

Mathalie Care Services Limited

The Havelock Hub

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

The Havelock Hub is a domiciliary care agency registered to provide personal care to people in their own homes. The domiciliary care agency provides support to adults with varied needs. At the time of inspection, staff assisted three people with their personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider did not ensure systems were in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity personal care.

People were not protected from harm because the provider did not carry out robust staff recruitment and selection processes that helped ensure only suitable staff were employed to provide people with care and support.

There were no records that showed the provider had assessed the competency of staff to administer medicines to people safely.

People's care plans and risk assessments lacked detailed step by step guidance that showed any risks were understood and managed safely, and they received personalised safe and effective care.

The provider did not ensure that staff had received a comprehensive induction. The provider did not ensure people were supported by staff that had the right skills and training.

Due to people's needs they were unable to speak with us, so we spoke with their relatives who told us they were satisfied with the care people received from The Havelock Hub.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 06 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified five breaches in relation to safe care and treatment, medicines, personalised care, recruitment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

Special Measures: The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

The Havelock Hub

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 June 2022 and ended on 26 July 2022. We visited the location's office on 15 June 2022

What we did before the inspection

We reviewed the information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

During the inspection

During the visit to the office we met and spoke with the registered manager/company director, care coordinator, administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which related to people's care and the running of the service. These records included three people's care records, three staff personnel records and policies and procedures relating to the management and quality monitoring of the service.

As the people using the service were unable to speak with us, we obtained feedback from three relatives. After our visit we spoke with two care staff, a new care coordinator and two social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- The provider did not have safe recruitment and selection practices at the service. They had failed to follow their own policies by not obtaining all required recruitment information. Staff had been allowed to work, which placed people at risk of receiving care from unsuitable staff.
- We found not all staff had an up to date Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Two staff had no record of having had a DBS check. Following the inspection visit we were provided with one staff's DBS that had been completed after our visit. A third staff records contained a DBS from a previous employer and no checks had been made to verify if this was still accurate.
- We found one staff file we reviewed did not contain any references and right to work documentation. A second staff file contained no completed application form and one character reference. All three staff files contained no record of being interviewed.
- One staff file did not include details of a full employment history, so any gaps in employment had not been explained and risk assessed before the staff member had been employed by the service.

The registered person had not protected people as they had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit to the office the provider sent us confirmation of a DBS for one of the three care staff and three character references for the other two staff. However, these were all dated after our inspection. They also told us they had stopped one member of staff working until appropriate recruitment checks had been carried out.

- People's relatives were satisfied with the time keeping of staff. One person's relative told us that the service 'was flexible, they are willing to change the times and they [staff] come on time'.

Assessing risk, safety monitoring and management

- Risk assessments did not have detailed personalised guidance and strategies for staff to follow to help monitor, manage and minimise risks of people being harmed when receiving care and support.
- One person due to their limited mobility required a ceiling hoist for transferring from their bed to their wheelchair. There were no records to show that there was a moving and handling care plan and/or risk assessment for the person or that staff who had used the hoist had received appropriate training to use it properly and safely.

- One person's care plan recorded that 'access bath/shower' was rated as high risk. The only instruction for the management of the risk was, 'keep in the sling and make sure [person] is safe.' In the person's support plan, it was stated, 'care assistant should make sure that I am braced before hoisting.' The lack of personalised guidance for staff to follow when handling the hoist could put the person and staff at risk of being harmed.
- One person had significant medical condition which caused seizures. There was no specific care plan or personalised risk assessment for this condition. This meant we could not be sure staff had all the information they needed to support the person, be responsive to symptoms of the condition and keep the person safe when assisting the person with personal care.
- One person had been identified as having a risk of choking. However, there was no guidance for staff to follow to lessen the risk of the person choking, or what they should do if the person choked.

Using medicines safely

- The provider did not assure us that people's medicines were always managed in a safe way.
- The provider's medicines' policy stated that staff would only undertake administration of people's medicines 'after training has been given, and the staff member is assessed as competent.' The provider told us they had showed staff how to 'prompt' people to take their medicines. However, when we asked for records that showed this had been carried out and that staff had received medicines training these were not provided. Staff had also not been assessed as being competent to support people with their medicines. The confirmed that they would ensure staff who provided people with help with their medicines, had their competency to do so, assessed.
- One person's care plan showed that there were concerns to do with the person forgetting to take their medicines, but there was no information that described any assistance the person needed from staff, or about what staff should do if the person refused their medicines. One person's record showed that on 24 April 2022 staff had asked them three times to take their medicines, but the [person] had refused them each time. There was no guidance for staff to follow about what they needed to do when this issue occurred. Therefore, the person was at risk of becoming unwell.
- Another person's care records showed they needed, 'prompting to take medication', however, there were no personalised guidance such as details about how they liked to take their medicines or what staff should do if the person refused them.
- We found no reviews or audits of medication administration records to check that people had received their medicines as prescribed.

The findings above demonstrated that the registered person had failed to ensure people received personal care and medicines in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding adults policy. This included guidance to follow to help protect people from the risk of abuse and keep them safe. The provider knew to notify us and report to the local safeguarding team when abuse was suspected.
- Two staff records did not show that the staff had completed safeguarding adults training. We asked the provider to send us the up to date staff training records. After the inspection visit, we received a blank template of a training matrix, so it was not evident that staff had received safeguarding adults training. However, staff we spoke with understood safeguarding and of how to recognise potential signs of abuse. They knew they needed to report all allegations and suspicions of abuse without delay.
- One person's relative told us they felt their family member was safe. They informed us that the person would let them know if they had any concerns to do with the care they received from the agency.

Preventing and controlling infection

- The provider had policies and procedures in place for preventing and controlling infection and for managing COVID-19.
- Staff told us they had access to personal protective equipment (PPE) and were wearing PPE in line with current government guidance during care visits. A person's relative confirmed that care staff wore PPE.
- One person's relative told us that following care visits staff left their home clean and tidy.

Learning lessons when things go wrong

- There was not an effective system in place that the provider could evidence how they learned lessons when things go wrong. Therefore, we could not be assured lessons were learned and shared with staff.
- The registered manager told us there had not been any accidents or incidents. The provider's accident reporting policy included guidance about regularly reviewing accidents and to 'identify any accident patterns or trends.' The provider told us that in the event of an incident occurring, they would ensure that this guidance was followed to minimise the risk of a similar incident happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- The provider did not ensure that people's needs were comprehensively assessed and guidance put in place to ensure care was delivered in line with standards, guidance and the law.
- People's care plans and risk assessments did not include detailed information and personalised guidance for staff to follow to help ensure they met people's needs including those with specific needs, safely and effectively. For example, one person lived with a significant medical condition. This was referred to in their care plan but there was no specific care plan or risk assessment that provided guidance and management strategies for staff to know what to do when symptoms of this condition occurred.
- One person's risk assessment regarding their physical health, identified that there was risk associated with their health but only provided a statement, that they person 'needs support at all times'. There was no guidance detailing what support they needed from staff.
- A person's care records briefly described the assistance they needed with carrying out certain tasks. Examples of tasks included, 'Care assistant should assist me in dressing up' and 'Care assistant should ensure to change my pad'. There was no other information that included details of how those needs were to be met effectively in a personalised and safe way.
- There was no indication from people's care records that people's care plans and needs had been reviewed, or any dates of when reviews were planned. Therefore, staff may not have the up to date information and guidance they needed to provide people with the care they needed and wanted.

The registered person did not ensure people's care was always appropriate and met their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider did not implement their own policies to ensure staff received an effective induction and appropriate training to help ensure they were fully prepared for delivering high quality care and support.
- We found no documentation within the three staff files that we looked at, that showed staff had completed a suitable induction at the start of their employment. Certificates showed new care staff had completed a three hour induction learning session, which had included an introduction to; personal care, the care certificate, beliefs and values and support planning and review. However, there was no detail on the certificates to show the areas examined in each topic.
- Staff had not completed the provider's 'New staff induction checklist' which included a range of areas and tasks that needed to be completed by new staff during their induction, including learning about a range of health and safety matters.

- There were no records provided that showed any care staff had started or completed the Care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Only one care staff personnel records showed that they had completed relevant training for their role. However, that training had been completed during their previous employment. None of the staff records we looked at showed that staff had completed partially or fully the provider's mandatory training, which included; health and safety, basic infection, prevention and control, safeguarding adults and dementia awareness.
- Staff had not received training about two people's significant medical conditions. A relative told us that they asked for some specific training to be provided to a care worker, but was unsure if their request had been delivered. One person needed support with moving and handling to support their mobility needs. However, only one of the three staff had completed moving and handling training and that had taken place during their previous employment.
- Staff told us they were supported by the registered manager and care coordinator. One care staff told us they had been introduced to a person using the service and had shadowed another staff member carrying out a care visit, during their induction. They said that the "[Registered manager] rings me sometimes." Another care staff said that "all staff are very friendly. However, we found only one record of one care staff having had a one to one supervision meeting with the registered manager. The content of the supervision record was brief, with no discussion about the person whom the care staff supported or any challenges they had encountered in their role. There was also no discussion about the care staff's health and wellbeing and whether the organisation had the right support in place to address any issues.

The registered person did not ensure all staff were competent, skilled and had up to date training in order to carry out their role and effectively support people and keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

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

- People were supported to eat and drink enough to ensure their nutritional needs and preferences were met.
- People's care records included some information about their dietary needs but little detail about their food preferences.
- Care staff we spoke with were knowledgeable about the importance of people eating and drinking enough and knew they needed to report any changes in people's appetite and dietary preferences to the registered manager.

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

- People and their families took the lead in engaging with health and social care professionals when needed. Staff supported people to attend healthcare appointments when requested to do so.
- Staff were aware about the importance of supporting people to live healthier lives. Staff supported people to go for walks and to do exercises to help improve their mobility and confidence with walking.

Ensuring consent to care and treatment in line with law and guidance

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported to make their own decisions, where possible. Care staff told us they always ensured they encouraged people to make choices and decisions to do with their care and support.
- However, there was not specific information and guidance about each person's capacity and ability to make particular decisions to do with their care and support. Therefore, staff did not have access to written, up to date guidance about how people were able to make their own choices and decisions and how they should promote this and support people. Without this information it would be difficult for staff to recognise and report changes in people's capability to make certain decisions.
- Staff confirmed they always asked people for their agreement before assisting them with their care needs. People's relatives told us staff were polite and respectful towards people and respected their decisions.
- The provider had not ensured staff had received training about the MCA. However, staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by those involved in their care. Staff told us they would report any changes they had noticed in the ability of people to make a particular decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People's care plan records included some basic information about their care needs. However, they lacked personalised detail and guidance for staff to follow to ensure people received care and support that met their needs and preferences in the way they wanted. Without this personalised information staff were at risk of providing people with care in an inconsistent way that did not meet their preferences and wishes.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's relatives told us that people were well treated and respected. One relative told us that they regularly ask their family member if they were satisfied with the care they received and they had said that they were "happy".
- People's care plans included information about treating people well. One person's care plan stated that the person wanted staff to be, "gentle and positive with me". The care plan records also included some information about the person's cultural and spiritual needs, interests and the activities they enjoyed doing. A relative spoke positively about staff supporting their family members with exercises to help improve the person's mobility.
- Care staff told us they supported people's independence by encouraging people to do some things for themselves. They also supported some people to go out and about in the local area.
- Staff had received some training during their induction about 'beliefs and values'. They had a good understanding of the importance of valuing people's differences, treating them as individuals with respect and dignity.
- Care staff were clear about the importance of respecting and supporting people's independence. However, one person's care records included an 'Independence plan' but this record had not been completed. Staff knew not to share any information about people with those not involved in their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records did not show that people always had choice and control to meet their needs. Although care plans showed most people's care and support needs had been identified, there was a lack of personalised step by step guidance about how their needs should be met by staff. People's assessment information varied in detail and quality. One person's 'care needs and assessment form' had the person's name spelt incorrectly. Two people's assessments records had not been dated nor fully completed, lacked detail about people's needs and it was not always clear as to who had carried out the assessments.
- There was little detail about people's background and preferences. One person's care records had included a section titled 'What's important to me?' This record was blank which indicated the person had not been asked that question. That information could help staff to provide the person with better and more personalised care.
- Care staff told us they had got to know about the care people needed by shadowing staff, reading people's care records, speaking with people, their relatives and the registered manager.
- People's relatives told us they were satisfied with the care people received from staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider told us they were aware of the importance of information being provided in a way each person understood, such as in large print and/or pictures. They spoke about one person who communicated mostly by sounds and gestures. However, this person's and other people's care records contained no information about their communication and any sensory needs. Therefore, it was not clear how care staff knew the best way to communicate with people. The provider told us that two people were able to verbally communicate with staff, and they would ensure each person's care records were reviewed and updated to include information and personalised guidance about the way they engaged with people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which declared that all complaints would be taken seriously recorded and responded to within 24 hours. The provider told us that there had been only one minor complaint which had been addressed and resolved. However, this complaint had not been recorded,

so the provider was not able to show their complaints procedure had been followed, the complaint had been properly managed and any lessons learnt would be shared with staff. The provider told us that in future the details of all complaints would be recorded.

- A person's relative told us that they knew how to make a complaint and would not hesitate to bring any concerns to the attention of the registered manager.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others, needed to be recorded and promptly reported to the registered manager.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. The provider told us that before providing end of life care, they would ensure staff received the training and support they needed to make sure people received personalised end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider did not ensure the systems and processes worked effectively to assess, monitor and mitigate any risks relating to the health, safety and welfare of people, staff and the operation of the service.
- The provider had not implemented their quality assurance and management policy. The provider's quality assurance systems did not identify the concerns we found on the inspection. These included, missing recruitment information for staff suitability; issues with medicine management, risk assessments, induction and training, lack of personalised detail in people's care records and complete, accurate and up to date records relating to people's care.
- The provider had not abided by their induction procedure and statement of purpose. These documents provided assurance that staff would receive a comprehensive induction plan and a range of relevant training. Staff records did not show that they had completed a suitable induction and training that showed they had been equipped to deliver high quality safe care and support.
- The provider told us that staff had 'shadowed' other staff providing care, and observational spot checks of staff competency had been carried out but there were no records to confirm that this had been carried out.
- The provider did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because people's risk assessments lacked guidance and strategies to manage identified risks.
- We found only one record of staff supervision. So, it was unclear how the provider was assured that staff were receiving the support they needed and how their performance, conduct and development were being monitored
- A complaint that we were told by the provider had been made by a person using the service, had not been recorded, so there was no information that verified it had been addressed. There were no records that showed a system was in place to monitor concerns and complaints and show how they led to improvements to the service.
- We asked the provider for any surveys or other measures that had been done to gather people's, relatives' and others' feedback to support the running and quality of the service. However, they told us they had asked people and where applicable their relatives for their views of the service, but there was a lack of documentation to show this took place regularly. One person's relative told us that they had been asked for some feedback about their experience of the service.
- People's care and risk assessment records did not show they benefitted from high quality and person-centred care as there was a lack of personalised detail about how each person required and wanted their

care needs and preferences met.

We found no evidence people had been harmed. However, the registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection a new care coordinator had been recruited. They told us about the improvements to the service that they were working with the provider to address. These included reviewing people's assessment information and care records, carrying out observational visit checks and ensuring staff completed the induction programme.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of duty of candour expectations and told us they knew the importance of being open and honest when something goes wrong. They informed us that they knew what type of events they needed to notify us and other organisations about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We found the provider did not have any adequate systems in place to gain feedback from people or staff. Although, there was some communication with people's relatives via electronic messaging, there were no arrangements in place to regularly collect, record and collate feedback about the service and make improvements when needed.

- There were no records that showed staff had the opportunity to feedback their views of the service, such as via staff meetings and one to one supervision. However, care staff told us they felt supported by the registered manager and could contact them for advice and support at any time.

- The provider told us they would support people to engage with health and social care professionals if requested to do so. Following the inspection, the provider provided us with information showing that they had contacted a local authority about an issue to do with one person's care.

- The host local authority had recently carried out a check of an area of the service and told us they had asked the provider for some information and action plan in response to their findings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure people's care was always appropriate and met their needs and preferences.</p> <p>Regulation 9 (1) (3) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured people received care and medicines in a safe way.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (e) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not protected people as they had not obtained all the information</p>

required by the regulations to ensure the suitability of all staff employed.

Regulation 19 (1) (a) (c) (2) (a) (3) (a) (b)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure all staff were competent, skilled and had up to date training in order to carry out their role and effectively support people and keep them safe.

Regulation 18 (2) (a) (b)