

Tehy Care Group Ltd

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Inspection report

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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

About the service

Tehy Care Limited is a domiciliary care service. It provides personal care to people living in their own houses and flats.

At the time of the inspection, the service was supporting 12 people 11 of whom received help with personal care. 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

This was the second inspection during which we found people were placed at risk by the provider failing to identify and address breaches of regulatory requirements. The provider had not made sufficient improvements to the safety and governance of the service and had not taken appropriate steps to support the management team. This lack of managerial oversight had impacted on the quality of care provided.

The management and provider continued to lack understanding of governance systems. This meant they did not have oversight of the service to ensure people received safe care. Systems that were in place were not implemented effectively and audits did not identify ongoing concerns with the service.

Risk assessments had been reviewed. Some included clear guidance for staff about concerns found during the previous inspection however, not all new risks had been identified and some areas lacked detail.

Medicines were not managed safely. Medicine administration records were not always complete. Some lacked information about people's medicines such as what they took and what the medicines were for. Medication audits had failed to identify areas of concern found during the inspection.

Staff recruitment processes were not robust. This meant people were potentially at risk of staff being employed to work with them who were not suitable.

A system was in place to record incidents and accidents. However, there was no evidence of how lessons learnt had been used to facilitate improvement in service delivery.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There was an improvement in staff's access to training but there continued to be areas where not all staff members had completed the necessary training to ensure the needs of people were met.

Staff were supported by the management team through supervision sessions and regular staff meetings.

People knew how to raise complaints and concerns. People and their relatives were given the opportunity to provide feedback about the service via questionnaires and weekly telephone review calls.

Staff were kind and caring and knew people well. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

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

Rating at last inspection

The last rating for this service was Inadequate (published 10 September 2019). The service remains rated inadequate. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified multiple breaches in relation to risk assessments, person centred care, the management of medicines, staff recruitment, recording of consent and the providers continued lack of governance and oversight to ensure people received safe care and treatment.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains 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 of 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?

Requires Improvement ●

The service was not always 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.

Tehy Care Group Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Notice of inspection

We gave the service 24 hours' 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.

We visited the office on 26 February 2020 and made contact with staff, people using the service and relatives on the 3, 12 and 16 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, care co-ordinator, office staff and made contact with

seven care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question remained the same. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At the last two inspections the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- At our last inspection we identified the provider's medication policy was not aligned to the service and required updating. Although the policy had been reviewed there were still no protocols in place for people prescribed medicines 'as required' (PRN). This meant staff did not have guidance to administer these medicines effectively as is best practice considered by The National Institute for Health and Care Excellence (NICE).
- Not enough improvement had been made to medication audits. The systems in place were still not robust. They failed to provide oversight of the service or identify continued areas of concern.
- Staff had administered one person's pain relief patch a day earlier than prescribed, placing them at risk of taking too much medication. The medication administration records (MAR) sheet recording this had been audited by the registered manager, but they have not identified any potential risk factors.
- Medicines had been handwritten onto the printed MAR sheet. These had not been countersigned by two members of staff in line with best practice and did not always include information about what the medicine was for, when to give it, what the safe maximum dose per day was or what the desired effect should be. This is not in line with best practice considered by NICE and meant people may not receive their medicines appropriately placing them at the risk of harm.
- Staff had not always completed people's MARs correctly. For example, we found gaps in some of the charts where medication had not been given but with no explanation as to why. This meant we could not be assured people had received their medicines as prescribed.
- Some people had been prescribed transdermal patches. These are medical adhesive patches placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. There was no guidance for staff about where or how to apply the patch. It is recommended that the location of the patch is rotated to prevent skin irritation. There were no body charts in place to monitor this or demonstrate staff were complying with this.

The failure to ensure the safe and proper management of medicines was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing

- Staff had received training in the management of medicines and staff were assessed through spot checks to ensure they were competent.

Assessing risk, safety monitoring and management

At our last inspection risks to people had not always been properly assessed and management plans were not effective in mitigating potential risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk assessments had been reviewed. Some included clear guidance for staff about concerns found during the previous inspection such as how to support people with Parkinson's Disease and epilepsy or people who were at risk of choking. However, not all new risks had been identified and some areas lacked detail.
- One person was being supported following a fall. There was no information in their care plan about how the fall occurred or guidance to mitigate the risk of future falls.
- Where people had been assessed as requiring a hoist there was still no guidance about how to attach the sling to the hoist or how to support the person whilst they were being hoisted.
- Risk assessments were not always updated to reflect changes in people's needs. For example, one person was experiencing pain in their legs when using the hoist. Staff had documented a referral to the community Occupational Therapist was needed. This was dated October 2019. The registered manager told us the referral had been made and the person assessed and provided with new equipment. The risk assessment did not reflect this or contain any information about the new hoist sling. This meant staff did not always have up to date information to enable them to know how to support people safely.

The failure to ensure the safe management of risks and take all reasonably practicable steps to mitigate risks to people was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not protected from the risk of being supported by unsuitable staff. We reviewed four staff files and saw they did not contain all the relevant information to demonstrate appropriate pre-employment checks in were in place to ensure safe staff recruitment. For example, suitable references were not always sought and gaps in staff's employment histories had not been fully explored.
- Disclosure and barring (DBS) checks had been requested but the outcome of the checks was not known before staff started work. DBS checks help employers make safe recruitment decisions. Where concerns had been identified through DBS checks action had not been taken to risk assess the situation. This meant staff were working with people without the necessary checks to ensure they were fit to carry out the job they were employed for.

We found no evidence people had been harmed however, systems were either not robust enough to demonstrate recruitment was effectively managed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the previous inspection staff rotas showed staff were allocated to be at different people's homes at the same time or with very limited time to travel between visits. We looked at staff rotas between 13th January 2020 and the 23rd February 2020. There continued to be occasions where staff were allocated to be

at different people's homes at the same time. This demonstrated a continued failing to proactively identify and act to mitigate risks associated with the poor organisation of personal care visits.

- An electronic call monitoring system had been introduced to enable the management team to monitor late and missed calls. This enabled them to respond to concerns identified by the system as they arose.

Learning lessons when things go wrong

- The registered manager had tried to improve the systems in place for monitoring incidents and accidents. However, the processes were not robust. Incidents were reported and recorded but there was no analysis of events to identify trends and there was no evidence of how lessons learnt had been used to facilitate improvement in service delivery.
- For example, the management of medicines was still not safe. There were numerous errors on people's MARs but there was no documented investigation into these. This meant themes and patterns had not been identified and no improvement had been made.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were confident about how to raise concerns if the need arose.
- The registered manager told us they had raised a safeguarding alert with the local authority.

Preventing and controlling infection

- Staff took appropriate measures to protect themselves and people from the risk of infection. They had completed training in infection control and understood their responsibilities to prevent the spread of infection whilst working between people's homes.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we found the registered provider had failed to ensure staff received appropriate training and supervision to enable them to carry out their duties safely and effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Although we saw an improvement in staff's access to training there continued to be areas where not all staff members had completed the necessary training to ensure the needs of people were met. For example, only 10 out of 17 staff members were recorded as having completed adult safeguarding training and eight out of 17 had completed mental capacity training.
- Additional training had been provided for staff to meet the specific needs of people such as those with Parkinson's Disease and epilepsy. However, not all the staff who supported people with these conditions had completed the training. We also saw a staff member allocated to support a person assessed as requiring a hoist had not completed their manual handling training.

The failure to ensure all staff received appropriate training was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team provided face to face training in line with the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff competencies were reviewed through spot checks and observation of practice.
- An induction programme was in place for new staff. This included completing supervised shifts with senior staff and observations of practice to ensure staff had the skills and knowledge to support people.
- Supervision session had been completed for staff. However, we saw the review date for three staff members was 7 January 2020. None of the reviews had been completed at the time of the inspection and not every staff member had received an annual appraisal.

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 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.

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.

We checked whether the service was working within the principles of the MCA.

- During the previous inspection we found care plans did not contain information about people's mental capacity. At this inspection we found there was still no system in place to effectively manage compliance with the Mental Capacity Act 2005. Care plans did not contain documented evidence to confirm decisions were being made in people's best interests.
- We had concerns about some of the staff's knowledge and understanding of capacity. For example, one staff member told us a person lacked capacity but went onto explain how the person was able to communicate their preferences about certain aspects of their care with staff.
- Not all staff had completed up to date MCA training. Of the 19 staff members on the training matrix only eight were up to date with the training.

The failure to complete MCA's was breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and understood the need to seek people's consent when delivering their care. Staff were able to describe the various ways people communicated their wishes.

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

- Although care plans had been reviewed and improved staff were not always provided with sufficient information to deliver people's care in line with legislation and evidence-based guidance.
- People's needs had been assessed, before the provider agreed to deliver care, however the care plans and risk assessments based on the information gathered at assessment were not detailed enough to mitigate risk. This put people at risk of harm.

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

- Care plans contained information about people's likes and dislikes. Staff supported people to make choices about what they ate and drank.

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

- Where the need had been identified referrals had been made for specialist advice and support. For example, a referral was made to the occupational therapist to review equipment in a person's home to ensure it was still safe to use.
- One person was at risk of choking and had been reviewed by a Speech and Language Therapist (SLT). Their care plan included guidance for staff about the type and consistency of food they had been assessed as safe to eat and how to support them to eat safely at meal times.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the quality and safety of people's care did not reflect a caring service

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

- People told us they felt comfortable with staff and were pleased with the care they received. Comments included, "They are all good people, always very nice to us." And, "They all know what they are doing. I've no complaints."
- People told us staff were caring and treated them with dignity and respect.
- Staff encouraged people to remain as independent as possible within their own homes. One person told us, "Oh yes they really do encourage me. I feel confident when they are here."
- Staff told us how they had supported one person to go out for a meal to celebrate their birthday.
- Care plans included a section entitled 'This is me' which provided an overview of persons likes and dislikes, life history and people and events that were important to them.
- However, the continued shortfalls in the quality and safety of people's care identified during our inspection did not reflect a caring service. These included the failure to fully assess the risks to people, safely manage their medicines and ensure all staff were appropriately trained.

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

- Questionnaires and weekly telephone calls from the care co-ordinator were used to gain people's feedback about the service and the care they received.
- Although this enabled staff to address people's concerns as they arose, we saw no evidence of how this information was collated and analysed to drive improvement.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

At our last inspection we made a recommendation the provider seek advice and guidance from a reputable source, about gathering and recording people's preferences for end of life care. The provider had not made the required improvements.

- At the time of the inspection the service was not supporting anyone with end of life needs.
- No staff had completed training to provide them with the skills to support people at the end of their life.
- Care plans did not include information relating to people's wishes or preferences for end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we made a recommendation the provider sought advice and guidance from a reputable source, about the current legislation to maintain people's information confidentially in relation to AIS. The provider had made improvements to address this.

- Staff knew people well and were able to explain the different ways they communicated with people who were unable to express themselves verbally, such as using body language and hand gestures.
- One staff member told us, "I support someone with communication difficulties. Their care plan identifies this and a referral highlighted from the speech and language therapist encourages us to give them your full attention and try to avoid any background distractions. Try to speak clearly and at a normal volume as well to ensure you're listening and watching for the person's reactions, as not all communication is verbal."

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

- Care plans were reviewed annually. If staff identified a change in a person's needs this was brought forwards and a joint visit was completed with senior staff. However, whilst some care plans had been reviewed and contained guidance for staff about people's preferences and how they wished their care to be delivered, others lacked the detail needed to ensure people received consistent, personalised care.
- For example, care plans did not always provide sufficient information to guide staff in how to assist people to move safely or reduce the risk of falls. One person had a history of falls. The information in their care plan

was contradictory stating in one section they were able to walk short distances independently and in another they required a walking stick or walking frame to mobilise. Staff told us the person was now required a walking frame to mobilise. Their care plan had not been updated to clearly reflect this. This meant there was a risk people did not receive appropriate care which met their needs.

- Despite these concerns staff demonstrated an understanding of how people liked to be supported.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if the need arose.
- The registered manager kept a record of written complaints and we saw they had responded to each one in writing.
- Verbal complaints made to office staff were not recorded. This meant it was not always possible to gain a clear account of on-going concerns. For example, a written complaint from a relative referred to a number of occasions when they had contacted the office about the same concern. However, there was no record of these telephone calls in the complaints log.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. 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

At the last two inspections, the systems in place to monitor the safety and quality of the service were inadequate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The leadership of the service were reactive in their management style. We saw improvements had been made in some areas identified as a concern during the previous inspection but new potential risks had not been identified or addressed.
- Systems had been introduced to monitor the quality of the service, including reviewing care records and medicines. However, these were not sufficiently robust and had not identified the concerns found during the inspection or driven sufficient improvement in the quality of the service. For example, staff recruitment processes were not robust and medicines were not safely managed. Whilst we did not identify any direct impact the lack of robust quality assurance placed people at risk of receiving poor quality care.
- As stated previously in the report the registered manager had not met the recommendations made at the previous inspection in relation to ensuring people's communication needs and EOL care were met.
- Actions the provider needed to take following our previous inspections to ensure regulatory requirements were met had not been embedded and sustained. They had failed to provide the necessary support and guidance to the registered manager to enable them to develop the service and improve the quality of care.
- As stated previously in the report the provider did not have systems in place to identify and mitigate risk or provide them with oversight of the service. This combined with repeated concerns identified at this and previous inspections did not evidence the provider promoted a culture of continued learning so improvements could be made to ensure people received safe care and treatment.

The failure of the provider to implement effective systems and processes to enable them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and office staff took responsibility for the day to day management of the service. It was clear they cared about people and demonstrated an enthusiasm for the service to improve. However, there was a lack of provider level support to guide them effectively.
- The registered manager told us they were supported by regular visits from the director of the company. This person was also the Nominated Individual (NI). The registered manager said, "I am better supported and I am more confident in myself." However, the director did not have any experience of working in care. This meant we could not be assured they had the skills and knowledge to implement the improvements necessary to drive the service forward.
- During the inspection the registered manager told us they had received one supervision session with the NI since the last inspection. We saw no documented evidence of this supervision. We reviewed the registered managers appraisal which had been completed by the NI. It was not detailed enough to reflect their position within the service and contained no guidance about how to implement the changes needed to improve the quality of care.

The failure to ensure the director had the qualifications, skills and experience was a breach of Regulation 5 (Fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; 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

- Shortfalls identified in previous inspections had not been addressed. There continued to be systemic failings at the service. We identified multiple breaches of the same regulations found at the last inspection. This demonstrates insufficient learning and improvement had taken place.
- It is a legal requirement that the overall rating from our last inspection is displayed on the providers website. This was not being done.

The failure to display the current CQC rating on their website is a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were supported by the management team through regular staff meetings. The registered manager said, "I think staff feel more supported. They have the chance to feedback and I know things that we wouldn't have before."
- Questionnaires and regular telephone reviews were used to gain feedback from people using the service.

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 5 HSCA RA Regulations 2014 Fit and proper persons: directors The failure to ensure the director had the qualifications, skills and experience was
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The failure to complete MCA's
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been properly assessed and management plans were not effective in mitigating potential risk.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure of the provider to implement effective systems and processes to enable them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Systems were either not robust enough to demonstrate recruitment was effectively managed.

Regulated activity

Personal care

Regulation

Regulation 20A HSCA RA Regulations 2014
Requirement as to display of performance assessments

The failure to display the current CQC rating on their website

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The failure to ensure all staff received appropriate training