

## Axis Recruitment Limited

# Axis Recruitment Limited

### 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?

**Inadequate** 

# Summary of findings

## Overall summary

This inspection took place on 19 May 2016 and was announced.

Axis Recruitment Limited is registered to provide care to people in their own homes. Two people were using this service at the time of our visit.

There was a registered manager in post. A manager is required to register with us by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 about how the service is run.

Risks to people using the service were not being identified or managed appropriately. The provider did not have suitable arrangements in place to identify, manage and report incidents of potential abuse. Staff had some level of understanding about safeguarding and their responsibility to ensure people were protected from harm.

Sufficient staff were available to provide care to the people using the service. However, procedures were not followed to ensure staff were recruited safely. Where the service was responsible for people's medicines, the provider had not carried out competency checks to ensure staff were administering medicines safely. There were no systems in place to review people's medicine charts. This placed people's health at risk because there were no checks in place to ensure they were receiving their medicine as prescribed, by their GP.

Staff had received training, but this was in their previous employment. The provider had not completed competency checks to ensure staff had the required knowledge and skills to perform their role. Suitable arrangements were not in place to ensure staff were recruited and supported appropriately. Staff were recruited and received supervision over the telephone. This placed people using the service at risk of receiving poor care, as the fitness and competence of staff had not been thoroughly checked.

People had not given their consent or been involved in making decisions about their care. The provider was not adhering to or following the principles of the Mental Capacity Act 2005. No processes and procedures were in place to ensure people's consent to care was relevant and appropriately been given.

People were supported by staff to eat and drink, however support plans did not detail how this should be managed by staff. People's likes, dislikes, preferences, and allergies were not recorded. People were not supported to maintain good health. Information in their support plan was limited or fit for the purpose to ensure they received appropriate support to maintain their health needs.

People's support plans were not always in place or reflective of their care needs. Although people's care and support was reviewed people were not involved in decisions or review of their care needs. Information

provided to people who use the service was not relevant or suitable for people receiving care and support. People were not always treated with dignity and respect. Care plans did not include people life history, likes and dislikes or preferences. Inappropriate terminology was used in care and support plans.

People did not always receive personalised care. No assessments of care had been completed. We could not identify if people's views were sort. The processes in place were not sufficient or effective to ensure people needs were responded to. The complaint procedure was shared with people.

There was a lack of robust quality monitoring processes in place to ensure people received high quality care.

Overall, we found significant shortfalls in the care and service provided to people. We identified five 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.

## 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 consistently safe.

The provider had not taken appropriate steps to ensure people were safe. They did not have suitable arrangements in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People's individual risks had not been identified prior to receiving care and support. Risks were not identified or managed appropriately.

Sufficient staff were available to provide care for people who received personal care.

Safe recruitment procedures were not in place or followed to ensure staff were recruited in a safe way.

Medicines were not managed in a safe way. The provider took no steps to ensure staff were administering medicines correctly or safely as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff had received training, but from previous employment. The provider was not effectively ensured staff had the correct skills and experience to meet people's needs.

People had not given their consent or been involved with their care. The provider was not adhering to or following the principles of the mental capacity act 2005.

People were supported by staff to eat and drink, however support plans did not detail how staff should manage this.

People were not supported to maintain good health. Information in their support plan was limited and not fit for the purpose to ensure they received appropriate support to maintain their health needs.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

Staff confirmed they developed caring relationships with people.

People care and support was reviewed, but people were not involved in decisions and review of their care needs.

People were not always treated with dignity and respect. People's preferences, likes and dislikes were not always taken into consideration. Inappropriate terminology was used in care and support plans.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

People did not always receive personalised care relevant to their needs. People's needs were not appropriately assessed and reviewed to ensure their specific needs are met

The processes in place were not sufficient or effective to ensure people needs were responded to.

There was a complaint procedure in place that was shared with people.

**Requires Improvement** ●

### Is the service well-led?

The service was not very well-led.

There was a lack of robust quality monitoring processes in place to ensure people received high quality care.

People received information on how the service was run, but it was not relevant to their needs.

A registered manager was in place.

**Inadequate** ●

# Axis Recruitment 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 took place on 19 May and 02 June 2016 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to give the provider an opportunity to make members of the management team and staff available to talk to us. The inspection team consisted of one inspector.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We requested and received a Provider Information Return (PIR). The PIR 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. The PIR the provider sent us lacked information that supported how the service was run.

We spoke with three care workers, one care coordinator and the registered manager who was also the provider representative. We looked at written information, including policy and procedures, statement of purpose, the staff handbook, user service guide, one person's care records and four staff files.

# Is the service safe?

## Our findings

We found the provider had not taken appropriate steps to ensure people were safe. Staff had an understanding of the symptoms, indicators and behaviours that might help them to recognise abuse and what they needed to do to keep people safe. However they had variable understanding about reporting safeguarding concerns. One staff member told us they would report any safeguarding concerns to their manager in the first instance, but they lacked an understanding of the role of local authority safeguarding teams. The registered manager told us the safeguarding policy was part of the staff handbook (this was a book staff received when first employed.) However, we found the safeguarding policy had no procedures in place for staff to follow in regards to reporting safeguarding concerns to the local authority safeguarding teams. Furthermore the registered manager did not have knowledge of the local authority safeguarding team or the procedure they should follow if a safeguarding concern was reported to them by a member of staff. There were no contact details within the staff handbook or policy to identify who staff should contact if a safeguarding issue arose. This placed people at risk where abuse or harm, may go undetected or might not be responded to appropriately.

This was because they had not provided staff with up to date training in how to protect people from abuse or the risk of harm. Staff spoken with told us they had not undertaken any safeguarding training through Axis Recruitment Limited, but had completed this training when working with other care providers. The registered manager told us staff undertook safeguarding training as part of their induction. However, staff told us they had not received an induction with the service, despite one of the staff having worked with the company for four years.

The concerns we found in relation to safeguarding meant people could not be assured that potential abuse would be appropriately identified and responded to. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People's individual risks had not been identified prior to receiving care and support from Axis Recruitment Limited. As a result we found that risks associated with people's care and support needs had not been properly assessed to ensure they received safe care and where required treatment. For example, one person was living with a brain injury and epilepsy. The person's care plan lacked information about their injury and how staff were to support them during seizures. Without this information there was the potential risk that staff would not know how to manage this person's seizure, which placed their safety and welfare at risk.

The same person was identified as being at risk of falls. We found no falls assessment had been completed to assess the risks, or to describe the actions needed by staff to reduce the risk of falling. However, there was a note reminding staff to be aware of the top of the stairs, but there were no instructions on how staff should support this person safely at the top of the stairs. There was no risk assessment to identify the dangers and what it would mean for the person.

On the first day of our inspection we found one person had no support plan or risk assessments in place for us to view. The registered manager / provider representative told us this person had been receiving care from Axis Recruitment Limited since January 2016. However, they could not provide evidence to show how

risks associated with their care had been assessed and managed to ensure this person was receiving safe care.

The registered manager confirmed they had no systems in place to review accident or incidents that may have occurred. They told us there had been no accidents or incidents reported to them. Without systems in place to report, review and analyse incidents that may have occurred, we were not confident the provider had taken appropriate action to mitigate risks for people using the service.

The registered manager told us staff did not administer any medicines to the people using the service. However staff told us they did administer people's medicines. One staff member described the process and procedures they followed when administering people's medicines, but this was not in accordance with the providers own policy and procedure for administering medicines. This meant people were not receiving their medicines in a safe way. Staff told us they had received medication training in their previous employment and certificates confirmed this. When asked the provider was unable to provide evidence to show that competency checks were carried out on staff to ensure they were administering medicines in a safe way.

The provider's medication policy was out of date. The contents of the policy did not meet 'current legislation and guidance for the management of medicines.

The provider did not have effective processes in place to ensure staff were administering people's medicines in a safe way. The lack of clarity about the arrangements for administering people's medicines meant people were at risk of not receiving their medicines as prescribed by their GP.

For example, The Medication Administration Records (MAR) sheets dated 17 May 2016 for one person were all hand written. These did not accurately reflect instructions with regards to the amount of medicines the person should have. There was no alternative list of medicines or information about the dose the person should receive. The hand written document had not been signed by two staff to identify that the medicines were as prescribed. Therefore we could not tell if the required dose was as prescribed by a GP. The time of the medicine on the MAR stated 9.30am and 19.30pm. There was no reference in this person's support plan that they required medicine at 9.30am. We found the MAR did include the number of tablets carried over each day and identified when new medicines arrived, but only one member of staff was checking the numbers were correct. The provider had not completed any monitoring of the MAR charts to check if they were any discrepancies. We were not able to clarify with the person or their relative that the medicine was correct and what they should be receiving or if they received their medicine in a timely manner.

The above matters constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for failing to assess the risks to the health and safety of people using the service and to do all that is reasonably practicable to minimise such risks occurring.

Information given to us by the provider's representative, including the staff rotas showed there was sufficient staff to care for people using the service. All staff spoken with confirmed there was sufficient staff to care for the people they were responsible for.

People were supported by the same member of staff where possible to ensure there was continuity of care. Staff told us in one person's home there was a rota on site that was completed by staff and signed by the person. This was to confirm the staff member had provided the person's care and support. This in turn was scanned back to the office to cross reference with the staff members timesheet. One staff member said, "If there is no shift covered we contact the care coordinator in the office and they send another staff member to cover the shortfalls." Another staff member told us the care coordinator contact me and send me to



different people's own homes. We looked at rotas and timesheets and they confirmed staff had supported people who use the service. This showed us people had received care and support at a time they wanted it.

Prior to our inspection two concerns had been raised with us by other members of staff who had worked for the service regarding the recruitment of staff. We looked at four staff files and found that staff had completed an application form. Disclosure and Barring service (DBS) checks and two references had been requested and received. There was evidence to show checks were made to ensure staff were eligible to work in the UK. However, there was no evidence that staff had attended an interview or appropriate steps had been followed as per the provider's policy and procedure for recruitment to ensure the fitness of the prospective employee. Staff told us they had been recruited by their Curriculum Vita (CV) being uplifted by the provider from a website and an initial interview completed over the telephone. Staff also told us they had no follow up face to face interview. One staff member told us they had completed an application electronically and was interviewed over the telephone, then given the details of the person they were to provide support too without meeting the provider, or registered manager. Without proper systems in place we could not be confident that staff recruited were suitable to work with people who used the service.

## Is the service effective?

### Our findings

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

The registered manager was not aware of when they were required to complete a mental capacity assessment. For example, where a person had suffered a brain injury they had not been assessed to see if they had the capacity to make decisions about, or consent to their care. We raised this with the registered manager at the inspection on [19 May 2016], but they had still not completed any assessments of people's capacity when we checked again on 6 June 2016.

We were unable to ask people if staff asked their permission and sought their consent before making decisions about how they provided care, as we were unable to make contact with them or their relative. The MCA was introduced to protect people who lack capacity to make decisions, because of illness or disability. We looked at one person's care plan and although there was documentation for recording if the person had capacity and given their consent, this had not been completed. The lack of information in the person's care plan showed they had not been fully consulted or that the correct procedures had not been followed to ensure their consent was obtained.

The provider did not have a policy in place to ensure they and staff adhered to the principles of the Mental Capacity Act 2005. Staff told us they were aware of the MCA, but had not received training in this area as part of their induction or ongoing training. They had little understanding of what it meant for people who used the service, but staff did talk about what it meant for people to have a choice in the way they wanted to live their life.

The above matters constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The registered manager told us staff had a thorough induction and bespoke training to ensure they had the skills and knowledge to meet the needs of the people using the service. They said the induction was undertaken over one hour and shadowing for six weeks with the person's previous care provider if relevant. However staff told us they had not received an induction when starting work and commented the training they had received was from previous employment. Certificates in staff files confirmed this.

The registered manager told us they discussed training needs with staff during supervision and appraisals. They also told us they were in contact with staff regularly and any training issues could be raised during this time. They also said that people provided feedback on staff performance and if any issues were identified these would be addressed in supervision. Staff confirmed they had regular telephone contact with the registered manager and felt supported, but none had received appraisals since working at the agency.

The provider's Service User Guide stated. "The agency will ensure that the care workers have the relevant skills, experience and qualifications to react appropriately to the needs of the service user." Although the provider had systems in place to monitor and check staff training was in date, these were not being used effectively to ensure staff were competent and skilled to provide support for people using the service.

We looked at one person's care plan and found the person had a number of complex health needs, such as, epilepsy, but there was no further information for staff about how to care for this person effectively or what they should do if they had a seizure. They were also described as having mood changes resulting in changes in their behaviour which may place themselves and others at risk of harm. However, staff told us they had not received any specific training or information to help them support this person to manage their epilepsy or behaviours that placed them and other people at risk of harm. We were not confident the provider had made sure that staff were suitably qualified, competent, and skilled to carry out their duties.

As we had been unable to gain people's view on whether they received sufficient to eat and drink, we asked staff how they made sure people's nutritional needs were met. One staff member said, "I encouraged people to drink more to ensure they were sufficiently hydrated. Another staff member told us they completed food and fluid charts if they had concerns that a person was not eating or drinking sufficient. They also told us they recorded in the daily notes what a person had to eat and drink. However, these notes were not available for us to look at the time of our inspection to confirm this.

The registered manager told us staff supported people to have a balance diet. They said each person had a diet plan, which was discussed with staff when they first provided care and this was updated when required. However, we found this was not the case. There was no information in the care plans that ensured people received a balanced diet.

Information contained in people's care files identified where they required support with eating. One support plan stated offer [name] drinks and make a light supper, but there were no instructions what sort of drink or food the person preferred, including their likes or dislikes. Therefore we could not be confident people were being given choices that met their needs and preferences.

One of the staff spoken with had good knowledge about the needs of one of the people using the service and was aware of changes in their care. However, they told us their care plan had inadequate information to ensure staff not familiar with them would know how to provide the care and support they needed to maintain good health. The staff member did say they recorded changes in the person's health in the daily notes and handover communication, for staff to read. These notes were not available for us to look at the time of our inspection to confirm this.

The registered manager told us no one had needed support with health care appointments, but staff would support them to access healthcare services, as and when required.

## Is the service caring?

### Our findings

Staff told us they had developed a good relationship with people using the service. One staff member described the care they provided for a person on a daily basis, which demonstrated they knew the person well and was fully aware of their needs. They said that the person they cared for was very independent and was able to make choices and would let them know what they wanted.

The registered manager told us they were in the office daily and had weekly contact with people and their families. They said that family members had been involved in planning their relative's care and had made relevant decisions about their needs. We saw that one person's care plan had been reviewed on a regular basis to ensure their needs were being met. However, there was no evidence to show that they had been involved in these reviews. Staff also told us all records and notes in the person's home were created by another care provider (also providing a service to this person) and not by Axis Recruitment Limited. The care plans held in the office were scanned documents of records kept in the person's home. There was no evidence to show that Axis Recruitment Limited had carried out their own assessment of the person's needs. Neither had they involved the person in how their care was planned and delivered. There was no support plan at all in place for another person despite having been with the service for four months, therefore we could not see if they had been involved in making decisions and planning their care. Care plans looked at did not fully reflect people's preferences and choices. Care plans were not person centred. The registered manager told us they had not met with people using the service, although they said they received daily feedback from families via the telephone. This meant there was a risk that people may not want the care that was provided or in the way it was being delivered.

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

The Service User Guide gave people information about the service and how the service was run. We found this document to be more directed at other providers as an employer of staff and not people requiring personal care. [Axis Recruitment Limited provided care staff to people and other care organisations as a third party] The document was not relevant or fit for the purpose of providing information about the service for people requiring care in their own homes. There was no information about what people should expect from the service as a care provider.

Information had not been made available to people about advocacy services which could help them when they needed support or someone to speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us they did not promote advocacy services, but would supply information if people asked for it.

Staff told us they treated people with dignity and respect. One staff member told us the person they cared for liked to stay in their room sometimes, so they respected this. Another described how they ensured people had privacy when they were providing personal care. They told us they encouraged people to do things for themselves, but always made sure when they required support they were there to help them. A

third member of staff said, "I always ask a person what they would like me to do and talk to them in a calm manner. We make sure people are covered up when we are providing personal care and never let anyone in to the room while undertaking this task."

Staff treated people's information confidentially and care records were stored securely. However, the language and descriptions used in support plans did not show people's needs were referred to in a dignified and respectful manner. language used to describe people's behavioural needs was inappropriate and disrespectful.

## Is the service responsive?

### Our findings

Staff told us they were in regular contact with the care coordinator in the office and if they had any concerns about changes to a person's needs these would be responded to. This meant if staff needed support or if a person's needs had changed then the coordinator would make adjustments. For example if the person cancelled a care call or wanted a temporary change to their routine.

We asked staff how they supported people to get out in the community. One member of staff told us they supported a person to go out in the car. We looked at the person support plan to ascertain the support they needed when travelling in the vehicle. The instructions for staff to follow were not clear and were not dated. Therefore we could not tell if this plan was current and reflective of the person's needs.

We looked at how the registered manager had assessed people's needs and how this information had been used to develop support plans. Two people had been using the agency since January 2016. There was no support plan in place for one person. The other person had support plans in place, but they were not adequate or detailed to support the person appropriately. Their care plans had been created by a third party [another care provider] and not by the registered manager. We found information was generally lacking to ensure this person's needs were met.

When people's needs are not properly assessed there is a risk their needs may not be met. For example, staff told us one person lived with epilepsy, but we could not find a specific plan relating to this condition. However, the support on waking nights plan stated, "Don't leave for long periods without checking as could fall or have an epileptic seizure." There was no guidance available for staff to tell them how they should respond should the person have a seizure or fall.

We looked at how a person's changing needs were assessed and how this impacted on the support provided to the person. The registered manager told us they received feedback from family and staff via telephone monitoring, but instead of providing an up to date support plan they relay back to staff to update the plan in the home. Staff told us they updated the plans by hand. This meant there was no way of telling if the changes had been made accurately. There was a system in place to monitor call contact and we could see that discussions had been made with the family member. There was no documentation available to us to show people's care plans had been updated to reflect the changes in their care. Following our inspection the registered manager sent us copies [25 May 2016] of documents they were implementing, for example an initial risk assessment, a mental capacity assessment and a support plan. However, we have no assurances that these documents have been used.

When people's needs are not appropriately assessed and reviewed to ensure their specific needs are met it is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014.

We found the service had not completed any pre assessments of people's needs at the time of our inspection. They had not visited or reviewed people's care and support other than a third party involvement. The provider was unaware if the third party had the relevant permission to be making decisions on behalf of

people. We found people's care documents had not been completed by the service. There was a risk care and support was being delivered, but the person had not agreed or their care was not relevant to their needs.

The service had not written the care and support plans these had been completed by a third party. There was a risk the person may not be supported effectively as information was provided by other people and not the person themselves.

The provider was unable to demonstrate that the care they delivered was responsive to people's needs or people were receiving effective care as the support plans were limited in detail and not person centred on the person's care. In one case there was no support plan at all and the person had been with the service for four months. There were plans in place to support staff to have some knowledge and skill about the person, but these were not executed effectively. The support plans lacked detail and appropriate instructions to ensure people maintained good health.

The provider had a complaints policy and procedure in place. However, we did not see details of how people would contact the local government ombudsman if they felt the complaint had not been dealt with. Staff had an understanding of what they should do if a person raised any concern or made a complaint to them. Staff told us they were aware of the procedure they should follow and who they should report to. The registered manager told us they had not received any concerns or complaints in the last 12 months. We found no complaints had been recorded in the complaints log in the last 12 months.

## Is the service well-led?

### Our findings

The registered manager told us they had regular contact with a family member, who gave them feedback about staff performance, which they said was positive. However, they had not made contact with the person direct. They also told us they had received feedback from the other person who used the service, but this was not shown to us on the day of our inspection.

The provider was unable to demonstrate that people or staff were involved in developing the service. However, all staff we spoke with felt supported by the agency and said they were in regular phone contact. One staff member told us they felt fully supported and if they had any concerns the service responded quickly. Another staff member described a time when they needed to be removed from a care call as the relationship between the person and the staff had broken down. The staff member told us the agency responded well and supported them. None of the staff we spoke with had any complaints about the service. One staff member said, "They [Axis Recruitment Limited] are a very good company to work for.

There was a lack of robust quality monitoring processes in place to ensure people received high quality care. We found no audits had been carried out by the provider to monitor the service. There were no processes in place to review and improve the quality of the service provided to people. The registered manager told us that they contacted staff via telephone and text to update them of any changes in people's needs. They told us this was because the geographical area of staff to the main office was difficult for staff to access. Staff confirmed this. The registered manager also told us and staff confirmed no physical spot checks or observations of care were in place. The registered manager told us they relied on telephone feedback from family members, but they had not made direct contact with all people who used the service. This showed there was a lack of detailed monitoring systems in place, and checks were not implemented effectively or safely.

We found reviews of care were not carried out to check that care support plans, daily notes and medication administration records were up to date and reflective of people's needs. The registered manager told us they had not completed any audits and it was not clear if support plans were up to date or reflected people's needs. There were no clear processes and procedures in place for safeguarding people, management of medicines, assessing and monitoring the quality and safety of people or gaining consent of people they provided care and support for, which was a requirement of their registration with CQC. The provider's policies and procedures were not fit for purpose to ensure the service run smoothly and were in line with current legislation. The way the service was managed did not always identify risks. Strategies in place did not minimise the risk. We asked the provider to provide us with information [medication policy, people's current support plans, statement of purpose and their recruitment policy] after we completed our inspection. The provider responded on 22 June 2016, but the information was not detailed enough. Documents, for example risk assessments, initial care assessments, mental capacity policy and assessments were not completed or were not in place at the time of our inspection. However, we found care files and staff files were kept secure to ensure people's details were kept safe.

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



The service had a registered manager who had been in place since 2012. We found the leadership to be reactive as processes were only implemented after our findings. The way the service was managed did not always identify all the risks. We were not confident that the plans of action designed to achieve the provider's long term aims for the service were efficient enough to ensure the service ran smoothly. The contingencies were not in place to respond to unplanned situations that may occur.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People who use services did not receive care and treatment that reflected their preferences. Regulation 9 (1) (c) (3) (d)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Care and treatment must only be provided with the consent of the relevant person. Regulation 11(1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services did not receive care and treatment that reflected their preferences. Regulation 12 (1) (2) (a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People who use services were not protected from abuse and improper treatment. Systems and processes were not established or operated effectively. Regulation 13(1) (2)
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

People who use services did not receive care and treatment that reflected their preferences.  
Regulation 17(1) (2)(a)(b)