

# Longley Hall Limited

## Bell House Mews

### Inspection report

Bell House Road  
Shiregreen  
Sheffield  
South Yorkshire  
S5 0PL

Tel: 01142467031  
Website: [www.longleyhallltd.co.uk](http://www.longleyhallltd.co.uk)

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

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

We carried out this inspection on 31 August 2016. The inspection was unannounced. This meant no-one at the service knew that we were planning to visit.

This was our first inspection of this service.

Bell House Mews provides supported living accommodation for up to 14 adults with learning difficulties and/or mental health needs. Longley Hall Limited provides care and support to meet the needs of people living at Bell House Mews. People have individual tenancies with the housing provider. The service is located in the Shiregreen area of Sheffield and is on a bus route and close to local amenities. On the day of our inspection there were 14 people using the service.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run. The registered manager had been in post since June 2015. They were registered to manage both Bell House Mews and the provider's other service, Longley Hall.

Medicines were not stored safely. We found gaps in medication administration records which meant people may not have always been given their medicines at the right time. Medication administration records were not regularly audited to check that medicines were given to people as prescribed.

We saw that safe recruitment procedures were not always followed to ensure that all the required information and documents were in place before staff commenced employment. These procedures were required to verify people employed by the service were suitable to work with vulnerable adults.

Not all the care records we looked at contained risk assessments. Where risks had been identified there was limited information as to how to recognise or reduce the risks to the person.

Care staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management.

We saw care staff had training in understanding mental capacity and care staff we spoke with understood what this meant in practice.

Care staff were not provided with regular supervisions and an annual appraisal to ensure they were suitable for their job and supported in their role.

We saw people had access to external health professionals and this was evidenced in people's care records.

People living at Bell House Mews told us that staff were caring and supportive. We saw and heard positive interactions between people and care staff.

People's privacy was not always respected and personal information was not stored securely.

None of the care records we looked at were complete. Where information was recorded on support plans it was recorded as an ongoing need with no completion date and no evidence of a recent review being undertaken. None of the support plans we looked at had been signed or dated by the person it concerned.

Some people living at Bell House Mews told us they were bored. Where people had expressed a desire to partake in an activity this was not always pursued.

We saw the service had a complaints policy and procedure. The procedure needed updating to reflect the current management structure.

We were told there weren't currently any mechanisms in place to ascertain the views of people living, working or visiting Bell House Mews. This could include questionnaires and/or a suggestion box.

We saw evidence of staff meetings taking place monthly. There were no records any 'resident's' meetings and we were told there were no meetings planned for people living at Bell House Mews.

There was no evidence of regular quality audits being undertaken to ensure safe practice and to identify any improvements required.

We found incidents had not been reported to CQC as required by regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found the service was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 10, Dignity and respect; Regulation 12, Safe care and treatment; Regulation 17, Good governance; Regulation 18, Staffing and Regulation 19, Fit and proper persons employed.

The overall rating for this service is inadequate and the service is therefore in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again in six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated up to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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.

Medicines were not always stored safely or administered when they should be.

Safe staff recruitment procedures were not fully adhered to.

Risk assessments were not always completed or reviewed regularly. This meant that care and treatment was not always provided in a safe way.

Staff knew how to recognise and respond to abuse correctly. They understood the policy and procedures in place to safeguard people from abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not receive regular supervision or an annual appraisal in line with the service's own policy.

Staff had training in mental capacity and staff we spoke with understood what this meant in practice.

People had access to external healthcare professionals to help maintain good health and wellbeing.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's privacy was not always respected, including their personal information.

Nearly everyone living at Bell House Mews told us that staff were supportive and caring.

We saw staff interactions with people were supportive and encouraging.

### Is the service responsive?

The service was not always responsive.

Care records were not fully completed and not signed to show whether the person had been involved in creating or reviewing their support plan.

Some people living at Bell House Mews told us they were bored. Where people had expressed a desire to partake in an activity this was not always pursued.

There was a complaints policy and procedure in place, but no overall record kept to identify any trends.

**Requires Improvement** 

### Is the service well-led?

The service was not well-led.

There was no evidence of regular quality audits being undertaken.

The views of people living at the service were not regularly obtained and were not recorded.

Policies and procedures were out of date and therefore may not reflect current legislation and good practice guidance.

There were regular meetings with staff. Minutes were taken and action points recorded.

**Inadequate** 

# Bell House Mews

## 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 was 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 31 August 2016 and was unannounced. The inspection team was made up of one adult social care inspector and one 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, we asked the provider 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service. They told us they had not yet undertaken a contract monitoring visit to this service.

During the inspection we spoke with six people who lived at Bell House Mews. We met with the registered manager and unit manager. The registered manager was registered to manage both Bell House Mews and the provider's other service, Longley Hall. The general manager reported to the registered manager and was responsible for the day to day management of this service. We spoke with an additional two members of staff. We spent time looking at written records, which included three people's care records, four staff files and other records relating to the management of the service. We checked the medication administration

records for all the people assessed as needing support to take their medicines.



# Is the service safe?

## Our findings

Every person we spoke with told us they felt safe living at Bell House Mews. Comments about staff included, "They look after me really well. They are nice staff and I am very safe here," "They come pretty quickly if I need any help and they check that I've turned the cooker off and stuff like that" and "I feel safe with them. They are friendly."

Care staff we spoke with were able to tell us how they thought about safety. We were told everyone had received training in safeguarding vulnerable adults. Care staff were able to describe the various forms of abuse and how they might recognise them. One staff member said, "I would be concerned if there was any change in normal behaviour. If somebody became unusually withdrawn or aggressive for example."

CQC had not received any notifications of incidents of possible abuse at Bell House Mews in the last 12 months. However, during our inspection we were told of a recent incident involving a person acquiring additional medicines from the locked cabinet. The registered manager told us they had referred this to the Local Authority safeguarding team to investigate further, however they confirmed they had not notified CQC of this incident.

We checked to see whether medicines were stored safely, securely and administered correctly. Eight people living at Bell House Mews had been assessed as needing support to take their prescribed medicines. Other people chose to have their medicines stored in the office and they approached staff when they required their medicines.

The eight people needing support each had a medication administration record (MAR) chart. This listed the medicines they were prescribed, the amount required, and when and how often they needed to be taken. We saw Bell House Mews had a medication policy and procedure that stated care staff should sign the MAR chart when they have given the person the right medicine at the right time and seen them take it. The policy also said staff should sign when any prescribed creams or other forms of medicines have been given.

The medicines were stored in a locked cabinet in the unit manager's office. This held people's medicines in the original packets and containers. We saw six of the eight people had signatures missing on their MAR charts for the month of August 2016. This meant a member of care staff hadn't signed to say they had given the person their medicines or recorded a reason why not. This could include reasons such as the person refused, or the person was in hospital. In addition where one person was prescribed inhalers to take several times each day there was no information recorded so we were unable to tell whether the person had been offered their medicine, taken it or refused for the entire month of August. This meant procedures were not followed to ensure the safe administration of medicines.

Some people were prescribed PRN medicines, which is medicine prescribed to be taken as and when required. One person's MAR chart had been completed for the whole month that they had declined this medicine when offered four times a day. Another person had nothing recorded at all against their PRN medicines. There was no specific PRN policy and procedure indicating what to do when a person required

PRN medicine or consistently refused PRN medicines.

We saw there was a medicines audit undertaken on four of the eight people's MAR charts. This consisted of a written record of a member of care staff counting out the amount of each medicine delivered each month and confirming whether this correlated with what was prescribed. We were told this was the only monthly check of medicines and did not include any audits of the MAR charts. When care staff gave people their medicines they did not record that they had counted what remained in the packet and whether this was correct. This meant systems were not in place to ensure the safe storage of medicines.

Some medicines need to be stored in a fridge to ensure optimal effectiveness; no one was prescribed medicines requiring this at the time of our inspection. The registered manager told us a fridge would be bought if this situation were to change. Some prescribed medicines are controlled under the Misuse of Drugs legislation and these are often referred to as controlled drugs (CDs). At the time of our inspection we were told that no one living at Bell House Mews was prescribed controlled drugs. However, while checking MAR charts we saw that one person was. We spoke to the registered manager about this who told us they would ensure a CDs record book would be in place and they would be stored securely.

The lack of proper and safe management of medicines was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12, Safe care and treatment.

Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires certain information and documents to be obtained to demonstrate a thorough recruitment process has been followed to ensure fit and proper persons are employed. This includes evidence of a disclosure and barring (DBS) check taking place and satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults. Where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable is required as to the reason why that person's employment ended.

We looked at four staff files to check they contained all the information required to evidence that the service followed safe recruitment practices. One of the files did not contain any references for the member of care staff concerned. We asked the registered manager about this and they were unable to locate any references. This person had been working for the service for over six months. Another staff file contained a reference referring to a person with a different name and therefore not necessarily relevant to that particular member of care staff.

This meant that safe recruitment procedures were not being followed and this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 19, Fit and proper persons employed.

The registered manager told us they did not need to use a staffing dependency tool to work out how many staff were needed to support people's care needs. People living at Bell House Mews had already been assessed by social services as needing the level of care provided via a direct payment to the service. The registered manager told us they would contact social services if they felt there wasn't enough time allocated to meet the person's care needs safely.

One of the care records we looked at did not contain any risk assessments, the person concerned had been assessed as needing support to take their medicines. A risk assessment could have identified why this was the case and how to best support the person in this area and therefore mitigate against the risks of not

taking their medicines. Another person's care record contained information that the person was at risk of malnutrition and they needed to be weighed regularly to monitor this. There was no record of this person ever being weighed, or any record of their food and drink intake. Another person's care record stated they were a risk of having seizures, there was no risk assessment relating to this area of need.

The unit manager told us if an accident or incident occurred then this was recorded on the care records of the person or persons involved. We saw that this was the case. We asked to see the log of any accidents or incidents involving staff. We were told this could not be found. There was no overall analysis of any accident and incidents that had taken place in the previous 12 months. This would have enabled the provider to see if there were any patterns to accidents and incidents taking place and if any action could be taken to reduce the risk of them happening again.

As processes had not been followed to assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the service this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance.

The service was responsible for managing small amounts of money for some of the people living at Bell House Mews. The unit manager kept an individual financial record for each person detailing withdrawal and deposits of cash. We checked the financial records of six people and found that only one member of care staff had signed when a financial transaction had taken place in the vast majority of cases. The unit manager told us the financial records were now audited every month. We saw that one account had been audited two days ago and was £5 down. The registered manager told us they had only just been made aware of this and they would be investigating.

## 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.

We were told everyone living at Bell House Mews had capacity to consent to their own care and treatment. The care records we looked at reflected this. People were free to come and go as they pleased and were asked to let staff know when they went out. The service also had CCTV installed over the main entrance so they were aware when people had left the building when they forgot to tell staff.

People told us they were able to make their own decisions and that their preferences were taken into consideration. One person told us, "I like shopping but I need somebody to go with me. It's normally my key worker who comes with me."

We saw staff had training in understanding mental capacity and staff we spoke with understood what this meant in practice.

We saw there was an induction programme for new staff and this was recorded on the staff files we looked at. The registered manager told us they were currently updating the training matrix for all staff. The matrix was designed to show either a date in the future when the member of staff was due to undertake a specific training session, or a date in the past to show when they had completed it. In addition some training needed to be completed more than once in order to keep up to date with current legislation and any innovations in practice, for example safe moving and handling techniques. We saw on staff files and staff told us they had received mandatory training, including moving and handling, safeguarding vulnerable adults and understanding mental capacity.

The provider had a policy regarding supervision and appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next 12 months. The policy stated that supervision should be held every three months in addition to an annual appraisal. The registered manager told us they were waiting until they had been in post for a full twelve months before they would be undertaking staff appraisals. The registered manager had been in post since June 2015.

Two of the four staff files we looked at held a written record of supervision taking place this year. One member of staff had received supervision once this year in April and the other had received supervision once in May this year. This does not adhere to the provider's own policy. As the service was failing to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, Staffing.

No one living at Bell House Mews had been assessed as requiring support to eat and drink. However people's care records indicated that some people needed to be reminded and encouraged to eat. Others needed advice and encouragement to make healthy food choices if they wanted to

People's care records showed that people had access to a wide range of health and social care professionals to meet their care and support needs.

## Is the service caring?

### Our findings

Nearly all the people we spoke with told us that staff were kind. People said that staff were respectful and polite, and observed their rights and dignity. One person said, "I'm very happy. I tell them what I need and they ask me as well. They are very cheerful and nice. I like [name of member of staff] very much."

Other comments from people living at Bell House Mews included, "They are all really nice. I have a key worker but anyone will give me a hand if I need it."

The exception was one person who said "The staff are rubbish. They promise to help me with things or take me out more but they never do."

One staff member said, "We do care about the tenants. This isn't a job you could do if you didn't. For example one person's relationship has just broken down and we know that person is vulnerable so we encourage them to come and sit with us in the office."

We observed one person who had recently moved into the service being supported with some financial matters by one of the care staff. We saw the member of staff listening carefully to the person and was patient with them. The person was encouraged to make the necessary telephone calls themselves, rather than the member of staff doing it for them.

We were told by care staff that one person wouldn't open the door to us and would hide in the bathroom if we knocked. We were told it was normal practice to open the person's door with a master key while knocking at the same time. After being introduced to the person, we told them we would return in 30 minutes if they would be happy to have a chat with us. On our return there was no problem with the person who happily opened the door to us. This meant people's privacy was not always respected.

The care records for the people living at Bell House Mews were stored in the general manager's office within the staff flat. These were on a shelf and not locked away. We saw people often came into the staff flat to chat and seek advice. These files were easily accessible to anyone going into the staff flat. In addition the cupboard marked 'no entry, staff only' had an inoperable lock and the door could therefore be opened by anyone. This cupboard contained master keys to everyone's flats. Furthermore one of the rooms in the staff flat had personal information regarding some of the people living there pinned to the walls.

As the service did not securely maintain records this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance.

## Is the service responsive?

### Our findings

The service held two records for each person living at Bell House Mews. The care record contained people's health and social care needs assessments, risk assessments and support plans. The other held daily communication sheets which care staff completed throughout the day and night for each person.

None of the care records we looked at were complete. There were gaps in the personal information sections, for example nothing had been recorded for one person under the likes and dislikes section. Support plans were designed to cover each area of identified need, for example 'managing my health needs' and 'diet and nutritional support.' There was space for the aims of the person to be recorded under each need alongside how these aims were to be achieved and a suggested completion date. These support plans were not fully completed in any of the care records we looked at. Where information was recorded it was recorded as an ongoing need with no completion date and no evidence of a recent review being undertaken. None of the support plans we looked at had been signed or dated by the person it concerned.

We spoke to the registered manager about this who agreed people's care records required improvements and the general manager had started work on this.

People had been assessed as needing varying amounts of one to one time, this was often recorded as requiring support with medicines. There were no activities recorded for some people. Two people had expressed an interest in educational courses and this was referenced in their care records. However, there was no record as to how this was being pursued and if the person had succeeded in getting on their desired course.

We heard people come into the staff flat and say they were bored. One person told us, "I get really bored. I've not got a job or college or anything but I might go for a few drinks this afternoon."

Most people we spoke with could not tell us about any interests or hobbies they had. Comments included, "I was supposed to be going shopping yesterday. I always go on Tuesdays but they told me I couldn't go. They didn't tell me why and I'm supposed to be going today instead," "I am just bored. I watch the soaps on TV and play games on my laptop but I don't do anything else," and "I go shopping and I'm going out soon to meet friends in town. They will come back here and stay for a few hours. I like being able to come and go as I please."

We asked care staff about any activities that were being offered to people and were told there was nothing organised either as a group or for individuals, other than some people attending college and some people occasionally visiting family members. A member of staff told us, "They have formed their own friendships. Some are better friends than others and if they spend time in each other's flats, they can always ask the visiting person to leave if they get fed up."

One person described their college course and told us, "I am doing [name of subject] and that's what I want to do when I finish college." Another person said, "I'm very happy. I go to the farm twice a week and I like

planting things and digging as well as looking after the chickens."

We asked care staff if they could suggest any activities which might be appropriate to stimulate people and they could not think of anything.

We saw the service had a complaints policy and procedure. This was included in the 'service user guide' and contained information of who to contact to make a complaint and who to contact if people were unhappy with the original response. The procedure needed updating to reflect the current management structure.

One person told us, "It is really good here. If I had any concerns I'd tell the staff. If it was one of the staff who made me unhappy then I'm not sure what to do. It's a lot better here than where I lived before. I like to go for a walk round town and I can go on my own as long as I tell them I'm going and tell them when I'm back."

The registered manager told us they did not hold a central log of all complaints received and any actions undertaken as a result. This would enable the service to see if there were any patterns to complaints and give an overall view of what hadn't been working well. However, they were in the process of implementing this and we saw this was the case as it was recorded as an action in the recent staff meeting minutes.



## Is the service well-led?

### Our findings

There was a registered manager in post. They were registered to manage both Bell House Mews and the provider's other service, Longley Hall. Both of these services also had a unit manager in post. The registered manager had line management responsibility for both unit managers. At the time of this inspection the unit manager of Bell House Mews had been in post for two months.

We were told the registered manager visited the service two or three times every week but some staff expressed the view that Bell House Mews was 'the poor relation' with more management time being put into the other service owned by the provider. We spoke to the registered manager about this. They agreed their focus had been getting Longley Hall up to standard and they would now be turning their attention to Bell House Mews.

We were told managers met with care staff every month. We saw minutes of the previous two meetings and these recorded key points of discussions alongside any action points. Each person living at Bell House Mews was also discussed to keep all staff up to date. We asked to see minutes of any recent meetings held with people living at Bell House Mews and we were told there weren't any as there weren't any 'resident's' meetings.

We asked if people living at Bell House Mews and the staff that worked there were asked for their views on the service provided and to make suggestions for improvement. Some services seek feedback through questionnaires and/or suggestion boxes from people using the service, staff members, relatives and visitors and healthcare professionals. We were told there weren't currently any mechanisms in place to ascertain the views of people living, working or visiting Bell House Mews.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We were told there was a 'monthly management report – service review' undertaken every month.

We saw the last four management reports. These were undertaken in April, May, July and August. The report covered key areas such as staffing, recording in people's care records and quality assurance. All four reports stated that 'all audits carried out as required'. However there were no corresponding records of any audits being undertaken. The registered manager confirmed this was the case. Where action had been identified there was no way of telling whether this had been completed. For example, in April's management report it stated that 'still nothing sorted in regards to storage of files, no lockable cabinets for storage.' This issue is not referenced again in any of the subsequent reports

We reviewed the service's policy and procedure file, which was available to staff in the staff flat. The file contained a wide range of policies and procedures covering all areas of service provision relating to both people living at Bell House Mews and the staff that worked there. We saw the policies and procedures were

last reviewed in March 2013. All were listed as due for review in either November 2013 or March 2014. This meant they may not reflect current legislation and good practice guidance.

This meant that systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was therefore a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance.

The registered manager told us they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where there is an allegation of abuse. No notifications had been received prior to this inspection. Evidence gathered during the inspection indicated that there had been a recent safeguarding incident and at least two incidents where the police had been called out to the service. Omissions in the reporting of incidents to CQC as required by regulations was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 18 Registration Regulations 2009 Notifications of other incidents  There were omissions in the reporting of incidents to CQC as required by regulations.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment procedures were not being followed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The service failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  lack of proper and safe management of medicines

**The enforcement action we took:**

Warning notice issued to provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Processes had not been followed to assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the service  The service did not securely maintain records.  Systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**The enforcement action we took:**

Warning notice issued to provider.