

Nestor Primecare Services Limited







Allied Healthcare London East

Inspection report

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Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Requires improvement	
Is the service caring?	Requires improvement	
Is the service responsive?	Inadequate	
Is the service well-led?	Inadequate	

Overall summary

Allied Healthcare London East is a large domiciliary care agency providing personal care support to people in their own homes. At the time of our inspection they were working with approximately 230 people. This was this location's first inspection.

The inspection took place on 30 September, 1 and 2 October 2015 and was announced. The provider was given 48 hours' notice as they provide a domiciliary care service and we needed to be sure someone would be in

the office during our inspection. The service has 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.

Summary of findings

People and their relatives told us that staff were caring and hardworking. Staff had received training on safeguarding adults and staff we spoke with had a good understanding of abuse and how to raise any concerns.

Risk assessments were not robust and did not include measures to identify and control risks to individuals. Care plans did not provide enough information to provide good care and often contained inconsistencies. The care plan review mechanisms were not effective and plans were not updated to reflect changes in people's needs. Where the service supported people with their food and drink it was not clear what support was provided and how this was reviewed. Where the service supported people with healthcare needs this was not clearly recorded. People who received support with medicines were at risk of unsafe support as records were not kept and it was not clear what level of support was provided to people.

People were not always involved in reviewing their care. We have made a recommendation about involving people in decisions about their care.

Systems to monitor the quality of the service were not effective. The leadership of the organisation had identified issues but appropriate steps to address them had not been taken.

Staff recruitment procedures were not robust. Records showed that people were employed with unexplained gaps in their employment history, insufficient references and their interview answers were not evaluated.

Staff received a thorough induction but on-going support and development was lacking. We have made a recommendation about on-going training and support of staff.

The service had systems in place to respond to feedback from people, relatives and professionals including complaints and incidents. These were poorly completed and feedback was not always responded to. We have made a recommendation about learning from feedback.

We found five breaches of regulations. You can see what action we have asked the provider to take at the end of this report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

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

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

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risk assessments were not robust and did not provide the information needed to keep people safe.

Medicines were not recorded or monitored safely.

Staff recruitment processes were not robust.

Staff received training on safeguarding adults and knew how to report their concerns.

Inadequate



Is the service effective?

The service was not always effective.

Staff received a comprehensive induction which they spoke highly of. However on-going support and development was lacking.

Staff had a good understanding of consent and people felt this was respected. However, records relating to people's consent were not always clear.

Where the service supported people with their health needs people were happy with their support.

Requires improvement



Is the service caring?

The service was not always caring.

People felt that most staff were caring and staff we spoke with demonstrated a caring attitude.

People were not always involved in planning or reviewing their care.

People were treated with dignity and the service made sure people's cultural needs were respected.

Requires improvement



Is the service responsive?

The service was not responsive.

People's support plans were not person centred and were not updated to reflect changes in their needs.

Feedback from people was not used to drive improvement and lessons were not learnt from complaints and incidents.

Inadequate



Is the service well-led?

The service was not well led.

The registered manager did not provide day to day management of the service.

Inadequate



Summary of findings

Quality assurance and audit systems had not addressed issues identified.
Most staff were unhappy and there was not a positive person centred culture.

Allied Healthcare London East

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 30 September, 1 and 2 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by

experience was an expert in services for older adults. Before the inspection we reviewed the information we already held about the service. We reviewed notifications, and safeguarding alerts. We also spoke with local authority commissioning and adult safeguarding team.

During the inspection we viewed the care files of 15 people who received a service and 14 members of staff. We spoke with the registered manager, the operations manager, the acting branch manager, a senior coordinator, a field care supervisor, an administrator and five care staff. We also spoke with 21 people who received a service and five relatives. We looked at 12 feedback records regarding incidents, accidents, safeguarding issues and complaints. We looked at various documents including safeguarding adults' policy, medicines policy, recruitment and training policies and records, statement of purpose, staff and service user feedback surveys and quality assurance audits.

Is the service safe?

Our findings

Care files contained comprehensive risk assessment tools designed to identify and mitigate risks faced by people receiving a service. However, implementation was inconsistent. Some people had thorough, personalised risk assessments which gave good detail of how to support people safely. For example, one risk assessment stated that staff must “make sure sling is properly attached and hoist is charged.” In other files measures in place to reduce risk were not clear. For example, two people had moving and handling risk assessments that detailed which aids were available but provided no guidance on their use. Another person had details of how staff should support them by going shopping for them, but the financial risk assessment stated staff would not come into contact with the person’s money. The operations manager told us that files should be reviewed annually and amended if people’s needs changed before then. Risk assessments were not updated in line with this. Several files viewed should have been reviewed over a year ago and had not been. Another person had had a significant change in their needs and now required two people to support them to move from their bed, however their care plans and risk assessments reflected their needs when they were more independent and provided no information on the need for support with moving and handling. The inconsistencies in risk assessments means there is a risk that people do not receive safe support.

The provider supported some people to take medicines. Support plans were not clear whether staff were prompting or administering medicines and records were incomplete. For example, one person’s support plan said to “assist with medication” and log books recorded simply “medication” not whether this was prompted or administered and there were no details of which medicines were involved and what times they should be taken. Another person’s plan detailed the support they required for medicines but the information was inconsistent. For example, the question regarding whether medicine was time critical was marked “no” but the instructions were that one medicine must be taken 30-60 minutes before food and another must be after food. It was not clear if this was being supported in this way as log books simply stated that the person was supported with medicines among other tasks completed in a 45 minute call. There was no separate recording of medicines administration.

Staff told us, and records confirmed, they received training in administering medicines correctly. Staff knew what to do if they discovered a missed dose or medicines error. Staff described the processes required to ensure people received the correct medicines in the correct way and how this should be recorded in medicine administration records (MAR) sheets. However, we found that not all people who were supported with medicines had MAR sheets in place. Though some staff said that MAR sheets were in place for their clients, others told us, “In the training they say different things from how it is, for example, MAR sheets. In my clients’ houses I’ve never seen them.” This means that people’s medicines were not managed so they received them safely.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff files showed that the recruitment processes were not always followed. This meant the service could not be sure it was recruiting suitable staff. Interview records were incomplete as the interviewer had not completed the analysis of answers section in any of the files viewed. The recruitment policy stated that new employees should provide their employment history for the last five years with an explanation for any gaps. One person who applied for and secured a job in June 2015 had not provided any details of employment since 2012. There was no record of any explanation being sought for this. In another file the employment history provided by the employee did not match with that provided by the reference. The provider’s policy was that two employer references were required. Although we saw two references were provided for most of the files viewed, it was not always clear what the role and relationship of the provider of the reference was to the applicant. This means it was not clear whether references were personal or professional. Records showed that staff completed criminal records checks before they started work to ensure that they were suitable people to work with adults at risk. The provider’s policy was that these checks would not be repeated, and staff were obliged to declare if they acquired a criminal conviction during their employment.

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

Staffing levels were set by the local authority needs assessment which stated whether people required one or two carers and the length of visit. The provider used a

Is the service safe?

computerised system to book staff which ensured that the correct number of staff were booked for each call. However, two files recorded that two carers were required but the system showed them as single staff calls. Staff told us that when two staff were required they usually confirmed this with each other and would contact the office immediately if someone did not turn up. People and their relatives told us that the right number of staff came to support them. Staff told us they would inform the office if they felt that someone required more support than one carer could deliver.

People told us they felt safe receiving care from the provider. One relative told us, "My parents feel safe and understood." Staff told us they would report any concerns about the safety and welfare of people they supported to the office who would deal with it. Records showed that office staff reported concerns onto the local authority. Records showed that the provider reported concerns, however, the sections relating to lessons learnt and the

root cause were either not completed or poorly completed in all the records seen. Care staff received annual training in safeguarding adults and were blocked from working if this lapsed. Staff all received a copy of the care worker handbook which included information about safeguarding. However, office based staff who had a responsibility for referring on concerns and responding to alerts told us they had not had training on how to do this and felt unsupported.

The provider had a whistleblowing policy and staff had a good awareness of whistleblowing, one staff member told us, "It's a way of reporting a concern anonymously, we have a number." Although the policy contained accurate information about whistleblowing, the care workers handbook described whistleblowing as an internal process and did not give any details of independent organisations that staff can whistle blow to. This is an inaccurate description.

Is the service effective?

Our findings

People and their relatives told us they felt the staff were good at their jobs. One person said, “They’re lovely girls – they know they are doing it right.” The provider had systems in place that ensured that staff remained up to date with core training including safeguarding adults, medicines, moving and handling and infection control. If staff were not up to date with core training they were blocked from working until it had been completed.

The service had a comprehensive induction programme for new staff, which involved shadowing 12 hours of support and completing reviews after their first shift, their first month and first three months. They also provided a four day classroom based induction for new staff which included a competence assessment of their skills. Staff spoke highly of this induction and of the trainer who delivered it. The induction provided at the time of our inspection was based on the Common Induction Standard which was replaced by the Care Certificate in April 2015. The provider has plans to update the induction to reflect the Care Certificate through 2016.

The provider had systems in place to ensure that staff received regular support and supervision. A supervision or appraisal must be recorded in the system at three month intervals. If they have not been the care worker was blocked from working. Field supervisions were taking place in line with the policy. However, these were spot checks on performance and were poorly completed. In several forms we saw that the supervisor had noted that the staff member had not showed their ID, or completed the log books but the section about further actions or issues to be addressed was blank. Where staff had used supervision to raise concerns or to request specific training, there was no evidence of any follow up within supervisions. For example, one staff member had raised that they were being harassed by the neighbour of someone they supported. Although management had reported this to social services there were no records of any support being offered to the member of staff. Staff views on supervision were ambivalent, one member of staff said, “It’s alright.” Another said, “They’re fine, they’re just a way to mark off that it’s been done.” Another said, “We raise issues but nothing is addressed, we can’t ask for help or support.”

Staff had annual appraisals, however, these were poorly completed. None of the appraisals viewed identified any

goals for development and several staff requested training but there were no action plans to identify which training could be useful. The registered manager told us that specific training would be provided if there was enough demand, however feedback from staff about training was mixed. One person had identified they would like training in Parkinson’s disease as someone they supported had Parkinson’s disease. This was noted both in supervision records and their appraisal but it was not recorded as a goal and had not been provided. Staff said they got updates on their core training, but more specific training was not available. One member of staff told us, “I have to find it out for myself.” This was particularly the case for office based staff, several of whom told us they had no formal training in their roles. Office staff did not feel they had been given the training or support they needed in advance of taking on their new roles. Several office staff told us they had not yet had any formal training in their role and had learnt from experienced colleagues who had now left the service. They had not been trained in how to provide useful supervision to their staff, or in the IT systems they now had to use. The IT training was scheduled but after they had already started in their roles. This means the service was not always ensuring that staff had the knowledge and skills they needed to carry out their roles and responsibilities.

We recommend that the service provides role specific training to support staff in their development and considers best practice guidance for supervising staff.

Staff told us how they gained consent from people before providing care and support. One member of staff said, “I ask them all the way through, shower, food, drink and clothing. It’s their choice.” People and their relatives spoke about staff being “respectful” of them and their needs. Most people had signed their care plans to indicate their consent. However, in several cases consent forms had been signed by relatives and the reason was not clearly recorded. When someone is unable to consent the Mental Capacity Act (MCA) 2005 applies. The MCA is a law to protect people who may lack capacity to make decisions and it sets out what processes must be followed in these circumstances. Staff received training in this, and showed they had a good understanding of it, but the records did not always reflect that it had been followed. The provider had personalised individual memory needs assessments and best interest decision making screen tools but these were not being used consistently.

Is the service effective?

People had their eating and drinking needs identified in their needs assessments. This included where people followed specialist religious diets. Most people were supported by their families with eating and drinking. However, there were inconsistencies between people's assessments and support plans. For example, one person was described as having no specialist dietary requirements in one part of the form, and requiring a sugar free diet in another. Another person had good detail of how they like to be supported with eating in their assessment, with clear instructions regarding purchasing meals and their preparation. However, the details in the visit plan instructions for staff told them to "leave yoghurts on the side" at each of the four daily visits. There were no log books available to check whether or not this person received meals as well as yoghurts. Staff told us they did not feel they had time to support people properly with eating and drinking. One staff member told us, "we put the food on the table and leave." They described how they

would raise concerns if they found that the person wasn't eating the food and explained how in one case they had requested additional time to be able to support the person to eat. This means the service was not always ensuring that people were supported to eat and drink enough and maintain a balanced diet.

Most people were supported by relatives to access health services. However, where the provider was responsible staff described how they support people to hospital or doctor's appointments and liaise with other health professionals including pharmacists. The provider explained how they got authorisation from social services to provide additional support to health services when needed. Care staff knew the health needs of their clients, and people felt that staff met their health needs. When care staff were expected to deliver health related support, for example, liaison with district nurses, or support with diabetic blood monitoring, this was recorded in care plans.

Is the service caring?

Our findings

People and their relatives were largely positive about the attitude of the carers. One relative told us, “They are good genuine people these carers.” Another said, “They’re lovely girls.” Another relative told us, “[My relative] has become so fond of them [the staff]” Staff told us they cared about their work. One said, “I’m attached to them [the people they support]. I think of them like my parents, if I wouldn’t like it for them it’s not enough.” Another said, “This was the only job I ever wanted, the only job that gave me happiness, especially when I make a change to their lives.” Staff were positive about the attitudes of their colleagues, one said, “Allied has good carers, genuine carers who go extra.” Some people were not happy with the attitude of their staff, and records showed the service was aware of this and had taken steps to address the issues.

Records were inconsistent regarding people’s involvement in planning their care and treatment. Some support plans contained good levels of details about people’s preferences for support while others were task focussed. Most people told us they felt they had been involved in planning their care. However, three people told us that changes had been made to their support without their knowledge or involvement. Staff also expressed concern that people

were not always involved when changes were made to their support. People and their relatives told us that the provider did not contact them regularly for their feedback, with some people indicating they would like to be contacted more often. We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

People told us that they felt staff respected their dignity. One person said, “They can’t do enough for me” and described how staff supported them respectfully with personal care and food preparation. Staff described how they maintained people’s dignity by ensuring they remained covered during personal care, and by closing bathroom doors. People’s care plans included information about significant relationships in people’s lives and whether or not they practised a religion. The service was sensitive to the cultural needs of people who received a service and attempted to provide carers of a specific religion or culture if this was requested. In addition, they provided additional shoe covers to staff in order to respect people’s preference that outdoor shoes not be worn in their homes. One relative was particularly pleased that the service had provided a male worker upon request.

Is the service responsive?

Our findings

People and care staff told us the office was slow to respond to changing needs. One person told us, “They are OK, but always so busy, they are sometimes slow to respond but eventually they do.” Staff told us they reported changing needs to the office, but that sometimes this did not lead to changes. One staff member said, “Sometimes they take a long time to change the care plan, the client ends up suffering.” Another said, “Sometimes it takes months [to get plans updated] we don’t know if the information is correct.” Some files showed correspondence from the provider to the local authority regarding changing needs. However, there were no corresponding updates to care plans. In one case the care plan described three welfare visits a day but the log book described four calls a day where the person required full support with all aspects of personal care and activities of daily living. Staff confirmed the service had implemented the required changes for this person immediately they had been required but that paperwork in the person’s home was out of date. Another person’s care plan described three visits a day when the log book showed four and in a further example one person had the length of their visits extended but there was no record of what led to this.

The registered manager told us they matched staff with clients based on assessed needs and the training and skills of staff. Some staff told us they used the information in care plans to get to know people, while others said they relied on their colleagues and spending time with people. Several staff told us that the information in the care plans was not sufficient to get to know people. One member of staff told us, “The paperwork is not what you are going to meet.” Another told us, “Care planning is rubbish, we go blindfolded.” A third said, “There was no paperwork and no care plan when I started, I just went there and found out by talking to their daughter.” There were inconsistencies in people’s files which meant it was not clear how people received the correct support. For example, one person’s assessment stated they had, “Visual impairment, hearing

poor even with aid and speech had severe impairment” but the section relating to their communication needs was blank and later in the plan it was stated “[Person] likes a carer to talk to her and give her company.”

It was not always clear what the nature of the service provided was from care plan documents. For example, one person’s file described their support as a “sitting service” on the summary sheet but later documentation said that the person required full support with personal care. Though some people had completed customer quality reviews in their files, most people did not have reviews documented and care plans were more than 12 months old. The provider’s policy stated that care plans should be reviewed annually. The variation and inconsistencies in care plans means that people are not receiving personalised care that is responsive to their needs.

The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014

The provider had a complaints policy which provided details of the complaints process and escalation process if complainants were not satisfied. There were clear timescales for the provider to respond by. People were given a copy of the process when they started to receive a service and told us they called the office if they had problems. The provider used a computerised system to capture feedback and the response provided to this. We saw that people and their representatives had raised issues regarding missed appointments, short calls, allegations of neglect and abuse, a single member of staff going to a two staff call, carers working excessive hours and carers not following care plans. The system logged the initial and follow up responses and whether these were in line with the organisation’s complaints policy. Records were brief and the provider’s response which included reporting concerns on to the local authority and removing workers from specific calls. Of the 12 records viewed the root cause and summary was only completed in one case. This means there is a risk that people’s concerns are not responded to and the service does not use the opportunity to learn from experience. We recommend the service seek advice and guidance from a reputable source about learning from complaints.

Is the service well-led?

Our findings

There was a registered manager in post. Their role was care delivery director which meant they were responsible for four branches of the agency. The other three branches had their own registered manager and the plan was for this branch to have its own registered manager in due course. The registered manager told us they were, “Not the day to day manager” and this was confirmed by staff, all of whom except the most senior, did not have regular contact with the registered manager. Providers are required to notify CQC of certain types of event including incidents and safeguarding alerts. Records showed that the service had not submitted notifications as required about safeguarding alerts. The registered manager recognised that they had not effectively delegated this responsibility.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider’s policy was that 20% of care files should be audited each month, with each person’s log books and medication records being audited every 5 months. Records showed that this was not happening. While some log books had been brought back to the office in preparation for this audit five of the files viewed had no log audits despite people receiving a service for over the required 5 months.

The provider completed internal audits based on the key questions asked by CQC. The most recent of these was completed in January 2015. This audit identified many of the same issues our inspection found. For example regarding audit of care files, consistency of care planning and risk assessment, reviewing of support and adjusting plans in light of changing needs. The January audit identified that actions had not been completed from previous audits. The registered manager provided CQC with the action plan from their internal audit. This suggests that actions relating to the recording of complaints, care plans and risk assessments being updated and reviewed had been completed. However, our inspection found that this was not the case. The systems in place to ensure the delivery of high quality care were inadequate.

The service had recently restructured the office based staff and there were mixed feelings about how this had been achieved. The registered manager told us they thought the new structure would allow the organisation to move forward but was aware that some carers may have been

upset by the loss of long serving staff. Both office staff and care staff felt the changes had been rushed and left the branch under resourced. Care staff did not feel they had been told about the changes in an appropriate way. One member of staff told us, “We used to feel part of it. It used to be that we could ask for help and we would help others out. Now I don’t even know who I could go to.” Another member of staff said, “It is having an impact on the care. We are so unhappy. The office people are stressing us carers more than the job.”

Care staff told us that they felt pressurised to take on additional work. One member of staff said, “Once we’ve been told about a job I cannot say no. They are always asking.” Staff who were not asked to take on additional work were clear that this was unusual and because they had been clear about the limits of their availability. One said, “I’m one of the naughty ones, I won’t do extras.” Coordinators were calling staff to arrange cover for people throughout the three days of our site visit. One member of office staff expressed concern that some carers were working unsafe hours because they could not say no to requests to cover. This means that there was not a positive person centred culture at the service.

Records showed that staff meetings had been held at regular intervals and had been used to discuss the re-structure of the office. However, none of the care staff we spoke with had attended the meetings because they took place while they were on shift. One member of staff told us, “It’s word of mouth what’s happening, no one really knows. We hardly have meetings with management and when we do it’s health and safety, to tell you off. We only see management if they have concerns.” The provider conducted a staff survey. The results were presented as a traffic light score where green meant a good comparative rating, amber a poor comparative rating and red a very poor score. The results for this branch showed that all the questions relating to the leadership and management scored amber. There was no action plan associated with the staff survey. This means that they were not demonstrating good management or leadership of the service.

The provider has a centralised feedback system whereby questionnaires are sent to people after they have been receiving a service for 8 weeks and annually thereafter. The most recent report available was dated March 2015 and identified that 27% of respondents said they were never

Is the service well-led?

informed if staff were going to come at a different time and 23% were never informed if they were going to receive a different carer. Although it was identified that the service needed to improve its communication with people and their relatives there were no clear actions identified to measure progress with this. Some customer quality reviews identified that people were not happy with the service received, but there was no documented follow up or actions relating to this. For example, one person had written, “over the years the office staff has gone poor. I am not informed if there is any change of care worker or to let

me know if someone new turns up. I do not like anyone new to turn up for me because they are not trained.” People and their relatives confirmed that communication with the office was lacking, it was described as being slow and several people emphasised that they believed staff to be excessively busy.

The above issues are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The service was not notifying CQC of incidents as required.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment processes were not robust and did not ensure that the service employed suitable staff.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Service users were not receiving person centred care because care plans did not contain information on their preferences.

The enforcement action we took:

We issued warning notices to the provider and registered manager to be compliant with this regulation by 15 February 2016

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Service users were not receiving safe care because risks to their health and safety had not been properly assessed, and medicines were not managed safely

The enforcement action we took:

We issued warning notices to the provider and registered manager to be compliant with this regulation by 15 February 2016.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The systems to monitor, evaluate and improve the quality of care were not sufficient.

The enforcement action we took:

We issued warning notices to the provider and registered manager to be compliant with this regulation by 15 February 2015.