

United Home Care Limited

# United Home Care Limited

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We undertook an announced inspection of United Home Care Limited on 8 December 2015. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people living in their own homes and the service was small so we wanted to be sure the registered manager would be available.

The service had temporarily closed for approximately ten months from the end of 2014 as the registered provider (also the registered manager) had needed to shut the service during this period. The service had re-started operating again and supporting people in October 2015.

We last inspected the service in April 2013. At that inspection we found the service was meeting all the regulations that we assessed.

The service was family run and the registered manager's wife and daughter also worked for the service as a care worker and assessor.

United Home Care Limited provides a range of services to people in their own home including personal care. People using the service had a range of needs such as physical disabilities and dementia. The service offered support to people over the age of 18 years old. At the time of our inspection 4 people were receiving personal care in their home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely and we could not confirm people received their medicines as prescribed.

Risks to people and others were not well managed and people did not have the necessary risk assessments in place in relation to known risks to ensure staff safely supported them..

Recruitment systems were unsafe as the provider did not always ensure they obtained all the necessary checks before staff worked with people using the service.

There were concerns regarding how staff were being deployed in the service. The staff team was small and there were no contingency plans should a staff member not be available to work, thus potentially a person using the service might not receive all their home visits.

Our findings during the inspection showed that new staff did not receive an induction to the service or

receive training in a timely manner on areas such as moving and handling and the administration of medicines, to prepare them for their roles.

Although there were systems in place to assess people's capacity and their ability to consent to the care and support they received, processes were not followed in working with the local authority to ensure people who needed a formal mental capacity assessment took place.

The provider had limited systems in place to monitor the quality of the care provided and these did not provide appropriate information to identify issues with the quality of the service. The registered manager had not been aware of their duties to act in accordance with the Mental Capacity Act 2005 and neither had they identified any of the issues we found during this inspection.

Feedback from a person using the service was positive. They spoke highly of the staff who visited them and said they felt safe receiving the service. A relative was also happy with the support their family member received.

People's needs were assessed before they received a service and care plans identified their needs.

There was a complaints policy and procedure in place and people and their relatives knew to contact the service or the local authority if they had a concern.

Staff documented the drinks and meals people ate so that this could be monitored if a person was at risk of dehydration or malnutrition.

We have made a recommendation that the registered person should seek relevant current guidance and information on the Mental Capacity Act 2005.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the registered person not following safe care recruitment procedures, no contingency plans in place to ensure there were staff available to always cover the home visits, poor records relating to the management of medicines, failing to carry out detailed risk assessments and guidance on people's needs, not sufficiently supporting staff through providing an induction to the service and training for new staff. There was also a lack of quality assurance checks and audits and the registered manager was not aware of their duties in relation to the Mental Capacity Act neither had they identified the issues we found during this inspection.

CQC has taken the appropriate regulatory response to resolve the problems we found.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains 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 the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

## 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 management was unsafe and we could not always confirm people received their medicines as prescribed.

People were at risk of harm from poor risk assessment processes. The provider did not always assess people's risks in relation to the provision of care to provide staff with guidance to ensure people were safely supported.

Recruitment practices were unsafe as suitable employment references to check performance of staff in previous roles were not always obtained and criminal record checks had not always been requested.

There were not enough staff deployed to support people using the service.

Staff and the registered manager were aware of how to respond if there was a safeguarding allegation.

### Is the service effective?

Requires Improvement 

The service was not always effective. There was no evidence of the support staff received, such as receiving an induction to working with people in the community.

Staff had not received training on important areas such as moving and handling and the administration and handling of medicines in a timely way.

There was no plan to provide one to one support and supervision to staff.

Staff encouraged people to make daily decisions. Capacity assessments had been carried out by the service and care staff were aware of their responsibilities in working with this legislation. However, the registered manager had not acted in accordance with the Mental Capacity Act 2005 in working with the local authority if they felt a person lacked capacity.

<p>People received the necessary support in relation to their day to day health needs.</p> <p>Staff supported people with their drinks and meals to ensure they did not become dehydrated or malnourished.</p>	
<p><b>Is the service caring?</b></p> <p>The service was caring. People were involved in planning their care.</p> <p>People we spoke with were positive about the care they received and told us staff were kind and caring and treated them with dignity and respect.</p>	<p>Good ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was responsive. People's needs and wishes were assessed and care plans were in place to meet those needs.</p> <p>People and relatives knew how to complain if they needed to.</p>	<p>Good ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not well-led. There were inadequate systems in place to monitor the safety and quality of the service, so areas for improvement could not be identified and addressed. The lack of systems to monitor the quality of the service being provided had meant that the Registered Manager had not identified the concerns and poor practices that we found during this inspection.</p> <p>Staff said the registered manager was approachable and supportive.</p>	<p>Inadequate ●</p>

# United Home Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 December 2015 and was announced. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the service was small and so we wanted to be sure the registered manager would be available.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We obtained feedback from the local authority's brokerage team prior to our inspection.

We spoke with the registered manager and the staff member who carried out assessments of people using the service. We reviewed two people's care records and documents relating to the management of the service including, three staff records and incident records. After the inspection we contacted one person who used the service to ask them for their views and experiences of the service. Some people who used the service had complex needs and were not able, or chose not, to talk to us. We also tried to make contact with three relatives but only managed to speak with one to obtain their feedback on the service. Two care staff and the assessor also provided their views on the service after the inspection. One care staff member and the assessor were the relatives of the registered manager.

## Is the service safe?

### Our findings

We viewed three staff member's employment files to check that staff had been suitably vetted before working with people. Completed application forms were seen, proof of address and identify information were available. On one file we saw an employer's reference and character reference. A Disclosure and Barring Service (DBS) check had been requested but not all the results of the full checks had been returned to the service. On the second staff member's file, who had started working for the service approximately two weeks before the inspection, the registered manager had requested two references but these had not yet returned. The registered manager had not applied for a DBS check to see if this staff member were suitable to work with people using the service. We saw from the rota that this staff member was not working alone, however the registered manager had not deemed that this could place people using the service at risk. The third staff member's file did not have any references, employment or character. This staff member was the registered manager's wife and they informed us they had not previously worked anywhere else. This staff member had completed an application form and had a criminal check carried out in 2012. The registered manager told us they interviewed individuals' before employing them. One staff member confirmed they had been interviewed before working for the service. However, there was no evidence of any interviews or the staff member's responses on the staff files that we viewed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and the provider is now required to carry out regular audits on staff employment files to ensure safe recruitment practices are followed.

The staff team consisted of the registered manager, who told us they did not work hands on directly with people using the service, an assessor and three members of staff who worked with people in their homes. We viewed the rota for the week of the inspection. We saw that there was also a fourth staff member who was noted as working alongside another staff member on the 12 December even though they had not been through all the recruitment checks. The registered manager said they had previously worked for the service, but this had been almost a year ago as the service had ceased operating from November 2014. The registered manager took the person off the rota during the inspection and put another staff member in to cover those calls until they had received all the necessary documentation for this staff member.

As we had identified there were also issues with the recruitment documents and checks of a recently recruited staff member, the registered manager informed us they would remove them from the rota until all their checks were completed. This left two staff members working seven days a week with very little time off in between calls. One person using the service told us that the staff member who visited them looked "tired" and had needed time off recently which had been given as they had been working every day. We saw there was travel time in between each call, but there were fourteen home visits needing to be covered from breakfast until the evening every day. The registered manager told us they were trying to recruit new staff but this would take time to carry out the necessary checks on new staff. Therefore there were no contingency plans if staff needed a day off work, were on holiday or on sick leave to ensure at all times people would be visited.



Following on from the inspection the registered manager confirmed that there were now three staff members working for the service and the staff member who was waiting for their DBS check to come back was not working alone. They also told us they had recruited two new staff to work for the service since the inspection visit and that the majority of the recruitment checks had been completed and received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and the provider is now required to assess and provide regular training to the staff working in the service.

We were informed that during the initial assessment of people's needs any potential risks were identified and recorded which we saw some information on. However, there were no separate risk assessments completed following on from the initial assessment of people's needs. Two people's records we viewed documented they had a range of presenting risks such as needing two staff to help them mobilise, risk of falling and developing pressure sores. In addition, people needing assistance with their medicines did not have a medicine risk assessment completed to ensure any issues were noted and guidance recorded to support staff carrying out any medicine tasks. Therefore there was no clear information or guidance for staff to know what the risks were and how to minimise these risks from occurring. The assessor said risks would be reviewed from what was recorded on the assessment document but this information was insufficient to safely support people.

Furthermore, the information in people's care records did not identify if people needed staff to use any equipment, such as a hoist to mobilise people safely. The registered manager described one person having a hoist in their home but was not clear if this was being used. Therefore we were unsure if equipment was being used or if it had been serviced and was in good working order.

The above paragraph demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and the provider is now required to carry out regular audits on risk assessments relating to people using the service to ensure people are being safely supported.

The registered manager told us there were no medicine records in the service to check as it had only been operating for six weeks and the records were currently in people's homes. We saw blank medicine records and these explained the difference between prompting and administering. The medicine policy we viewed referred to previous care standards and was not explicit in noting the difference between prompting and administering medicines. The registered manager confirmed they had updated this policy two days after the inspection.

In one person's care records the local authority's referral had noted that the administration of medicines would be shared between the staff and a relative. The care plan we viewed stated that staff would need to prompt the person to take their medicines. Therefore the records were contradictory and could cause confusion with staff. Furthermore, the daily records noted that staff had given the person their medicines. Several entries noted "gave medication" and at other times the records stated "medication taken". The registered manager checked with staff during the inspection and they confirmed they were administering medicines to this person. Following on from the inspection the registered manager confirmed that they had sought clarification and an agreement with the local authority to ensure it was clear who was responsible for carrying out this task.

Staff who had been administering medicines to people had not received medicines training. Two staff

attended these home visits but there was no evidence that any of the three care staff who had been working for the service had recently completed medicines training. The registered manager told us that on the day of the inspection staff were receiving training on medicines management so that they would be able to carry out this task safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and the provider is now required to carry out regular audits on the management of medicines, including information recorded on people's care records in relation to the support they need in receiving their medicines safely.

Although we had concerns about how people received their medicines, we did also obtain positive feedback. One person we spoke with said they were happy with the support they received with their medicines. They confirmed, "the carers check how I am feeling every day and make sure I take my medicines". They said the staff did not administer their medicines to them but handed them a glass of water to make sure they easily took all of their prescribed medicines. A relative confirmed that staff administered medicines to their family member and that staff recorded when they carried out this task.

One person who used the service told us they felt "Wonderful and safe" with the care and support they received from the staff member.

The registered manager informed us that there had been no safeguarding concerns since the service began operating again. We were also not aware of any recent or current safeguarding concerns about this service. One staff member said, "I'd talk to my manager and other colleagues and inform the police." Another staff member said if they had any safeguarding concerns they would "inform the manager, local authorities/social services if needed."

The safeguarding policy and procedure had details of previous care legislation and did not refer to the fact that staff would need to inform the local authority and the Care Quality Commission (CQC) if they received or were aware of a safeguarding concern. The registered manager confirmed they had updated this policy two days after the inspection.

We saw where there had been an incident involving a person who used the service staff had reported this to the registered manager. We saw the action taken to address the concern. There had only been one incident since the service began operating again in October 2015. The registered manager confirmed they would analyse further incidents should they occur.

# Is the service effective?

## Our findings

We found concerns with the support staff received. The staff team consisted of three staff members who worked directly with people in their homes. Two staff were new to care work and had started working for the service in October and November 2015. There was no evidence of the induction new staff received. The assessor who worked for the service said they used to provide an induction for new staff in 2014 but confirmed this had not taken place in 2015 since the service recently began operating again.

Staff had been assisting people with their mobility and had not received practical moving and handling training. The registered manager explained that the trainer was providing moving and handling to the staff members in a person's own home on the day of the inspection. They said the person and their relative had verbally agreed to this. We were unable to speak with this relative to see if this arrangement had been agreed and taken place. Following on from the inspection, one staff member said they were in the process of studying online training but had missed the moving and handling training session.

Furthermore we saw one staff member had completed online safeguarding for children training but not yet in adults. As the service had only been operating for the past six weeks this had not been completed yet by the staff. Whilst we acknowledged that the registered manager was attempting to ensure staff were starting to receive training, we found staff had not received basic training before working with people. This would be important for the new staff, as two staff members were new to working in adult social care.

In addition, although a staff member said they received monthly supervision, which we saw no evidence of, the staff member who had started working for the service in October 2015 had not yet received a one to one supervision to see how they were performing or if they needed any extra support. We saw no plans that this form of support was going to be arranged.

Following on from the inspection the registered manager confirmed that the staff members working for the service had all received training in moving and handling, medicines and safeguarding adults.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and the provider is now required to carry out regular audits on the training provided to staff.

We saw on the two staff files we viewed that the staff members in question had started online training in the different Care Certificate modules. This included basic life support, fluids and nutrition and duty of care. The registered manager confirmed the expectation was that staff would complete all the various modules online.

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

The local authority when sending their referral through to the service had considered if a person had capacity to make decisions or if they needed a mental capacity assessment. The information from the local authority on two people stated that these assessments did not need to be carried out. However, for one person the assessor had carried out a capacity assessment and deemed that the person did have difficulties in understanding some choices they might make and knowing the consequences of their decisions. We drew this discrepancy between what the local authority and the assessor had noted to the attention of the registered manager as they were not aware that there were conflicting assessments of this person's needs and abilities and did not know their duties in reporting this issue to the local authority. Two days after the inspection the registered manager confirmed they had contacted the local authority to request for the person to be formally assessed by the relevant professionals.

Some staff working for the service did have an awareness of the Mental Capacity Act, although had not yet received training on this subject. One staff member, who was the assessor, said, "as a qualified general practitioner I am well aware of the act and its implications." Another staff member confirmed they clearly understood about consent and capacity. They told us they were aware that people's "capacity could fluctuate" and that people should be given the opportunity to make daily decisions.

As part of their package of care, the service supported some people with eating and drinking. The registered manager told us the four people currently using the service were not at risk of dehydration or malnutrition. They confirmed people just required help with ensuring they were drinking and eating. Some tasks involved heating up a meal and the sample of daily records we viewed showed staff recorded what people had to eat and drink.

People's health needs were recorded in their care records including if any healthcare professionals were involved in people's care. Staff were not directly involved in supporting people to attend health appointments. However, staff confirmed if there was an emergency then they would contact the registered manager and if appropriate the emergency services.

We recommend that the registered person seeks information and guidance on working with the Mental Capacity Act 2005.

## Is the service caring?

### Our findings

People using the service told us the staff were kind and caring. Their comments included, "They always check on how I am doing," and "They greet me in the morning and evening and ask if I need any help with anything." One person spoke very highly of the main staff member who visited them. They told us, "I am more than happy with them," "I know who is coming to see me every day" and that they were a "diamond and will do anything for me." A relative said the staff were "good" and took time to talk with the person using the service. Staff described the different ways they respected people's privacy and dignity. Their comments included that they ensured people using the service "don't feel uncomfortable" when providing them with personal care support, and they said they treated people as "individuals and let them make their own decisions if they can."

People told us their privacy was respected. One person commented that the staff "help me do things for myself but also know what I cannot do," they also confirmed "staff who come respect me and do not make me feel uncomfortable."

People told us there was always sufficient time made available for the staff to be able to carry out care and support in an unrushed manner. They told us staff "don't rush off and always spend time talking with me." One person said they had regular staff and this ensured they received continuity of care.

People told us they had been asked and were listened to about how they wished for their care to be provided. They told us their care plans, which were kept in their home, were read by staff when they visited a person so they knew how to provide care for that person.

People's care plans included some information about what was important to them, such as their preferences. We saw in one care plan it was stated that the person wanted to be "as independent as they can." Care plans emphasised to staff the importance of maintaining people's independence and allowing them to make their own decisions. For example, each care plan contained guidance for staff on the tasks they needed to complete on each visit and reminding staff to ensure people's dignity was maintained.

## Is the service responsive?

### Our findings

People's needs were assessed before support from the service was offered to them. Both a person using the service and a relative confirmed that the assessment took place before regular support was offered. The assessment process looked at how people needed to be supported and their individual needs. Care plans were then developed from this assessment.

A person said they had contributed and agreed to their assessment and care plan and that there was a copy of it in their home. We saw that people had signed where they had agreed to the care that was to be provided to them. A relative also confirmed that they had seen their family member's care plan and that staff recorded each time they had visited. Staff confirmed they read people's care plans and daily notes when they visited the person. We were told these would be reviewed every three to six months depending on the person's needs. As the service had only been operating for the last six weeks these had not yet been reviewed.

The care plans documented the person's health needs, such as their diagnosis and support they needed, such as noting if the person's balance was poor. The care plan also recorded if the person preferred a particular staff member, such as same gender care for personal care support. People's likes and dislikes were noted and any particular behaviour the person might present, such as using certain language to express themselves. Other areas of need were documented for example how people communicated and the calls and support they required were all noted in the care records we viewed.

One person told us they had no complaints about the service and said, "I am happy with the service I receive." They confirmed they would call the registered manager if they were unhappy about something and would hope this would be dealt with. A relative commented that they would talk with the service if they had a complaint but that they didn't think they would have any to make as they had no concerns. A staff member told us they would give the person using the service or their relative the information they would need to make a complaint. Another staff member said they would inform the registered manager if they were made aware of a complaint.

The registered manager stated they had not received any complaints since the service began to operate again six weeks before our inspection. The complaints policy referred clearly to the timescales within which a complaint would be dealt with by the service and details of other agencies the complainant could go to such as the Local Government Ombudsman if they were not happy with how the provider had dealt with their complaint.



## Is the service well-led?

### Our findings

The service, although only operating for approximately the past six weeks, had previously been an active service prior to November 2014. We saw spot checks carried out on two staff in October and November 2015, but these had been outside of the person's home and had not involved observing any care practices or asking the person or their relative for feedback on the service. The registered manager told us they carried out telephone monitoring calls but that these had not been recorded. As the service had been operating for six weeks home visits to check people were happy with the care being provided had yet to take place. The registered manager said these would start to occur to ensure people were satisfied with the service.

There were no training or supervision plans to show how the registered manager would be supporting the staff team. The registered manager told us they regularly spoke with the staff team to share information but had not yet set up any formal staff group meetings or one to one supervision meetings. New staff had not received an induction to working for the service and this had not been identified as an area needing to be addressed.

The registered manager had not identified that the recruitment practices were not suitable or that any identified risk to a person should be fully assessed to ensure people were safely being supported and cared for.

There were no contingency plans to ensure staff could always attend the home visits expected of them and there were no additional staff available to cover sickness or any unexpected absences.

The registered manager had not been aware of their roles and responsibilities in working with the Mental Capacity Act 2005.

They did not show an awareness of what processes and systems needed to be in place to ensure the service ran safely and appropriately. When asked they could not show us any checks or records they had in place to make sure the service ran in people's best interests. Following on from the inspection the registered manager confirmed that they had not yet carried out any audits and checks since the inspection as they stated the service had only been operating again for a few weeks.

The registered manager had not identified that the some of the policies and procedures that we viewed contained out of date information.

Overall the registered manager could not show us that they had systems in place to start monitoring the quality of the service being provided and they had not identified the issues we found during this inspection such as a lack of moving and handling and safeguarding training for staff in a timely way.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and the provider is now required to carry out weekly audits to assess, monitor

and improve the quality and safety of the services being provided.

The registered manager said they kept informed of current practice through receiving the Care Quality Commission updates. They confirmed they would be signing up to receiving updates and information from Skills For Care and become a member of the United Kingdom Home Care Association (UKHCA). They told us they did not work directly providing any care to the people using the service as their background was not in care but that they had obtained the Registered Managers Award (RMA) some years ago.

Feedback on if the service was well led was varied and some of the feedback was from family members of the registered manager who worked in the service and so it was difficult to know how objective and independent their views were. Comments included, the registered manager was "always focused on delivering a high standard of care," and the "Manager is always supportive and available."

We saw that in previous years the registered manager had sought the views of people using the service through sending out satisfaction questionnaires. The registered manager confirmed that once the service had been operating again for several months then they would send these out again to gain feedback. They told us any results would then be looked at and addressed if issues were noted.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured the proper and safe management of medicines.</p> <p>The registered person had not assessed the risks to the health and safety of service users or done all that is possible to mitigate any risks.</p> <p>Regulation 12 (2)(a)(b)(g)</p>

### The enforcement action we took:

A notice was served on 1 April 2016 to impose conditions on the provider to undertake weekly audits assess, monitor and improve the quality and safety of the services being provided. This must include audits on service users' risk assessments, medicine administration records and care plans relating to care delivery.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not put systems or processes in place to assess, monitor and improve the quality of the services provided.</p> <p>The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (2) (a)(b)</p>

### The enforcement action we took:

A notice was served on 1 April 2016 to impose conditions on the provider that they must undertake weekly audits to assess, monitor and improve the quality and safety of the services being provided. This must include audits on service users' risk assessments, medicine administration records, care plans relating to care delivery and recruitment records relating to staff employed by the registered provider. This must include mitigating the risks relating to the proper and safe management of medicines, the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The registered provider must send to the Care Quality Commission a monthly report which states an overview of the audits completed and action taken or to be taken as a result of these audits. The first report must be sent to the Care Quality Commission 28 days after the date on which this condition takes effect. This Condition will remain in place for six months from the date the condition takes effect.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that recruitment procedures had been established and operated effectively to ensure that persons employed have the competence, skills and experience which are necessary for the work to be performed. Information was not made available such as evidence of obtaining references and carrying out criminal checks as specified in Schedule 3.</p> <p>Regulation 19(1)(b)(2)(a)(3)(a)</p>

**The enforcement action we took:**

A notice was served on 1 April 2016 to impose conditions on the provider to undertake weekly audits to assess, monitor and improve the quality of the recruitment records relating to staff employed by the registered provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service provider did not ensure that persons employed by them had received appropriate support, training and supervision to enable them to carry out their duties they are employed to perform.</p> <p>Regulation 18 (2)(a)</p>

**The enforcement action we took:**

A notice was served on 1 April 2016 to impose conditions on the provider to assess and provide the training and support staff will need to carry out their duties they are employed to perform.