

Choices Nursing & Care (Lancaster) Ltd

# Choices Nursing and Care Lancaster Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This announced inspection took place on 26 July 2018.

We last carried out a comprehensive inspection at Choices Nursing and Care Lancaster Limited in May 2016. The service was rated good but we identified some concerns in relation to safe recruitment processes. We asked the provider to complete an action plan to show what they would do and by when to improve the key question, 'Safe' to at least good.

We carried out a focussed inspection in December 2016 to check that improvements to meet legal requirements planned by the provider after our May 2016 inspection had been made. This is because the service was not meeting some legal requirements. At the December 2016 visit, we found the registered provider had made the improvements required.

Choices Nursing and Care Lancaster Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Choices Nursing and Care Lancaster Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection visit carried out in July 2018 there was no registered manager in place. 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. We were aware a manager was working at the service and had started the process to register with the Care Quality Commission.

At this inspection visit carried out in July 2018, we found the registered provider had not met the fundamental standards. We identified further concern in relation to safe recruitment practices and ways in which the organisation was managed and governed.

We found processes for ensuring staff were safely recruited were inconsistent. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Fit and proper persons employed).

Paperwork related to the safe running of the organisation was not always accessible. Information created electronically was not always securely maintained. Additionally, we were presented with documents which had been created by staff in response to a request for evidence.. Whilst the manager carried out audits of the service, we found these to be ineffective as they had failed to identify concerns we noted during the inspection process. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance).

Statutory notifications had not been provided in a timely manner. Prior to the inspection process concluding we were made aware the registered provider had become insolvent. The registered provider had not informed the Care Quality Commission of this in a timely manner. This was a breach of Regulation 15 Care Quality Commission Registration Regulations 2009.

Systems were in place for the safe management of medicines. We saw, however, good practice guidance was not always followed. We have made a recommendation about this.

We found risk was addressed and managed appropriately to promote peoples safety. However, we noted when some risks had been identified, measures were not consistently documented so risk could be mitigated. We have made a recommendation about this.

Systems were in place to safeguard people from abuse. Staff were able to identify types of abuse and how to report any concerns. People told us they felt safe when being supported by Choices Nursing and Care Lancaster Limited. They described staff as reliable and said they were appropriately trained. People who used the service told us they were happy with the care and support provided. Staff were described as kind and caring.

We observed staff carrying out tasks whilst visiting people within their own homes. People were treated with dignity and respect. Staff wore personal protective equipment to reduce any risk of cross infection.

Care records were person centred and focussed upon the person's needs and wishes. Consent to care and treatment was routinely sought. Additionally, we saw people were consulted with to ensure they were happy with the service provided.

Staff received ongoing training and support to enable them to carry out their roles safely. Staff told us they were happy with arrangements for training.

We saw evidence of multi-agency working to promote effective care. People told us they were supported to have their nutritional needs were met when appropriate.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered provider liaised with health professionals when people required end of life care in their own homes to ensure people received care in line with good practice.

Staff described the service as a good place to work. Additionally, they praised the skills and commitment of the new manager. People who used the service considered the service to be well-led.

We looked at how complaints were managed and addressed by the registered provider. At the time of the inspection visit all people we spoke with were happy with the care provided and had no complaints.

This is the first time the service has been rated as requires improvement.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was sometimes safe.

Recruitment procedures were in place to ensure people employed were of good character. However, these were not always clear and consistently implemented.

Arrangements were in place for safe management all medicines but good practice guidance was not always implemented.

Risk was addressed and suitably managed.

Staff were aware of their responsibilities in reporting and responding to abuse.

Staff were suitably deployed to meet the needs of people who used the service.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the appropriate skills and qualifications to ensure safe and effective care was provided.

People's health needs were monitored and advice was sought from other health professionals in a timely manner.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives told us staff were kind and caring.

We saw people were treated with patience, dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans incorporated people's preferred needs and wishes. Staff had knowledge of these to deliver person centred care.

The service had a complaints system that ensured all complaints were addressed and investigated in a timely manner.

End of life care advice and guidance was sought from health professionals when people required end of life care.

### **Is the service well-led?**

The service was sometimes well-led.

Documentation was not always clear and concise to ensure people received safe care and treatment. Processes to ensure peoples safety were sometimes inconsistently applied.

The registered provider did not always ensure they met their regulatory responsibilities. Communication between staff was sometimes inconsistent.

People told us the service was well managed. We received positive feedback about the manager.

**Requires Improvement** 

# Choices Nursing and Care Lancaster 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 comprehensive inspection took place on 26 July 2018. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Choices Nursing and Care Lancaster Limited is a domiciliary care agency which provides personal care to adults with a disability living in Lancaster, Morecambe and surrounding districts. At the time of inspection fourteen people were receiving a regulated activity from the registered provider. Nine staff were employed to provide direct care to people who used the service.

Before our inspection visit took place we reviewed information held about the service. This included notifications submitted by the registered provider related to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

The inspection team consisted of one adult social care inspector.

Throughout the inspection visits we gathered information from a number of sources. We visited three people who used the service, (with their consent) to seek their views on how the service was managed.

We also spoke with the manager, an office manager, and two members of staff responsible for providing care and support.

To gather information, we looked at a variety of records. This included care plan files related to three people who used the service. We also looked at other information related to the management of the service. This included training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules. We also viewed recruitment files and Disclosure and Barring Service (DBS) certificates related to three staff members employed to work at the service.

Prior to the inspection process finishing, we received information of concern in relation to the financial status of Choices Nursing and Care Lancaster Limited. We shared this information with the Local Authority so they could respond appropriately.

# Is the service safe?

## Our findings

People who used Choices Nursing and Care Limited told us they felt safe when being supported by the service. Feedback included, "Oh yes, I feel safe." And, "They look after me and make me feel safe."

Although people told us they felt safe, we found evidence to suggest people were sometimes exposed to risk of harm. At the last comprehensive inspection carried out in May 2016, we identified concerns in relation to the safe recruitment of staff. We found the registered provider had failed to have suitable systems in place to ensure staff employed were of suitable nature for the role. Following the inspection visit we asked the registered provider to submit an action plan to show how they intended to improve to meet the fundamental standards. We carried out a focussed inspection in December 2016 to check the required improvements set out in the action plan had been made. We found the registered provider had made the required improvements to ensure staff were safely recruited.

Prior to this July 2018 inspection visit, we received information of concern in relation to how Choices Care and Nursing Lancaster Limited carried out recruitment checks on people employed. We used this inspection process to investigate these concerns. To do this we reviewed three recruitment records of staff employed to work at the service. Whilst reviewing the employment records we noted one member of staff had commenced work without evidence of a valid Disclosure and Barring (DBS) Certificate. Records in the person's file showed they had started working unsupervised ten weeks prior to a completed DBS being received by the registered provider. We asked the manager to confirm whether or not the member of staff had started working without the DBS. The manager said there was a possibility the staff member had started work using a DBS from another organisation. They advised the old registered manager had advised that people could do this.

We reviewed the policy for recruitment of staff. The policy stated staff would not work without a valid DBS being received by the Organisation. This conflicted with information provided by the manager to state the staff member may have started work using an old DBS from a previous employer.

We asked the manager to review the recruitment processes of this staff member and to submit further evidence to show that organisational processes had been followed. We were not provided with any further valid evidence to demonstrate that organisation policy had been followed on this occasion.

This was a breach of Regulation 19 of the Health and Social Care Act (2008) Regulated Activities 2014 (Fit and proper persons employed). This was because the registered provider had failed to ensure processes were consistently implemented to ensure suitable checks were in place prior to staff being recruited.

We looked at how the service managed people's medicines. People told us they received their medicines on time and in accordance with how they were prescribed. One person told us, "My medicines are all in my cupboard and staff do these for me."

Staff told us they were unable to administer medicines unless they were trained to do so. In addition they



confirmed they had to undertake regular training to ensure they had up to date skills to manage medicines safely.

We saw good practice was sometimes followed when managing people's medicines. For example, consideration had been taken to promote independence. When people were supported to take their own medicines this had been risk assessed. Additionally, body maps were in place to show where creams and ointments were to be applied.

Although good practice was sometimes followed we noted this was not consistent. For example, we saw Medicine Administration Records (MARs) had been hand written. These had not been checked and countersigned by another member of staff to show they were correct. It is important that hand written MARs are checked for accuracy to ensure medicines were prescribed as stated. Additionally, not all MAR records viewed had been completed with full directions or the medicine dosage to ensure medicines were safely administered.

We recommend the registered provider reviews processes to ensure medicines are administered in line with good practice guidance.

As part of the inspection process we looked at how risk was managed and addressed to ensure people were safe. We saw risk assessments were undertaken and included as part of the assessment and care planning process. Risk assessments addressed individual risk as well as environmental risk. Risk assessments had been carried out with people and took into consideration people's personal choice. Although risk assessments had been completed we noted risk was not consistently addressed and mitigated. For example, risks had been identified by the manager but processes had not been always been documented to show how risk was to be reduced and managed. We fed this back to the manager. They said the risk assessments we viewed had been ones which they had first developed and said new risk assessments included this information. The manager said they would review all risk assessments to ensure they followed good practice guidance and mitigated all risk.

We recommend the registered provider consults with good practice guidance to ensure risk is consistently identified, addressed and mitigated.

We looked at staffing levels to ensure they met the needs of people who used the service. People told us staff were reliable and said they had not had any missed visits. Feedback included, "They have never missed on visits. I would give them ten out of ten." And, "I have a rota. Sometimes staff are late and they don't always ring me to tell me. It's only five or ten minutes, never a long time."

We spoke with the manager about allocation of staff hours. They said they had worked hard to improve rotas so people had staff consistency. Staff were happy with the organisation of the staff rota. They said they had appropriate breaks and travel time. One staff member said, "It's a lot better now. We have a set rota and vaguely know where we are. A lot of clients are happy now as they know who is coming each day of the week."

People who used the service also confirmed they usually had a small staff team support them with their required needs. This helped to promote continuity of care. The manager confirmed they did not use agency staff within the service and said staff were happy to pick up extra shifts when needed. Additionally the manager said they still supported people with direct care when required to do so.

We looked at how infection prevention and control processes were implemented throughout the service. Whilst visiting people within their own homes we noted staff had access to personal protective equipment.

We saw staff used this as required. This showed us staff had an understanding of the importance of preventing the spread of infections.

We looked to ensure people were protected from abuse and harassment. People who used the service told us they had no concerns with the way they were treated by staff. Staff told us they had received safeguarding training. Staff were aware of how to respond and report any abusive practice. One staff member said, "I would mention it (concerns) to the office. If they didn't take any notice I would go above their heads and mention it to CQC."

We looked at how accidents were reported. We saw processes were in place for reporting and monitoring accidents.

We spoke with the manager about when things went wrong. They told us they always looked at problems after they had arisen to see how they could move forward and make the service better. This demonstrated the manager was aware of the need to learn from incidents and make improvements accordingly.

# Is the service effective?

## Our findings

People who received a service from Choices Nursing and Care Lancaster Limited told us they received an effective service from trained and knowledgeable staff. Feedback included, "The staff come well trained." And, "Staff are appropriately trained."

We received positive feedback from staff about the training provided. One staff member said, "I've done health and safety, first aid, food preparation and safeguarding training." Another staff member said, "I get all the training I need. I have done dignity, first aid, health and safety. I am going through some workbooks."

We spoke with the manager about staff training. They told us they were in the process of offering staff opportunities for further development including the opportunity to complete nationally recognised qualifications. Additionally, staff had been equipped with other skills to enable them to carry out their role. For example, some staff were trained to manage catheters and tracheostomies. The manager said that as well as providing staff with formal training they supported staff to learn new skills through shadowing and supervision. This allowed the manager to assess staff competencies when carrying out their role.

We spoke with staff about supervision and appraisal. Staff confirmed regular supervisions took place. Supervision is a one to one meeting between the staff member and a senior member of the staff team to discuss any concerns and training needs. One staff member said, "Training and supervision takes place. Usually with [manager]. I had one a couple of weeks ago." Staff told us they could approach the registered provider at any time if they had any concerns in between supervisions.

We looked at induction processes for new staff. One member of staff recently employed confirmed they undertook a structured induction programme. This included completing training and shadowing staff so they could get to know people they were going to support.

We looked at how peoples' healthcare needs were met by the registered provider. Individual care records showed health care needs were monitored and action taken to ensure health was maintained. We saw evidence of care plans having been reviewed and amended when people's health care needs had changed.

We asked staff how they supported people to maintain good health. Staff said they monitored health of people and would seek advice and guidance from other professionals if they were concerned. One person told us staff consulted with health professionals when appropriate. They said, "I wasn't well. Staff wanted to get me a doctor. They insisted they came out to see me."

People told us they were supported with diet and nutrition where appropriate. When people required support at mealtimes staff were allocated to assist them. Staff had a good understanding of peoples like and dislikes when offering and preparing food. When people were at risk of malnourishment we saw care plans were in place to promote eating and weight gain.

When people could not prepare their own food we saw good practice principles in safe handling of foods

were followed. For example, labels were available in homes so foods could be labelled and dated. We saw people were routinely offered drinks by staff when visiting. Additionally, we noted people had access to drinks for when staff were not present. For example, we observed two people who were being nursed in bed. Both people had drinks within access when we visited. This showed us staff understood the importance of promoting fluid intake for people.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at care records and noted people's abilities in relation to making decisions had been recorded. We spoke with the manager about the principles of the MCA. They told us people who used the services of Choices Nursing and Care Lancaster Limited had capacity and were able to make their own decisions. For this reason staff had not been provided with training in relation to the principles of MCA.

We spoke with staff to assess their working knowledge of the MCA. They were aware people had the right to make decisions for themselves when they had capacity and the need to respect these decisions.

## Is the service caring?

### Our findings

People who received a service from Choices Nursing and Care Lancaster Limited praised the way in which staff supported them. Feedback included, "They treat with me dignity and help me keep my independence. I would give them ten out of ten." And, "The staff are very nice. Very good." And, "They take into consideration my independence."

Staff said they had a regular caseload of people they visited so relationships could be built and maintained. This encouraged continuity of care. People who used the service confirmed consistency of staffing occurred so relationships could be developed. One person said, "I generally know all the staff who visit me. I get to know them all."

We observed care and support being provided to people. We saw positive relationships had been formed between people and staff. For example, we observed people and staff laughing and joking with each other. One person referred to the manager as, "The governor." During our visits to people's homes we observed staff encouraging and promoting independence wherever possible.

People told us staff were not rushed within their visits and had time to sit and chat. We observed positive interactions between people who used the service and staff. Staff routinely enquired about people's welfare and took time out to spend time chatting with people. It was evident from discussions held between people and staff that staff had a good knowledge of people, including their likes and dislikes and social history.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual whilst promoting equality throughout the service.

We saw people were treated with dignity and respect. During one of our visits we noted there was a situation in which one person's dignity was compromised. Staff took immediate action to promote the person's dignity. People who used the service told us staff routinely considered and protected their dignity.

We looked to see how people were supported to express their views. People told us they were consulted with on a regular basis. One person said, "They always ask what I want." During our visits to people's homes, we saw the manager had taken time to visit people to review their care to ensure people were happy with their current provision of care.

We asked the manager about supporting people who lacked capacity and did not have family to support them with decision making. The manager said at present all people who used the service had the ability to make some decisions for themselves. They acknowledged some people required support from families or legal representatives for larger decisions and said they took this into consideration when supporting people. Additionally, they were aware of the importance of referring to advocates when people could not make these decisions themselves. Advocates are independent people who provide support for those who may require some assistance to express their views.

## Is the service responsive?

### Our findings

People who used the service told us care provided was personalised and responsive to individual need. Feedback included, "You will never, ever get a better company." And, "There is nothing they could do better." Also, "The service is perfect."

We looked at care records related to three people who used the service. We saw the manager had worked hard since the last inspection visit to improve the quality and content of information held within care plans. Care plans reflected good practice guidance as they were person centred and detailed people's own abilities and preferences as a means to promote person centred care. They addressed a number of topics including health and wellbeing, personal care, and end of life wishes. We noted care was provided in line with the person's care plan. For example, one person had a specific breakfast documented as a preference in their care record which was unique to them. We spoke with the person during our visit and they confirmed staff had made it for them that morning.

At the time of the inspection visit, people we spoke with said they had no complaints about the service provided. Feedback included, "I have no complaints whatsoever. I could speak with [manager] if I did. She is busy but I can always get through to her." And, "I have not really made any complaints." Also, "Staff are very reliable, no complaints what so ever."

The manager said they spoke regularly with people to ensure people had no concerns about the service they were receiving. We spoke with one person who confirmed this was the case. They told us they had expressed some minor concerns to the manager about how a member of staff interacted with them. They told us the manager listened and took swift action to remedy this. This demonstrated concerns were taken seriously and acted upon in a timely manner.

We saw evidence when complaints had been raised the manager had followed their own process, documented the complaint and taken action to resolve the complaint. This showed us complaints were acted upon and appropriately addressed.

We asked the registered provider about the use of technology within the service. They told us technology was used for five people as a means for summoning help in an emergency. They said people had lifeline systems in place which could be used if additional help was required. The manager said they offered additional support to people in these circumstances. During our visits to people's homes we observed one person was wearing a bracelet which they could use to seek assistance in an emergency.

The manager said the registered provider was hoping to use technology more efficiently in the oncoming years by introducing an electronic care monitoring and scheduling system. They said this had been used in the past but had been discontinued as it was not being used to its maximum capability. They said they were planning on re-introducing this in the near future.

We reviewed systems in place for provision of end of life care for people who used the service. We noted

people's expressed wishes for end of life care were documented within the care record. We saw evidence of staff working alongside other healthcare professionals to provide care at the end of people's lives.

## Is the service well-led?

### Our findings

People who used the service told us they considered the service to be well-led. Feedback included, "This service is perfect. I love her [manager] to bits." And, "The service is well managed. The staff come well trained."

Although people considered the service well-led, during our inspection visit carried out in July 2018, we found some shortfalls in the way the service was managed. Prior to completing the draft inspection report we were made aware the registered provider had become insolvent. This information was not shared with us by the registered provider. The registered provider has a responsibility to share this information with us once a liquidator had been appointed but this did not happen.

This was a breach of Regulation 15 of the 2009 CQC Registration Regulations as the registered provider had failed to submit the required notification in a timely manner.

We looked at documentation maintained by the registered provider. We found paperwork was sometimes unclear and incomplete. For example, a MAR record for one person had not been consistently completed to show that creams had been administered. Additionally, when risks had been identified risk assessments were not always fully completed to mitigate risk.

During our visit we requested information related to the management of the service. At the time of our inspection visit the manager was unable to access the computer system to provide us with the required information. Following our inspection visit we were supplied with the requested information electronically. However the information provided electronically contradicted some of the information we were provided with during the inspection. We asked the manager to explain why this was the case. The manager investigated this and told us a member of staff had created the document after the inspection visit as they could not access the computer system to get the information required. We could not be assured the document provided was an accurate reflection of what support was provided as it conflicted with information held electronically by the registered provider during the inspection process.

Following the inspection visit we received confirmation from the manager that all information stored electronically had been deleted from the system and therefore they had no access to any information related to the service provisions. They could not provide an explanation as to why or who had done this.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance). This was because the registered provider had failed to securely maintain accurate, complete and contemporaneous records.

The registered provider had policies in place to ensure the safe running of the service. However, we found these were not always consistently applied. For example, the registered provider had a recruitment policy but was not consistently following this to ensure safe recruitment of staff.



We looked at auditing systems carried out by the registered provider. Auditing systems allow services to be proactive and support providers to monitor the effectiveness of the service. We saw there was an auditing system which included auditing accidents and incidents, falls and care plans. Although auditing systems were in place, systems and processes were not consistently implemented to ensure compliance with the Regulations. For example, whilst an audit of care records had taken place, the audits had failed to identify gaps in MARs and incomplete risk assessments.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance). This was because the registered provider had failed to ensure robust processes were implemented to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

We looked at how communication took place within the organisation. Whilst staff said they were happy with the ways in which they were communicated with, we found communication was sometimes inconsistent. For example, prior to the inspection process concluding we were made aware of significant changes within the organisation. We spoke with the manager to ascertain what changes were taking place. They told us they had not been fully informed of the planned changes of the organisation.

We spoke with the manager to establish how they were supported within their role. The manager said this was their first experience of having overall managerial responsibility for a service. They said they were supported by a mentor who had previous experience of being a registered manager but felt they required more support. The manager said, "I don't feel like I know enough."

We saw evidence of the manager trying to keep their skills and knowledge up to date. For example, they showed us documents they had downloaded from the CQC website. They said they referred to them so they could be aware of their roles and responsibilities in providing a service. Additionally, they told us they reviewed inspection reports on line to look for areas of good practice. This showed us the manager was committed to trying to improve the service provided.

We looked at how the registered provider sought feedback from people who used the service. We saw evidence of the manager visiting people within their homes to discuss the care provided and to assess people's satisfaction with the service. The manager told us that in the future they planned to ensure they visited each person who received a service once a month to ensure they were happy with the service and were aware of who the manager was. They said, "I don't want to be a voice at the end of the phone."

Staff spoke positively about the skills of the manager. Staff described the manager as, "Lovely." And, "Approachable."

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.

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 15 Registration Regulations 2009 Notifications – notices of change</p> <p>The registered provider failed to provide statutory notifications to the Commission in a timely manner. 15 (1) (f) (ii)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure systems and processes were fully established to ensure compliance with the Regulations. The registered provider failed to ensure records were securely kept and maintained in relation to all care provided. 17 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to ensure systems and processes were consistently implemented to ensure fit and proper persons were employed. 19 (1) (a) (b) (c) (2) □</p>