

Healthcare Headhunters Limited

# Lastminute Care & Nursing

## Inspection report

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Date of inspection visit:  
03 February 2021  
19 February 2021

Date of publication:  
08 April 2021

## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lastminute Care and Nursing is a domiciliary agency providing personal care to 130 people at the time of the inspection. People receiving a service required varying levels of support. Support packages ranged from short term domiciliary care to 24-hour support for people with ongoing mental health needs, autistic people and/or people with a learning disability.

A number of people requiring 24-hour support lived in 'supported living' services. People held an individual tenancy for their bedroom and shared communal areas such as lounges and kitchens. Each 'supported living' service had a designated room for staff to store their belongings, maintain records and in some cases, provide sleeping in support.

Not everyone who used the service received 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

Governance systems to monitor the quality of care being delivered to people required improvement. Existing systems failed to always identify shortfalls in care planning, recording and staff training.

Accident, incident and safeguarding processes needed to be improved to ensure incidents were reported in accordance with local authority safeguarding procedures and the Care Quality Commission (CQC) in a timely way.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### Right support:

- Model of care and setting maximises people's choice, control and independence

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The service was not able to demonstrate how they were meeting some of the underpinning principles of

Right support, right care, right culture. Not all people's support needs had been appropriately assessed or planned. There had been a high turnover of support staff in recent months as well as a number of changes in management. This meant several staff lacked the necessary skills, knowledge, supervision and information needed to support people in a safe and consistent way. Some people had not always been able to choose who they lived with.

These issues had created a number of avoidable incidents between people and had placed a small number of people receiving support at the risk of harm. This did not affect the entire service provision and the issues we found specifically related to people within some of the supported living services. The provider was working with the local authority to ensure people were happy with who they lived with, to ensure staff had the training they needed; and to ensure people had an appropriate plan of care in place.

We found other people did have appropriate support plans in place and these reflected external professional input. In these cases, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Although, the policies and systems in the service supported this practice, we have made a recommendation for the manager to review existing support plans and documentation to ensure all decisions made in people's 'best interests' remain the least restrictive option available.

We have made recommendations to ensure the provider can evidence people's involvement in support plans and to review the service user guide so it was available in an 'easy to read' format.

Although we identified some issues in this inspection which required improvements to be made, people receiving support and the majority of relatives spoke positively of the support from staff and told us people were supported by staff who were caring and responsive to their needs. People could pursue their interests and hobbies and could change aspects of their support if their circumstances changed.

Staff spoke warmly of the people they supported and staff were committed to delivering high quality care. A new manager had been appointed to support this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 5 July 2019. We completed a focused inspection (published 14 October 2020) and looked at the key questions of Safe and Well-Led. These key questions were rated good, however did not enable us to provide the service an overall rating. This is the first inspection to cover all five key questions.

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality of care being delivered, staff skills to meet people's needs, poor infection, prevention and control measures during the COVID-19 pandemic, management inconsistency and lack of transparency when incidents of concern arose. A decision was made for us to inspect and examine those risks.

#### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff training, reporting allegations of abuse, safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Lastminute Care & Nursing

## 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

This inspection was carried out by three 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. This service also provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. A new manager had recently commenced employment. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 3 February 2021 and ended on 19 February 2021. We visited the office location on 3 February 2021.

#### 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 and professionals who worked with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with 14 members of staff including the nominated individual, members of the management team (including the new manager), senior support workers and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three 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.

Following our site visit, we continued to seek clarification from the provider to validate evidence found. We spoke with a number of professionals involved in the care and support of people receiving a service.

# 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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- We found people had not been sufficiently protected from the risk of abuse.
- Policies and procedures were in place; staff had received training how to record and report abuse. However, on a significant number of occasions, the provider had failed to follow the local authorities' safeguarding procedures. This meant the local authority had not been made aware of a number of issues where actions should have been taken sooner to protect people. This included a number of medication errors; incidents which demonstrated people were unhappy or incompatible living together; and one allegation of abuse made directly by a person receiving support.
- Accidents and incidents were recorded and reported by staff on an electronic care planning system. Some incidents had not been recorded accurately. This meant the manager was not always aware incidents had occurred, so had not taken appropriate actions to protect people. This also impacted on the ability to ensure effective analysis took place so that lessons could be learnt.

Systems were either not in place or robust enough to demonstrate people were protected from the risk of abuse. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding Service Users From Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They confirmed improvements to recording systems had been made. The newly appointed manager would have increased oversight and responsibility for all accidents and incidents. This would ensure appropriate actions were taken; and agencies were informed in a timely way.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- In most of the documentation we reviewed, people's risks had been identified and support plans developed. However, we identified a number of examples where people's risks were not managed safely.
- One person's risk assessments and support plans were insufficient. Staff supporting this person also lacked the training needed to manage high risk situations; and there had been a lack of consideration of risk for people living with the person. The lack of assessment, planning and effective management had resulted in unsafe situations occurring. We discussed our concerns with the manager and were told training had been arranged with a view to develop an appropriate support plan. However, training and effective risk management plans should have been considered much sooner to prevent the individual and other people being placed at the risk of harm.
- We identified another example when a person requiring emergency medication for a potentially life threatening health condition did not have sufficiently trained staff on shift on a number of occasions. Had



the emergency medication been required, there were no appropriately trained staff available to immediately respond. This placed the person at serious risk of harm.

Systems were either not in place or robust enough to demonstrate risk was safely identified or effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other systems were in place to manage risk and to prevent and control the risk of infection.
- Staff could describe the importance of wearing appropriate Personal Protective Equipment (PPE) during the COVID-19 pandemic. Visiting professionals and people receiving a service confirmed they had observed this in practice.
- Some people receiving a service experienced difficulty in accepting staff wearing PPE, in particular facemasks, as this created a barrier to communication and caused some people anxiety. Individual risk assessments were in place and additional PPE; such as face visors were available for staff.

#### Staffing and recruitment

- Since the last inspection, there had been a high turnover of staff, particularly within the 'supported living' services. Staffing levels had also been impacted on occasion by the COVID-19 pandemic. To ensure safe staffing levels, the provider had utilised temporary (agency) workers and a significant number of new staff had recently started employment. This supported feedback we received from a number of professionals and relatives who expressed concerns about staff understanding of people's complex support needs. We spoke with staff within the 'supported living' services who explained it had been a difficult period. Staff also told us they felt consistency had improved in recent weeks.
- Recruitment procedures were safe. Pre-employment checks were carried out to ensure staff members were suitable for the role.
- In contrast, staff not working in the 'supported living' services felt there were plenty of staff to meet people's needs and provide consistent care. This was confirmed by people receiving a service who told us staff turn up on time and stay for the allotted time.

#### Using medicines safely

- We sampled recent medicine administration records and found these were fully completed and medicines were administered in line with prescribers' instructions.
- We identified during the inspection there had been a number of medication errors which had occurred in recent months. Whilst these had not been reported in line with the local authority safeguarding procedures, actions had been taken to address the errors such as re-training of staff and seeking medical advice. The provider had employed additional senior support staff who had responsibility to ensure the safe administration and oversight of medicines.

# 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 not inspected. This key question has been rated requires improvement. 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

- Procedures in place for staff training were not always effective. The provider maintained detailed records of all on-line training completed by staff as part of their induction and ongoing development. However, in addition to this, staff were required to complete training specific to meet the needs of people they support. These records were not complete and did not demonstrate staff had always been suitably trained.
- Due to staffing and social distancing difficulties in recent months caused by the COVID-19 pandemic, delivery of formal face to face training had been impacted; the management team had delivered informal 'on the job' training to staff. Staff told us this was not always sufficient. As records had not been consistently maintained for training specifically around people's needs, we couldn't be assured staff had fully received all the training they needed.

Systems were either not in place or robust enough to demonstrate staff were suitably trained around the specific needs of people receiving a service. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager and the provider. The provider agreed a more formalised approach to delivering and recording training was required. This was being addressed by their training manager.

- We were assured staff received an induction when they started working. This included the completion of shadow shifts with experienced staff. One staff member told us, "It was a good induction."
- The provider had introduced an accessible on-line system where training and best practice tips could be shared with staff.

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

- We identified failings in the assessment for one person. Although, all other care packages had been suitably assessed; the provider had failed to follow their own procedures on this occasion. This lack of appropriate assessment had resulted in significant negative impact on the wellbeing of other people receiving support.

Systems were either not in place or robust enough to demonstrate the provider had followed a suitable process when admitting people to the service. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

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.

- People confirmed staff sought their consent before providing support.
- Staff had received training and demonstrated an understanding of the principles of the MCA.
- The provider had developed a policy and template document for use when assessing a person's capacity. This was in place where some decisions had been made in a person's best interests and demonstrated a multi-agency approach to reaching decisions.
- Some support plans and care records indicated at one 'supported living' service, bedrooms were locked when not in use and the front door was locked. Relatives we spoke with did not express any concerns with this for security, privacy and safety reasons, and staff confirmed people could access their rooms at any time. However, there was no evidence these decisions had been considered as the 'least restrictive option' in line with the principles of the MCA.

We recommend the manager reviews support plans in line with current best practice guidance to ensure any potential restrictions placed on people have considered within the principles of the MCA.

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

- People received the support they needed with eating and drinking.
- One relative expressed concern their loved one was not being supported to eat a healthy diet which had contributed to weight gain. We discussed the nutritional needs of people with staff. One member of staff told us this had been a focus for improvement in recent weeks.
- One person required support to eat and drink and had a support plan in place to reflect professional guidance. This plan needed to be more detailed to accurately reflect the advice given.

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

- Records of medical appointments were maintained and people were supported to access the care they needed if they became unwell. One relative told us, "Staff are very responsive in managing and supporting medical appointments."
- We did identify one example when care records identified a potential health need. The person had a planned medical appointment, however, the information suggested medical advice could have been sought sooner. We raised this with the manager who assured us they would look into this issue.

# 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 not inspected. 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 confirmed they had been involved in developing their support plans and could make changes when they wanted.
- Some support plans had been developed in conjunction with professionals and families and involvement was clearly demonstrated, however, plans which had been developed on the electronic care planning system were less clear.

We recommend the provider ensures the electronic care planning system clearly captures how people have been involved in their development.

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 well cared for and staff couldn't do enough. One relative told us, "Can't complain at all about them, here every morning on time, look after my wife in the morning, come back at lunch, tea and night. Always prompt and courteous. Always stay until everything is done and ask if they can do anything else. Very impressed so far."
- One person did tell us however, they had overheard staff talking about other people's care needs. We discussed this with the provider; who confirmed they were aware of this issue and was taking action to address this.
- Most relatives also spoke very highly about the care staff and the support they provided. Comments included, "Staff have been lovely and very supportive" and, "The staff are worth their weight in gold." Where feedback was less positive, relatives attributed this to the high staff turnover in recent months which had resulted in a lack of understanding around some individual needs. One relative also described examples where a person's clothing was being lost or mixed up with others. We raised this with the manager who assured us this was being addressed and a more personalised approach to support was being adopted.
- Staff were able to describe how they maintained people's privacy and dignity, for example ensuring people were covered up during personal care support. Staff were also able to describe how they encouraged people to be as independent as possible. Examples we heard included engaging people in cooking and domestic activities to learn new skills.
- We did find the wording in some care notes needed to be improved to ensure appropriate language was being used when documenting care records. We discussed this with the manager who told us they had already identified this and had made some additional training available to staff to improve the quality of record keeping.

# 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 not inspected. This key question has been rated requires improvement. This meant people's needs were not always met.

### 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.

- Support plans identified people's individual communication needs. Some people used visual prompts to assist when communicating and making decisions. Staff were able to describe how they used these with people and care notes demonstrated this.
- One relative spoke positively about the impact staff support was making on their loved one's ability to express their wishes. They told us, "[Name] has learnt so much since going to Lastminute, we didn't notice he was able to make such a choice. Starting to verbalise, very basic but learnt this with them."
- Information was available about the service through a service user guide. This document was provided to people at the start of a support package and stated it was available in alternative formats upon request.

We recommend the provider consider best practice guidance on developing 'easy to read' documentation about the service which could be used to assist people to understand the services Lastminute Care and Nursing has to offer when accepting a package of support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people to keep in touch with their loved ones.
- Records demonstrated, and relatives confirmed staff had been proactive in supporting people to pursue leisure activities. Where this had been impacted by the COVID-19 pandemic, staff had been creative in supporting people in a way which reduced the impact on people's health and general wellbeing.
- We discussed the need for support plans to be reviewed as some personal goals and outcomes could not be achieved whilst restrictions imposed as a result of the pandemic were in place. For example, some opportunities to obtain voluntary work placements were currently unavailable to people. The manager assured us this would be reviewed.
- Some people receiving support were unable to have staff rotas printed off for their information due to a lack of printing facilities in all 'support living' services. We raised this and were assured the provider would make sure this information would be made accessible to people.
- Support plans were accessible to staff. One staff member told us, "The plans are all open to us on log my care. They are easy to follow." Some staff felt additional background information about people's personal histories would be useful, in particular where care was provided on a short term basis. We discussed this

with the manager who was planning to introduce new documentation to obtain and record this information.

#### Improving care quality in response to complaints or concerns

- Information to inform people how to raise complaints was available in the service user guide. People confirmed they knew how to raise a complaint and who they would raise complaints with.
- Some relatives told us the new management team had been responsive in dealing with issues raised.

#### End of life care and support

- Lastminute Care and Nursing was not providing to care to anyone at the end of their life at the time of the inspection.
- Care plans identified peoples wishes and preferences. This included detailed information where a person had pre-arranged funeral plans or Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders in place.
- The manager was knowledgeable in the actions to take to ensure a person experienced dignified and pain-free 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Throughout our inspection, we received consistent feedback expressing concerns about the number of changes in management over the last 12 months. This had particularly impacted on consistency of the quality and oversight within the 'support living' services. One relative told us, "If they could get management right it would be a good service." A new manager had recently been recruited, who was supported by a 'care manager' position, also recently created. During the inspection the provider arranged for the new manager to start the registration process with CQC.
- Although we found some actions had been taken to respond to accidents and incidents, the provider had not ensured the local authority safeguarding procedures had been followed. This meant appropriate measures were not always put in place to protect people from the risk of abuse.
- The provider had failed to notify the CQC of a number of incidents that were required through the statutory notification process. During the inspection process the newly appointed manager sought clarity and advice from CQC and was working through recorded incidents to ensure these were appropriately reported retrospectively.
- Systems in place to monitor risk and the quality of care for people were not always effective and had failed to identify the issues we found during this inspection.

Systems were either not in place or robust enough to ensure there were sufficient governance systems in place. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The provider had developed an improvement plan prior to the inspection as a result of areas of improvement the new management team had identified. This was updated to address the findings of this inspection.

Working in partnership with others

- A number of professionals we spoke with were positive about the service provided by Lastminute Care and Nursing. The provider was described as very responsive when assisting social work teams in need of emergency care packages. We saw evidence of such positive feedback.

- Other professionals spoke less positively and told us there had been a deterioration in the last few months. This was specific to the 'supported living' services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff at all levels within Lastminute Care and Nursing were open and transparent when sharing their views and were committed to providing high quality care. Staff members told us, "I love my job and [staff] work well together," and "Everyone who works here actually cares about people."
- A number of staff within the 'supported living' services expressed frustration about the number of management changes and a high turnover of support staff. One staff told us, "I feel there is too much change of staff." Some staff told us this had resulted in a lack of trust in raising concerns. In contrast, other staff within the 'supported living' services spoke very positively of the new management team. One staff member told us, "It's nice to be able to show people the right way. The new staff that have come through ask questions and want to get things right. Before [the new manager] there was a poor morale, feels like more of a team, working together."
- Staff working in other areas of the business also told us they felt very well supported and always felt they could raise concern with the management team and the provider.
- A significant number of professionals and relatives expressed difficulties in contacting 'supported living' services and delays in obtaining information. They had resorted to contacting staff on their own personal mobiles.
- We discussed all of this feedback and our concerns with the provider and the management team. We were told the new manager was meeting with staff on a one to one basis to develop relationships, encourage staff to raise concerns and rebuild trust in the management team. The provider added new mobile phones had been purchased for the 'supported living' services use when liaising with families and professionals and all new contact details have been shared.
- The provider had also introduced some positive initiatives to engage with people and promote a person centred culture across the service as a whole. For example, recent dementia training had been delivered free of charge to relatives of people and volunteer groups. The provider was in the process of obtaining accreditation for this training. The provider had also engaged with staff to gather their views and feedback about the future development of the organisation and planned improvements. For example, plans to enable relatives, when appropriate, access to the electronic care planning system to view photographs of people participating in leisure activities.



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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Systems were either not in place or robust enough to demonstrate risk was safely identified or effectively managed.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (h).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>Systems were either not in place or robust enough to demonstrate people were protected from the risk of abuse.</p> <p>Regulation 13 (1) (2) (3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems were either not in place or robust enough to demonstrate the provider had followed a suitable process when admitting people to the service.</p> <p>Systems were either not in place or robust</p>

enough to ensure there were sufficient governance systems in place.

Regulation 17 (1) (2) (a) (b).

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met:

Systems were either not in place or robust enough to demonstrate staff were suitably trained around the specific needs of people receiving a service.

Regulation 18 (1) (2) (a).