplained bruising on a person which had not been investigated or raised with the local authority as required to by the provider’s policy. The providers policy stated, “Staff should report suspicion or evidence of abuse to their Registered Manager, who in turn will report to the Adult Social Care Safeguarding Adults Team.” The body map had been completed some time ago following the assessment of this person’s care needs in January 2015. This meant the provider did not have an effective system or process to investigate or report any evidence of potential abuse to protect people from abuse and improper treatment.

The failure to identify and investigate safeguarding concerns and ensure all staff receive relevant training is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments relating to health, safety and welfare were not always completed for people. For example, four people’s care plans showed an assessment of potential risks in their home had been completed fully for one person and partly for another person. Two out of the four people we looked at needed support with mobilising around their home. Both people’s support plans identified them as ‘bed bound’ and they required the assistance of two care staff to provide personal care. However a risk assessment to assess the risks of manual handling had not been completed. Staff had not received training in risk management. Two staff were unable to tell us what they understood by risk management .

Incidents and accidents were identified but not always reported, written down, dealt with, monitored or reviewed. The provider said accidents and incidents had not happened since the commencement of the service. However the provider identified they had recently dealt with an incident when a person had fallen and an incident report was completed but it was still in the person’s home. The provider confirmed they had been supporting the person when the incident occurred and they had contacted an ambulance. We requested a copy of this incident report. We spoke with the relative of this person and they told us the person would fall regularly but had been visited by an occupational therapist. Staff members confirmed this person fell regularly. However there were no other incident reports for this person or risk assessments to show how the person had been supported to minimise the risk of further falls. This meant the provider did not do all that was reasonably practicable to mitigate risks because they did not assess, record and review risk to address changing needs.

The failure to identify risks and report and monitor accidents and incidents is a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Staff said there were enough staff to meet people’s needs and keep them safe. One said, “Staff client ratio is enough.” Another said, “Yes, always someone to cover.” People and relatives confirmed they felt there were enough staff to meet people’s needs. On occasions people were late but did stay for their allotted time and people felt unrushed . One person said, “Same staff morning and evening drawn

Is the service safe?

from a pool of 4 or 5 which is great. They arrive on time and stay for their allotted time or sometimes longer if necessary." Another said, "They are not good time-keepers but they do stay for their time."

Disclosure and Barring Service checks (DBS) had been undertaken for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However recruitment and selection processes were not always followed to ensure the safety of people because appropriate checks had not been carried out to ensure staff were suitable to work within a care setting. For example, all five staff recruitment records viewed did not contain references. The provider's policy stated that offers of employment would be subject to two satisfactory references and a criminal record check. Schedule 3 of the Health and Social Care Act 2008 requests satisfactory evidence of conduct in previous employment with the provision of services relating to health and social care is gathered. Gaps in employment and previous employment history had not been explored or completed and there was no information concerning applicants health on all five care staff application forms. The fitness of applicants had been requested on the application form but had not been completed, explored or reviewed for all five staff members. There was no evidence interviews had

taken place for all five applicants. The provider told us they recruited staff who they had previously worked with at a different service. They told us they did interview staff but they did not write anything down. Schedule 3 of the Health and Social Care Act 2008 states, "A full employment history, together with a satisfactory written explanation of any gaps in employment, reason for leaving previous employment and information about any physical and mental health conditions must be explored." The provider did not follow their recruitment policy or meet the requirements of schedule 3 of the Health and Social Care Act 2008.

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

There were clear procedures for supporting people with their medicines. People and their relatives confirmed they did not have any concerns with how the service managed people's medicines. People were supported with their medicines from a Monitored Dosage System (MDS). An MDS is a medication storage device designed to simplify the administration of solid oral dose medication. Staff members demonstrated a good understanding of safe storage, administration, management, recording and disposing of medicines. One staff member said, "Make sure medication is taken at the right time."

Is the service effective?

Our findings

People and their relatives were mostly positive about the support people received and staff having the necessary skills and experience to provide good care. Although some people and their relatives had concerns about communication difficulties and cultural differences, they felt staff were matched well to them or their relative's personalities and mostly had sufficient skills and experience to be able to give good care. One relative said, "Most of them are skilled – they brought someone to shadow staff for a couple of sessions, the regular ones know [person]. Oh yes, the regular ones are well-matched." Another said, "They seem to be trained, they offer suggestions and take an interest. Well-matched yes, we could not ask for more." However we received some negative comments from people regarding training for staff. One relative said, "I would say they're basic. Washing my [relative] is fine but dealing with an incontinence incident, the carer couldn't quite deal with that. They seem well-matched and the carer is quite with it." One person said, "They don't know first aid."

Staff did not receive an effective induction programme. The provider said when staff were employed they would be required to complete an induction programme. They confirmed the induction programme was a list of training they would be expected to do, such as safeguarding, health and safety, moving and handling and infection control. However the induction programme did not cover all the elements expected in line with nationally recognised guidance such as the Skills for Care Common Induction Standards or the Care Certificate. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Two care staff confirmed they had not received induction training prior to starting work.

There was a training plan in place which identified training had been completed for each staff member. We saw the provider, who provided care to people, had not completed any training themselves. The provider told us they had

done all the necessary training with their previous employer and did not think they had to refresh their knowledge. The training courses completed fluctuated between staff. For example; Four out of eight staff had completed safeguarding training, seven out of eight staff had completed training on first aid awareness and safe administration of medicines, five out of eight staff had completed infection control and four out of eight staff completed training on moving and handling. All eight staff had not received training on dementia, although the provider told us the majority of people who received support had dementia.

One staff member told us they had gone through the training with the provider. Another staff member told us they worked for another agency and had their training provided by them. However both staff members told us they felt they had enough training to enable them to care and support people effectively.

Staff said they felt very supported by the registered manager and provider. One staff member said they had received a supervision by the senior care worker and this had been written down and filed. Another staff member said they had not had any formal supervisions but felt they had informal supervisions every day because they are very supported by the registered manager and provider. We were unable to find evidence that supervisions had taken place as there were no documented records present in staff files. The provider confirmed they did not always document supervisions and did not complete appraisals for staff. Of the eight staff files we looked at there were no documented records of appraisals.

The failure to provide all staff with appropriate support, training, professional development, supervision and appraisal is a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

Staff did not have training on the Mental Capacity Act 2005 (MCA) and were unable to demonstrate a good understanding of the MCA 2005 and how to put this into practice. Staff were unable to give examples of the MCA and how this could be put into practice. The provider showed a limited understanding of the MCA and was unable to put their understanding into practice. For example, when we asked the provider what their understanding of the MCA 2005 was they told us, "Understanding that the person has full capacity to make decisions on their own and if not I would speak to a social worker who would complete a

Is the service effective?

mental capacity assessment.” However where people lacked the mental capacity to make decisions the service was not guided by the principles of the MCA 2005 to ensure any decisions were made in the person’s best interests. For example, the provider confirmed one person was deemed to not have the capacity to make decisions about their care and as a result all decisions were made by their relative. The provider stated a mental capacity assessment had not been completed for this person because they could tell just by speaking with the person they were not able to understand what they were being asked. The MCA 2005 directs that the person should have a written assessment of their capacity in this situation rather than an assumption be made that they lacked capacity.

The failure to ensure the service undertook assessments in accordance with the Mental Capacity Act and the failure to ensure staff were familiar with the principles and codes of conduct associated with the Act is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to have enough to eat and drink. People and their relatives said care staff would fit in with their wishes and choices of food and drink. Where staff were involved in food preparation people told us they would be offered a choice where possible. Most of the relatives said care staff would always encourage their relatives to eat and drink and would support them to eat and drink if it was required. Care staff we spoke with confirmed this. One said, “Always make sure they have a cup of tea and encourage them to eat and drink.” Another said, “I always make sure I leave a glass of squash and encourage people to drink.”

Staff and relatives confirmed people regularly accessed healthcare services. Most people and their relatives confirmed they or their relative had seen a health professional in recent weeks. These ranged from GP appointments, physiotherapy assessments, Community Mental Health Nurse and District Nurse visits to hospital outpatient attendances for a variety of conditions and monitoring purposes. Staff we spoke with confirmed this.

Is the service caring?

Our findings

People and their relatives were positive about the care and support received from care staff and office staff. We received a positive response from people and their relatives who told us both office staff and care staff had a kind and caring approach. One person said, “Their attitude is great.” Another person said, “My carer is very respectful.” One relative told us the office had contacted them a number of times to check how their relative was doing in hospital and to ask them how they were. They said, “Don’t you think that’s kind?”

Some people were involved in their care planning, however people said their relatives were mostly involved as opposed to the person themselves. Relatives told us when the care package was designed they had provided detailed notes about their relatives care needs and these had been passed to the service. Care staff confirmed they would always ask the person how they would like their care and encourage them to be as independent as possible. One person said, “I’m independent and wash myself but they help me with some things. It’s a good service, at night they

get me changed for bed.” This meant care staff sought the consent of people when carrying out personal care however people were not always involved in the designing and planning of their care with a view of achieving people’s preferences and ensuring their needs were met.

People and their relatives felt their views would be acted upon and listened to by the provider. People and their relatives said the manager and provider was approachable and respectful. One relative said, “I would have no hesitation in speaking to the manager they are great.”

People and their relatives confirmed staff were mindful of making sure they or their relative felt as comfortable as possible when receiving personal care. Relatives confirmed care staff delivered personal care in the bathroom and bedroom and would keep doors closed to ensure their relatives privacy and dignity was observed at all times. Staff confirmed they would respect people’s dignity and privacy by closing doors, knocking before entering the person’s room and informing them what they were going to do before supporting them with personal care or other support tasks.

Is the service responsive?

Our findings

People's needs were not always regularly assessed and reviewed by staff and people were not always involved in the assessment of their needs. People felt their relatives were at the centre of what the care staff did and not necessarily themselves but felt they consented to the day to day care being provided.

People had individual support folders which contained a support needs assessment tool. The support plans were very detailed and included people's likes and dislikes, personal histories such as medical conditions, strengths, cultural needs and how they would like their support. For example, people's support plans detailed how the person liked to have their support in the morning and detailed what the person liked to do themselves and what support they required from the care staff. This meant arrangements were in place for people to have their individual needs assessed.

People did not always have as much choice and control over their care planning. Relatives were very involved in the care planning for their relatives. Relatives had provided the service with detailed notes of the person and how they were required to be supported. Some people confirmed they were involved in their care planning but their relatives had led discussions about their care needs. Most people did not know if they were involved in their care planning. The provider confirmed relatives and other professionals were involved in gathering information about people. The provider said they would speak with the relatives and other professionals about the person's care and not to the person directly as they were living with dementia. However, a person living with dementia would not necessarily lack the capacity to consent or to be involved in the devising of their care plan, and even if they did lack capacity for certain decisions, people need to be provided with the appropriate support to be as involved as possible. We could not be assured that people were as involved in the assessment of their needs and preferences as they could be and may not have care plans that reflect how they would like to receive care.

We found no evidence people's needs had been reviewed or updated. For example, the provider told us one person they supported had fallen regularly. This person's support plan did not make any reference to them falling or have any information on how to minimise the risk of this re occurring. This meant people's needs were not reviewed when their needs changed and their plan of care may not be met or may not be relevant.

A failure to involve people in the assessment and planning of their needs and review them regularly to ensure peoples needs continue to be met is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Those who could were encouraged to keep connected with the local community. Most relatives said their relatives were too ill to go out or have visitors, or they only went out with them or another relative. One person had a few close friends who would visit, whilst another had a weekly visit from a parish visitor who made tea and a sandwich for the person. Three people had visited day centres, but eyesight and hearing difficulties had caused problems so they did not continue with this. One relative said, "The [care staff] walks my relative to the local shop one afternoon a week for exercise and to keep them connected with the locality."

People and their relatives confirmed they had never needed to make a formal complaint about the service. The provider told us they had not received any formal complaints and this was confirmed by people and their relatives. However people and their relatives felt confident to express concerns and if they had any issues they knew who to complain to and would be confident the concern would be dealt with. Most said if they could not resolve an issue or experienced a drop in the standard of service they would contact social services. There was not a complaint file in the office. However complaints had not been received.

Is the service well-led?

Our findings

There was a registered manager in post but they were unavailable at the time of the inspection due to unplanned absence. People and their relatives were not clear on the management structure of the service. Most people and their relatives told us the provider was the manager and they were not sure what the other person in the office (Registered Manager) did. The provider was available for us to speak with on the day of the inspection. The provider had a good knowledge of people's needs and personalities because they provided personal care to people themselves.

The provider was unable to demonstrate a good understanding of their role and responsibilities as a provider. For example, the provider said this was their first inspection and expected guidance and advice from us on how to improve their service. The provider was not aware that we should be notified of safeguarding concerns and incidents and had missed identifying an incident as a safeguarding concern. They were not aware of a change in the Health and Social Care Act 2008 (Regulated Activities) Regulations from the 2010 to the 2014 Regulations, and were not aware we required to see documented evidence of the support people and staff received at the office and in people's homes. Apart from people's care plans the provider said all documents relating to people's care was kept in their homes and staff kept their own performance and training information at their homes and not in the office. This meant records relating to the care of each person was not always accessible to the provider and registered manager as authorised people as necessary in order to deliver people's care in a way that meets their needs and keeps them safe.

The provider did not have a system in place to analyse, identify and learn from incidents, accidents and safeguarding concerns. The provider said incident forms were kept in people's care plans in their homes and were not brought back to the office for review. The provider said they kept the information in people's homes in case social services completed a review of the person's needs and wanted to look at the information. This meant the provider could not assess, monitor and improve the quality and safety of the services provided because they did not have oversight of the information to provide learning from events.

Audits had not been completed to assess the quality of the service. The provider had not picked up on the issues we identified in our inspection around gaps in training, lack of recording of supervisions, assessment and review of risk and the need to involve people more in their care planning. The provider had not sought feedback from health and social care professionals. The provider showed us two satisfaction surveys that had been completed by people in May 2015. These had been placed in people's support files and not checked or assessed for any concerns or improvements needed. The provider confirmed the results had not been collated but they had analysed the results with the registered manager. This was not written down or documented. We saw from the two satisfaction survey's an average response was given to two questions asking if care staff arrived on time and if the care was given in accordance to what had been agreed in the care plan. Actions had not been taken to resolve these responses. Most people and their relatives told us they did not have any involvement with providing quality feedback to the service. This meant the provider did not have effective processes in place to assess and monitor the service to help drive continuous improvements.

A failure to understand the roles and responsibilities of a provider and registered manager and operate effective systems and processes to assess, monitor and learn from audits, incident and accidents and to have this information readily accessible to the Commission is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have a clear vision and a set of values that involved putting people first. Staff did not know what the vision and values of the service were. However care staff understood some key aspects of their roles and responsibilities. One said, "Support the individual and encourage them to do things for themselves."

Staff said management were very good and very supportive. One said, "I feel very supported, yes." Another said, "Very supportive." Both care staff felt the manager and provider was very "hands on." Staff were supported to question their practice and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. One said, "I would report to the Care Quality Commission if I needed to."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The provider did not design care or treatment with a view to achieving service users' preferences and ensuring their needs were met. Regulation 9 (3) (a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider did not ensure care of the service users was always provided with the consent of the relevant person. Regulation 11 (1)</p> <p>The provider did not act in accordance with the Mental Capacity Act 2005 when the service user was over 16 and was unable to give such consent because they lacked the capacity to do so. Regulation 11 (3)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who use services were not always protected from abuse because systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. Regulation 13 (3)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not assess the risks to the health and safety of service users, do all that was reasonably practicable to mitigate and such risks and did not ensure persons providing care to service users had the qualifications, competence, skills and experience to do so safely. Regulation 12 (1)(2) (a) (b) (c)</p>
<p>The enforcement action we took:</p> <p>A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 21 September 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.</p>	
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes to make sure they assess and monitor their service. Regulation 17 (1)</p> <p>The provider did not have systems and processes in place to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. Regulation 17 (2) (a)</p> <p>The provider did not have systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (2) (b)</p> <p>The provider did not make accessible to authorised people the records relating to the care of each person using the service in order to deliver peoples care in a way that meets their needs and keeps them safe. Regulation 17 (2) (c)</p>

This section is primarily information for the provider

Enforcement actions

The provider did not act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services. Regulation 17 (2) (e)

The enforcement action we took:

A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 21 September 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity did not receive such appropriate training, supervision, appraisal and professional development as is necessary to carry out the duties they are employed to perform. Regulation 18 (2) (a)

The enforcement action we took:

A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 21 September 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider did not ensure that the person's employed for the purposes of carrying on the regulated activity was of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (a) (b)

The registered provider did not operate recruitment procedures effectively to ensure that person's employed met the conditions for the purposes of carrying on a regulated activity. (Regulation 19 (2) (a)

The registered provider did not ensure the information specified in schedule 3 of the HSCA 2008. Regulation 19 (3) (a)

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:

A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 21 September 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.