

Vive UK Social Care Limited

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on the 28 and 30 June 2016. At the last inspection in May 2014 we found the provider met the regulations we looked at.

Vive UK Social Care is a domiciliary care agency which is based close to the city centre of Leeds. The agency provides personal care and support to people living in their own homes.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Safe medicine administration practices were not followed so people were not protected against the risks of unsafe management of medicines. Although staff had received training in managing medicines, this had not given staff the required competency to manage medicines safely.

The recruitment process was not robust. We found some staff had been working unsupervised before the service had completed their background checks.

Staff did not complete a comprehensive induction when they started work which meant the provider could not be assured all staff understood how to deliver care safely and to an appropriate standard.

We found the systems in place to assess and monitor the quality of the service were not effective. Concerns we raised at the inspection had not been identified by the quality assurance systems in place. There was a reliance on informal systems which could lead to potential risks being overlooked.

We found there were enough staff available and staffing was overall managed in a way that ensured people received consistent care workers who knew people well. Two people reported occasions of missed calls in the past but said the service had improved since they reported this.

Risks to people's safety and well-being were assessed and staff showed a good awareness of the risks people faced. However, we found some risks were not supported by a fully documented management plan.

Staff and the management team understood their responsibilities to protect people from abuse and were able to explain the actions they would take if abuse was suspected. People told us they felt safe and well looked after.

People received assistance with meals and healthcare when required. Staff were aware of people's nutrition and health care needs and supported people appropriately.

Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act (MCA) 2005. Staff told us they would always ensure they had the consent of people who used the service before they provided any care or support. People who used the service confirmed this.

Records showed people were involved in the development of their care plans to ensure staff knew how to support them the way they wanted to be supported. Overall, the care plans we looked at were person centred. However, some updates were needed to ensure staff were fully aware of people's current needs.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with privacy, dignity and respect in their own home. People who used the service told us staff always provided the care they required.

The service had systems in place to manage complaints and people were informed of the complaints procedures. However, there was no process for an overview or analysis of complaints to enable identification of any patterns or trends.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end 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?

Requires Improvement ●

The service was not safe.

People's medicines were not managed safely and safe recruitment practices were not always followed.

Risks to people's safety and well-being were assessed and people were supported by staff who had been trained to recognise signs of abuse or harm.

We found there were enough staff available and staffing was overall managed in a way that ensured people received consistent care workers.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not complete a comprehensive induction when they commenced work.

Staff understood the importance of obtaining people's consent and had an understanding of the Mental Capacity Act 2005.

People's nutritional and healthcare needs were met if they needed support with this.

Is the service caring?

Good ●

The service was caring.

People were happy with the care and support provided to them. They said staff were kind, friendly and treated them well.

People's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were involved in developing their care plan so that care staff knew how they wanted to be supported.

Some improvements were needed to care records to ensure they remained up to date and gave full guidance to staff on people's care needs.

The service had systems in place to manage complaints. However, there was no process for an overview or analysis of complaints.

Is the service well-led?

The service was not well- led.

We found the systems in place to assess and monitor the quality of the service were not effective.

The provider's policy on quality assurance was not implemented consistently to ensure on-going improvements in the service.

People who used the service and staff spoke positively of management team; they were described as approachable and helpful.

Requires Improvement 

Vive UK Social 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.

This inspection took place on 28 and 30 June 2016 and was announced on both days. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection providers are asked to complete 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 did not ask the service to provide us with a PIR prior to this inspection.

We reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch told us they received feedback on the service in March 2016 with one person having raised concerns about the quality of the care provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 58 people receiving personal care from the service. We spoke on the telephone, with five people who used the service, eight relatives, a day carer and six care workers. We visited the provider's office where we spoke with the deputy manager and two senior care workers. We also spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at seven people's care plans and five people's medication records.

Is the service safe?

Our findings

Medicines risk assessments did not properly identify the type of support people needed with their medicines. The provider's policy outlined assistance with medication as level 1; assisting with medicine and described an example of this as 'an occasional reminder or prompt' and stated a persistent need for reminders may indicate a person needed more support. Level 2 was noted to be administering medication. Staff we spoke with described daily reminding and prompting of people to take their medication, records showed staff sometimes documented this as medications administered or given. Staff and the management team we spoke with did not demonstrate a clear understanding of the provider's policy on assisting with or administering medication which meant people may not receive the type of support they needed.

We found the provider failed to keep sufficient information about how people were supported with their medication. There was information as to exactly what medicines each person was prescribed however, this was not always up to date and there was no information available on what the medications were prescribed for. There were no plans in place to show how people liked to take their medication and no protocols to guide staff on the use of as and when necessary (PRN) medication to ensure this was given safely and consistently.

We looked at the medication administration records (MARs) for five people who used the service. We found these were handwritten each week by care staff when medicines were delivered to people's homes. The handwritten MARs were not signed by the person who wrote them and there was no system in place to ensure they were correctly transcribed. Some medications were not listed on the MARs, for example, pain relief patches or creams which meant they could be missed. Some medications were just listed by name and did not have the dose of the medication noted or any special instructions such as how many could be taken in a 24 hour period. However, staff demonstrated a good awareness of ensuring medicines were spaced out at the required intervals. Some medications were listed by type of medication rather than the actual medication, for example eye drops or inhaler; with no instructions for their use. There was a risk that people would not receive their medication as prescribed.

We saw there were gaps in MARs, where staff had failed to sign, which indicated people may not have received their prescribed medication. On most of these occasions we saw the daily notes stated medication had been given. However on one occasion there was not this explanation and it was unclear if medicines had been given.

We saw that there was no method of checking if people had been given the correct medicines on the correct days because no records were made as to the numbers of tablets in boxed or dosette box medications. It was not possible to account for how much medication was in people's home each month and therefore check medication was administered as prescribed.

We were told senior staff audited the MARs, however, we did not find any evidence of this being done recently. This meant the provider had not identified any of the concerns we found. We did not see any system in place to show how medication audits were carried out; despite this activity being listed in the

provider's policy on medication.

Staff told us they received training on medication awareness. We were told staff received a half or full day induction; which included medication training amongst a number of other training topics prior to commencing work with people. The deputy manager told us; "I run through the dosette boxes with them." Some staff had been in post several months prior to undertaking the provider's on line medication training. There was no clear system in place to check staff's competency to administer medication safely. One staff member said, "I went through it at the office, did my shadow shifts and then it was down to me." They said they always took the utmost care to make sure they did it right. They also said, "If I had any concerns or questions I would call the office for advice." Four staff told us their competency was checked by senior staff during spot checks or shadowing.

People who used the service and their relatives said they or their family member received the support they needed with medication.

We concluded there was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records for five staff and found safe and robust practice was not always followed. We saw in three staff files that Disclosure and Barring Service (DBS) checks were not in place when staff began working independently in people's homes. This meant the service was unaware of whether staff had any previous convictions or bar on working with vulnerable people. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The provider's recruitment policy stated that if a DBS check was not available at the time of starting a structured induction must be carried out, the staff member must work under supervision at all times, be closely monitored and people who used the service must be informed the DBS information was not available. We found no evidence this policy was followed. On the second day of inspection DBS checks for two of the three staff had been returned.

We also saw references demonstrating staff's previous conduct were not always gained. Staff at the office told us it was often difficult to gain references, especially for people who had no previous work experience. One of the office staff told us, "We are always chasing them." However, there was no documentary evidence of how they had done this and how a decision had been made to employ staff without references in place. The provider's policy on recruitment did not say what procedure would be followed if references were not gained before staff commenced work. There were six staff working for the agency who did not have any type of reference on file. A DBS check had been completed for these staff.

We were told prospective staff members completed shadow shifts (working alongside an experienced staff member) sometimes as part of the recruitment process and before DBS checks or references were sought. The deputy manager said it gave opportunity to see how prospective staff performed and gave prospective staff an opportunity to see whether they were suited to the job. This element of recruitment was not covered in the provider's recruitment policy. The deputy manager said prospective staff did not work unsupervised in these situations and people who used the service were asked their permission to have staff shadowing. The deputy manager told us people who used the service were not informed that prospective staff had not had a DBS check or shown evidence of previous good conduct. We saw for two staff, shadowing shifts had been undertaken and there was no feedback available as the record of this had not been completed. There was no evidence staff had their performance monitored on these occasions.

We concluded safe recruitment practices and the provider's own policies were not being followed and this

constituted a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager told us staffing levels were determined by the number of people who used the service and their needs. The deputy manager described how teams of staff worked in geographical areas to ensure provision of consistent staff support for people. The majority of people who used the service or relatives said they or their family member had a consistent group of staff who provided their care. One person said, "Continuity of care has been excellent on the whole." Another person said, "Happy with support provided and staffing." However, two relatives told us there was a lack of continuity with a number of different staff involved in care provision; they said staff did not always keep to time and had occasionally not come at all in the past. They said they had reported this and the service provision had improved.

People we spoke with told us they, or their family members felt safe when receiving the service. Comments we received included; "Happy with carers and safe with them" and "Safe now they have continuity with two people." All staff we spoke with said they did not feel rushed and were able to provide the care that was needed.

Staff told us that they had received training in how to recognise potential signs of abuse and were able to tell us what actions they would need to take should they suspect someone was at risk of harm. All the staff we spoke with said they would report any concerns to the management team. They were confident the management team would respond appropriately. The provider had safeguarding procedures and information about the local safeguarding authority. The management team understood how to report any safeguarding concerns. However, we saw from one person's records they had experienced a missed call in February 2016. The notes stated the person was upset and angry about this but no action had been taken to report this as a safeguarding matter or investigate why this had occurred. The deputy manager agreed this had been overlooked.

Staff we spoke with were aware of the risks to the people they supported on a daily basis and how to manage those risks to keep people safe. We saw risk assessments had been completed and included falls, showering and mobility. However, the records did not always show how risks were managed in all areas identified. For example, one person was at risk of pressure ulcers and there was no management plan in place for staff to follow. Another person was at risk from having medications left within their reach. There was no information in the support plan to show how this was managed properly. These gaps meant people's needs could be missed or overlooked. The deputy manager agreed to update the risk management plans.

Staff told us they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

Is the service effective?

Our findings

The deputy manager described the induction process in place for staff. They said staff attended an in-house induction which consisted of a morning or a day going through the topics in the staff handbook. We looked at the staff handbook and saw this included discussion on rotas, salaries and benefits, timekeeping, uniforms and dress codes, accidents and incidents and staff were informed there were 31 policies and procedures available to them upon request. There was nothing in place to ensure staff became familiar with the policies and procedures of the service.

The deputy manager said they also went through medication, moving and handling, record keeping and reporting safeguarding concerns at the in-house induction. We were not provided with any records to show this was completed or how staff's competency was assessed. They said at least 16 hours of shadow shifts were completed before staff worked unsupervised with people. We saw for some staff the record of shadowing had not been completed to show their competency had been checked.

The provider could not be sure all staff fully understood how to deliver care safely and to an appropriate standard as staff did not complete a comprehensive induction when they started work.

The deputy manager told us staff commenced their formal training while in post, which included practical moving and handling training and a number of on-line training courses which included medication, dementia, safeguarding vulnerable adults, mental capacity act and food hygiene. There was no training on infection prevention and control. The deputy manager said they covered this on the in-house induction. There was no policy on induction training available therefore the timescale for completion of this training was not identified.

The deputy manager told us staff were expected to complete this on line training in their own time. In the records we looked at, we found one staff member had not completed practical moving and handling training until nine months after they had commenced working for the service and on line medication training was completed eight months after commencement. Another staff member had completed their medication and moving and handling training four months after their start date. The deputy manager said they made sure staff's practice in moving and handling and medication was safe when they did the in-house induction with staff. They said they went through the basics and most important aspects of this with staff to ensure safety. One staff member we spoke with said, "[Name of deputy manager] made sure I knew how to keep clients and myself safe."

We reviewed training records to see if staff received refresher training to ensure their practice remained up to date. This was mainly completed via the on line system and the deputy manager said staff were expected to complete this in their own time. One staff member had refused to do so and this had been agreed by the registered manager. This meant the staff member had not received refresher training in the last two years. We also saw 10 staff required refresher training in practical moving and handling. The deputy manager was aware of this and said a session was about to be arranged.

Staff confirmed they were expected to complete their on line training each year and pass a test at the end of it. The deputy manager said scores on the test were monitored to ensure staff had understood the training and staff's competency was assessed through spot checks. Training records were maintained electronically and the deputy manager told us this was monitored by the registered manager.

Staff we spoke with told us they were well supported by the office staff and the registered manager. On the whole, they said they received regular spot checks and reviews of their performance. However, some staff said they did not get much opportunity to discuss how they were doing in their role or to identify any training needs. We looked at the provider's policy on staff supervision and saw this did not specify the frequency of formal supervision; stating this was carried out according to staff's individual needs. Records we looked at showed staff received spot checks at least once per year and an annual review of their performance where training, performance and future aspirations were discussed. Staff said they received regular emails and telephone calls from the management team to ask how they were getting along and if they needed any support.

We concluded from the above evidence there was a breach of regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager did not ensure staff received appropriate training and supervision to enable them to carry out their role.

People who used the service and relatives told us they or their family member were cared for by staff who were competent to do their job. One person said, "They are doing well, do what is asked." Another person said, "They're alright." One person commented the training of staff could have been improved and that the performance of a particular staff member was addressed when they mentioned it to the management team.

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.

Staff we spoke with and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. People spoken with told us staff always obtained consent before providing them or their relative with care.

Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. We saw records which showed us the service liaised with health professionals such as GPs and occupational therapists when people's health needs changed. Relatives told us that for those people who required support at mealtimes, the arrangements that were in place worked well. Staff we spoke with were aware of people's specific dietary requirements and how they liked their meals. Staff said they always checked people had a drink in reach before they left the visit.

Is the service caring?

Our findings

People made positive comments about the care they were receiving and said staff treated them with kindness and compassion. Comments we received included; "Brilliant", "Very satisfied", "Quite happy with service provision", "Staff helpful", "Very good and attentive" and "Very happy." One relative said on the whole, things were fine. However they also said that staff occasionally forgot to shower their family member and they needed to ring up to make sure they didn't forget. People and their relatives told us they or their family member were treated with dignity and respect when staff were supporting them.

We looked at thank you cards in the agency office and saw people had been very complimentary of the service. People's written comments included; 'Thank you so much for going the extra mile' and 'I would like to say a big thank you to you and all the carers. They were kind and patient.'

We also looked at the comments people had made in returned questionnaires in August 2015. These were also complimentary of the service and staff. They included; 'I am very happy with Vive care and I would recommend Vive to all. They're a great team' and 'Vive have proved themselves 100% to me.'

Staff spoke warmly, kindly and respectfully about the people they supported. They were able to describe to us in detail how they supported people on a daily basis and how important it was to listen to them and promote their independence and choice. Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected.

Staff said they were trained in privacy, dignity and always made sure they were respectful of this. They also said this was looked at when spot checks were carried out to ensure they did their job well when working with people. Records we saw confirmed this. People who used the service or their relatives were involved in giving feedback on staff's competence and conduct during spot checks.

All staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes and their individual care preferences. Staff were able to tell us about things that were important to the people they supported; such as the need to maintain independence.

Staff showed respect for the fact they were working in someone's own home. They said they were mindful of keeping tidy, asking permission, for example, to use the toilet and being respectful of how people wanted things done. One staff member said, "It's important not to move things, check with people if it's OK, such as when doing care or food preparation."

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to meet their needs.

People who used the service and their relatives said the service was responsive to meeting their needs. One person said, "They are responsive to particular needs." Another person said, "They try and meet my wishes." A third person said, "Responsive and willing to help."

We looked at care plans and these showed people had been involved in planning their care and support. They included a pen picture of people. These were person centred and gave a good introduction to people as individuals and an overview of their likes dislikes and how they liked their care to be delivered. Staff said they found these very useful and helped them get to know people as individuals. One staff member said, "It's good to have a bit of history and background, a good starting point for sparking up conversation."

We looked at the care plans for five people who used the service. We saw overall there was some clear, person centred guidance for staff to follow, which described people's support needs. For example, one person's plan said, 'Likes to look presentable and choose own clothes.' In another plan we saw staff were asked to make sure they avoided spillages on the person's carpet when carrying out care tasks. However, there were occasions when care needs were described in a vague manner which could lead to needs being missed or overlooked. One person's care plan said 'check and record pressure areas at each visit'. What to check was not identified. Another person's care plan said, 'supervise down the stairs'. The way in which this was to be done was not included.

Staff we spoke with could describe people's care needs and how they met them. They were able to provide us with a good account of each person they supported. However, most staff said they thought the care plans needed more detail at times; they said this would be particularly useful when going to provide care in an emergency situation to people they did not know. The deputy manager and senior staff began working on the development of detailed routines to be included in people's care plans during our visit. We saw they contacted staff and people who used the service to make sure they had up to date information.

We saw people's care needs were reviewed annually through a telephone review with them or their relevant relative. There was also an electronic system in place to record all contact with people who used the service and this included comments on changes in people's needs. Staff told us there were systems in place to report any changes in people's needs and care plans were usually updated in a timely manner. We saw emails were sent out to staff informing them of changes in people's care needs. These changes were not always put in to people's care plans at the time of sending the e mails. We saw for two people the care plan gave contradictory information which could lead to confusion and care needs being overlooked. The deputy manager agreed this was an oversight and the care plans would be updated to reflect current needs.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People told us that they knew how to make a complaint

about the service and were confident that if they did, it would be dealt with appropriately.

The service had not received any written complaints since our last inspection of the service. A record was kept of any concerns raised verbally. We looked at some of the records of these and saw action was taken to address people's concerns. One relative had raised the issue of a late call; a discussion had taken place with them and the person's social worker to change the call time to an earlier time to suit the person better. Another relative had raised a concern that staff had not locked a door properly. We saw evidence of an apology to the person and a record that all staff received a text to remind them of being vigilant with security. One relative told us they had complained but didn't feel the service put things right with regard to staff's time-keeping.

Staff we spoke with confirmed they received information on important issues that affected the service provision in order to prevent re-occurrence of issues. One staff member said, "They make sure we get told of any concerns or things that have gone wrong."

The deputy manager told us concerns were addressed on an individual basis as they arose. There was no overview or analysis of complaints or concerns to show if there were any patterns or trends with them. They said they would discuss this with the registered manager and look at introducing a system for this.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager, two senior support workers and a team of care workers. The registered manager was not present for the inspection. The deputy manager and senior support workers demonstrated a good knowledge of the service and the people who used the service. It was clear they had developed positive and caring relationships with people and their relatives.

People who used the service and their relatives said the service was well managed. Comments included; "Fantastic and very accommodating" and "Quite happy with service provision; if anything goes wrong somebody does visit to check." One person described the service as well led but added they thought there was a communication problem at the office regarding their concerns at inconsistency of staff. Another person said "I like them very much" and described the management team as very helpful. Another person told us they had recommended the service to others.

Records we looked at showed senior staff completed annual spot checks on the performance of staff. We saw these checks included feedback from people who used the service. Staff said they felt well supported in their role and felt they could contribute ideas and suggestions. They described the management team as approachable and available to offer advice and support. Staff told us they enjoyed their job. One staff member said, "I just love caring for people." Another staff member said, "I really enjoy working for them, it's a good agency, deal with things, on the ball and make sure we are." Most staff told us the management team were very busy; one staff member said, "They have all the office stuff to sort out and still have calls to go out on."

The provider had a quality assurance policy that outlined how they should monitor the service but we found they were not implementing this consistently and had not identified the concerns we found regarding the way medicines were recorded and managed, missed calls and recruitment checks. There was no system of audit in place for medication or care records; the provider did not have an effective system in place to regularly check care records to ensure they were up to date which meant there was a risk that inconsistent care would be provided. There was lack of evidence to show that feedback from satisfaction surveys and questionnaires was being used to target the areas needed for improvement in service delivery. Records to monitor training, induction and recruitment were incomplete and were difficult to navigate to get a clear picture of the up to date situation in these areas.

People who used the service and their relatives were asked for their views about the care and support the service offered. An annual telephone review took place and people were asked to comment on their service provision. We looked at some of these reviews and saw one person had commented they were very happy now they had consistent carers. Another person had requested only certain staff to shower them and we saw the rota had been planned to accommodate this. However, it was not always clear that action was taken in response to comments made. We saw one person had expressed some dissatisfaction with a staff member. The deputy manager said the staff member had been spoken with and removed from this person's care package. This had not been documented.

We also looked at the provider's annual survey completed in August 2015. This showed an overall high degree of satisfaction with the service. We saw from the records that in previous years the results of surveys had been analysed and collated showing what action was taken in response to people's comments and this had been sent to people who used the service. There was no analysis of this most recent survey and no documented actions taken in response to comments. The deputy manager told us all comments and concerns were responded to, for example, calls spaced too close together were re-negotiated with people. There was no evidence to show how this review of service had ensured on-going improvement.

We concluded there was a lack of recording and evaluating information about the quality and safety of the service and the provider's systems and processes were not effective. This was a breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to manage, monitor and improve the quality of the service provided were not effective.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices were not always followed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager did not ensure staff received appropriate training and supervision to enable them to carry out their role.