Lynx Care (UK) Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection of Lynx Care (UK) Ltd on 24 and 25 January 2017. We told the registered manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our inspection was discussed and arranged with the registered manager two days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the registered manager and staff.

People told us they felt safe with the support they received from Lynx Care (UK) Ltd.

We found people were not fully protected against the risks associated with medicines because the registered provider and registered manager did not have appropriate arrangements in place to manage medicines.

Although the registered provider had a policy and procedure in place for the safe recruitment of staff we found gaps in the information required prior to people being offered a position at the service. This was because full previous employment history was not provided by all staff before they were offered a position at the service.

Although staff told us they felt supported by the registered manager we found staff were not provided with a regular programme of training, supervision and appraisal. This meant they may not have the latest knowledge and skills in key topics needed to deliver effective care.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate changes to visits as requested by the person who used the service or their relatives.

The registered provider had systems in place to manage risks and safeguarding matters.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and

liaised with their GP and other healthcare professionals as required to meet people's needs.

People told us their care workers were, "Kind" and "Lovely." People had developed positive relationships with their regular care workers and enjoyed the time they spent with them.

People told us they could talk to their care workers and the office staff at Lynx Care (UK) Ltd. They said if they had any concerns or worries they were confident staff would listen to them and look at ways of resolving their issues.

Staff supported people to maintain their independence and continue to join in with social activities and hobbies that they enjoyed.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and care reviews. We found these had not been effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

We found four breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation12: Safe care and treatment, regulation 19: Fit and proper persons employed, regulation 18: Staffing and regulation 17: Good governance.

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 not always safe.

Records for the administration of medicines were not fully completed by staff.

Full and thorough recruitment checks were not completed for all staff prior to them being offered a position at the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not appropriately trained, supervised and appraised to provide care and support to people who used the service.

People were asked for their consent before care and support was provided.

Where appropriate people were supported to eat and drink to maintain their health.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives made positive comments about the staff and said they were treated with dignity and respect.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Care was provided to people in a person centred way.

Staff supported people to maintain their interests and continue to be involved in social activities.

There was an effective complaints procedure in place which people were aware of.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a lack of formalised and recorded audit processes. This meant improvements to the service were not always made in a timely manner.

The service had a full range of policies and procedures available to staff.

Lynx Care(UK) Ltd

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.

We undertook an announced inspection of Lynx Care (UK) Ltd on 24 and 25 January 2017. We told the registered manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

Before the inspection visit we reviewed the information we held about the service, including notifications of incidents that the registered provider had sent us and feedback from the local authority. The service was not asked to complete a provider information return (PIR) for this inspection because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting 41 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funding their own care through direct payments and others were paying privately for the service.

The inspection team consisted of two adult care 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 had experience of supporting and caring for older people.

On 23 January 2017 we spoke with seven people and one relative over the telephone. On 31 January 2017 we visited four people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met and spoke with one care staff who was providing care to a person who used the service.

On 1 February 2017 we visited the agency office and spoke with the registered provider, the registered

manager and eight members of staff including, the office manager, the finance manager, team leaders and care workers. We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people, including their medicine administration record (MAR's), four staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

We also sent out questionnaires to people who used the service, staff members and healthcare professionals. We received information back from four people who used the service, eight staff members and one healthcare professional.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the support they received from Lynx Care (UK) Ltd. Their comments included, "Yes, very safe, they're all nice girls [care workers]" "Definitely, yes I feel safe with the carers," "They [care worker] make sure I am safe in the shower and will not let me do anything that is a danger to me" and "I feel so safe when I'm with my carer even when she takes me out in the car."

One relative told us, "The care staff know their boundaries and are very considerate. I have no issues about their honestly, reliability or security."

Questionnaires showed that 100% of people who replied said they felt safe from abuse and harm with their care worker and that their care worker did all they could to prevent cross infection by using Personal Protective Equipment (PPE) such as gloves, aprons and hand gel.

Two people told us they received support with administering medicines. Each one considered it to be administered consistently in the correct time frame and dose. They said, "I am happy with how this is done" and "They [care worker] do this well, they give me my tablets."

Whilst out on home visits we checked the Medication Administration Records (MAR) for two people who were supported by staff. We found there were gaps in the MAR charts where staff had not signed to confirm they had given the medicine or used a code to explain why a medicine wasn't given. The service manager told us these errors had been reported by staff to her and that they were dealing with this.

During the office visit we were told managers were aware of gaps in MAR charts and had started to address this by arranging meetings with staff to discuss any omissions. However this had not been dealt with in a timely manner as we found between July 2016 and December 2016 a total of 90 gaps were found in MAR charts and at this inspection action had not been taken with the majority of staff who had not signed MAR charts.

This is a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw in each person's home a range of risk assessments which had been completed so any potential risks to the person who used the service or the staff providing care were reduced or eliminated. For example one person displayed behaviour that could challenge care staff. The risk assessment detailed how this behaviour was displayed by the person, any possible injuries that could occur and what action should be taken to reduce the risk of the person or staff member being affected. We found risk assessments were not always dated, signed by staff and it was not clear when they had been reviewed or updated.

This is a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had recruitment policies and procedures that the managers of the service were expected to follow when employing new members of staff. We viewed four staff personnel files and found three did not contain full employment history details. The application form completed by staff did state they must provide a complete record of their employment and although three of the staff hadn't, this had not been checked out and followed up by the registered manager.

This is a breach of Regulation 19: Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a check with the Disclosure and Barring Service (DBS) was completed for all staff before they were allowed to work with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Staff spoken with told us they had completed training in safeguarding during their induction. Some staff had also completed additional safeguarding training sessions. All staff spoken with were able to explain what their responsibilities were for keeping people safe and the process for reporting any concerns they had to the appropriate people.

The registered provider had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they were able to report any concerns to the registered manager and they were confident they would be listened to and taken seriously.

People spoken with told us they had never had a missed visit and if staff changes were made someone from the office would contact them to let them know. People's comments included, "They [care staff] are on time during the week, it is variable the times they arrive at the weekend," "Double handed calls arrive at the same time unless caught up in traffic," "They are not late for me," "Usually on time, they let me know if they're going to be late," "One can be a little late due to traffic, if really late the office will ring. They rang the other day to say the carer would be ten minutes late, they were half an hour late, this is very rare. They always turn up" and "They [care worker] come in pairs, there is a pool of five carers. There is always a regular one to show the other one what to do. They are reliable. Pairs arrive at the same time."

The service was providing care and support to 41 people. There were 26 permanent and 22 bank staff working at the service, each person working an average of 30 hours each. This meant there was sufficient staff employed to support and care for people and cover any additional work to maintain support when staff were on annual leave or sick leave. The registered manager told us staff were employed on flexible contracts. This allowed them to work hours that suited their needs taking into consideration other commitments for example family and caring responsibilities.

The registered provider had an accident and incident policy and procedure. Staff spoken with were aware of the reporting process for any accidents or incidents that occurred. We looked at the log of accidents and incidents and found appropriate action had been taken in response to accidents and incidents. For example we saw where staff had called emergency services when a person had fallen at home and then reported this to the registered manager. The policy stated that all accidents and incidents must be signed off by the registered manager. We found one incident where the registered manager had not completed their investigation notes and recommendations. The registered manager told us this had been an oversight and they would complete this.

During our visits, we observed staff using PPE such as gloves and aprons that reduced the risk of cross

contamination. Staff spoken with told us they picked up PPE from the office base and kept supplies in their cars. They told us there was always plenty of PPE in stock and they weren't limited to how much they took.

Requires Improvement

Is the service effective?

Our findings

People spoken with told us, "Yes the staff are trained and skilled," "Some of them [care workers] do know what they are doing, but some young ones don't understand. First time they come round, they come with an experienced carer to show them what to do and shadow" and "One or two [care workers] are better than the others. New ones take a long time until they get into the routine. I follow them around and show them what and how to do things. The odd time they send an experienced carer with them."

75% of people surveyed said they received consistent care from familiar care workers that they would recommend this service, that staff were skilled and knowledgeable and staff arrived on time. 100% of people said staff completed all their care and support tasks before they left.

100% of staff surveyed said they were provided with training that was relevant to their role and they had received training and understood their responsibilities under the Mental Capacity Act 2005 (MCA). Staff said, "I can honestly say I am enjoying the way they [Lynx Care (UK) Ltd] organise the service to care for clients. Also their input in training me up to meet the requirements of the clients. Most of the clients have been happy that we are only there to assist them and express their view by saying thanks at the end of our visit. All of them seems to like the fact that we're with them for just a period of time, chosen by them, to meet their needs. Therefore, maintaining their quality time, independence and privacy they may have with families visiting them or hobbies they do in their time" and "We all work as a team at Lynx. I really enjoy my job. The service users are amazing and 90% of them are an absolute pleasure to work for. There is a major lack of communication from the office to staff. There is also a lack of respect from certain office staff towards staff. We have no right to privacy. We are talked down too and I often feel intimidated by them. Other than those few points, it's your standard community care company."

29% of staff surveyed said their work and travel schedule meant they could not always arrive to a visit on time and stay the agreed time.

Following the inspection we were sent an updated staff training matrix. From this we saw there were some gaps in the mandatory training provided to some staff. All staff had completed an induction when they began working at the service. The registered manager told us 95% of care staff had a NVQ Level 2 qualification or above or were working towards this. Other staff were awaiting completion of the Care Certificate and/or had signed up to the Level 2 Health and Social Care Qualification. The training matrix showed five staff were recorded as competing little further training since their induction. When we spoke with staff they told us they had completed further training but they were unable to confirm what training was completed and they had no evidence for example certificates to confirm this.

We looked at the registered provider's policy for staff supervision and appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We found evidence which confirmed staff had not been provided with supervision and appraisal as per the registered

provider's policy. For example the policy stated staff would be provided with supervision a minimum of four times per year and also have an annual appraisal. The staff supervision matrix showed in 2016 nine staff had not been provided with supervision in line with the registered providers policy. The appraisal matrix showed only five staff had completed an appraisal during 2016.

This is a breach of Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager provided us with updated evidence that showed improved and new office planning systems had been implemented which showed concerns raised from the inspection had been addressed in a timely manner.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw some staff had completed basic training in MCA and DoLS. Staff spoken with had an understanding of this legislation. The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from Lynx Care (UK) Ltd. People and their relatives told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them. We saw evidence their wishes had been listened to and acted upon.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Five out of the nine people spoken with stated they received support with food and/or drink preparation from the care workers, which they all considered was done well. Each person said they were offered a choice of what they would like to eat. People told us, "The girls [care workers] give me my breakfast and come at tea time. I have microwave meals. I am happy with them," "We have boiled eggs, scrambled eggs or beans on toast for breakfast, we are satisfied with that, "It [food preparation] does vary depending on the carer's skills" and "The carers ask what you want for lunch? They make me a sandwich. I am happy with them."

Most people who used the service, their relatives and staff said there was good communication between the office staff and the care workers. In most cases people said they would receive a call from the office if their care worker was running late. People told us, "I've only rang them [office staff] when the carers have been late and they send someone" and "I requested they did not send one carer back and she came back a couple of times, I rang again they got the hint and she stopped coming."

People talked about the agency helping them get assistance from other health professionals. They said the staff assisted them to get help when they required it. Comments included, "They [care worker] would definitely help if I needed it," "Recently the carer called an ambulance for me. I was happy with how the carer helped me" and "They [care worker] supported me while waiting for an ambulance and they helped to get me on the trolley and showed them [ambulance staff] how to use the sling."

Relatives told us, "The carers use their own initiative, they will ring the district nurse if we run out of supplies or will let me know" and "If [name] is not good they will ask if I think I should get them checked for any illnesses."

Good

Is the service caring?

Our findings

Everyone we surveyed said their care worker was kind and caring and they were happy with the care and support they received.

When we asked people we spoke with if their care workers were kind and caring they told us, "Very much so," "Definitely, especially one carer, she will post me a card or if I run out of anything they will go the shop for me. They are very good and it's no trouble," "The carers that come here are older and so good, but some of the young ones don't want to know generally," "Yes on the whole," "I see them more as my friends not my carers," "Some don't seem to use their own intuitive" and "I never wanted to have carers but they've been better for me than any medicine. There are no words to describe how good they are."

The majority of people spoken said they felt they were treated with dignity and their privacy was respected. They told us, "Yes definitely. We have a laugh as well," "So far they have shown respect" and "Yes they do respect our dignity and privacy." One person surveyed disagreed that they were always treated with dignity and respect.

One relative told us, "[Family member] has complex needs, so consistency of carers is very important. They know [name] well and are good and light hearted with her."

One community professional told us they would recommend this service to their own family members.

Everybody consulted said the care workers sought their consent before undertaking tasks and were aware of their likes and dislikes. The majority of the people spoken to felt they were listened to and felt they were able to express their views, which were then acted on. People told us, "They [care workers] listen to me," "I have only got to ask and they will do what they can," "They really support me and do what I need. They let me get on with it, but assist when they see me struggle," "I am very precise if things are not folded right, the carers make sure it goes on the coat hanger right," "The carers ask if I want a shower. Sometimes I prefer to have a wash which they respect," "The carer gives me a choice about what I want they are ever so good about that" and "One carer can't speak English very well, it is very difficult to explain how to do things to her."

Our observations during the inspection were that staff treated people as equals, were very respectful and showed care and fondness towards the people who used the service. People who used the service and staff appeared very comfortable in each other's company and showed mutual respect for each other.

Staff spoken with told us ways in which they provided care to people whilst ensuring they maintained their privacy and dignity. They told us about the importance of trying to make sure people remained as independent as possible and continued to make decisions for themselves.

One relative said that end of life care had been discussed and the staff were aware of their relative's wishes at the end of their life. The relative told us, "We have done it [end of life care plan] through the local hospice. We have also completed a Do Not Attempt Resuscitation (DNAR) form. The care workers know TLC (Tender

Loving Care) rather than active intervention."

Good

Is the service responsive?

Our findings

Everyone consulted stated they could talk to the registered manager and other staff. The majority people told us they knew who to speak to if they needed to raise any concerns or a complaint. Their comments included, "There are a few I can talk to at the office. I think I would ring the office if I had any concerns," "Yes, I can talk to the manager alright," "Yes, I know the manageress, she is very approachable. If I have any problems, I always ask for her" and "I had an issue regarding changing my care at night. The carer told me she was going to come at 9.30 pm rather than 9 pm. I rang to complain, I said it was common courtesy to ask me. They don't always ring me up and ask if changes are convenient."

One person surveyed said they were not always involved in decision-making about their care and support needs and said the staff from the agency didn't always respond well to any complaints or concerns they raised.

One relative said, "Yes, if I have concerns I would go to the management office and speak to the manager."

Staff surveyed and spoken with said their managers were accessible and approachable and dealt effectively with any concerns they raised.

We looked at the registered providers complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to and explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service.

The complaints/compliments log showed in 2016 the registered manager had received two complaints and seven compliments. Records showed the two complaints had been fully investigated by the registered manager and resolved to the satisfaction of the complainants.

The majority of people spoken with were aware they had a care plan and felt they were involved with their care planning. People told us they had been consulted by the staff in subsequent reviews of their care plans. People said, "I think there is a book in kitchen, which they [care worker] always read. I had a review of my plan a few months ago and I got extra care" and "The staff review it [care plan] and they know I would raise anything I needed."

One relative told us, "I asked for a review of the care plan and they [office staff] said one had been done in August 2016. I wasn't aware of this. The manager then came out to do a review in November 2016 and I gave input. I asked them to send me a copy so I can put it in the file. I was the driver of this."

When people were asked if they were kept informed about changes. Most people told us they did not receive a rota informing them which care worker was visiting One person said, "I get a lot of different carers, I never

know who is coming." Relatives told us, "We don't receive a rota; it would be helpful to have a time and know who was coming, for planning etc. This could be better organised centrally" and "Usually I email the office to cancel and get extra calls. I say please could you cancel and then I have to say please can you confirm you agree to this. Otherwise you can be left wondering if it's okay, as they don't always respond."

Staff spoken with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service. One care worker told us when they had noticed deterioration in a person they supported; they had contacted the office staff and passed on their concerns. The registered manager contacted the person's GP, district nurse and family and together they decided what would be best for the person. Fluid and food charts were put in place and the staff member said by working together they believed the person's health and wellbeing was much improved.

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

We saw many examples of people being supported by staff to avoid social isolation. Staff encouraged and supported people to continue to follow their hobbies and interests. For example we spoke with one person who said they had lost their confidence and had not been able to go outside. Slowly and gradually with the support of a care worker they had regained their confidence and said they now enjoyed a weekly trip to the local charity shops, which they had always loved to do.

Requires Improvement

Is the service well-led?

Our findings

All people surveyed said they knew who to contact at the agency if they needed to and that the information provided by the agency was clear and easy to understand.

When we asked what could be done better, two people made suggestions for improvements. They said, "Not so many new ones, more regular carers" and "More consistency with the carers, who I really get on well with. Some I feel less embarrassed and more comfortable with. I like the ones who use their own intuitive, for example I have to ask can you put my slippers on? It gets very wearing saying this all the time."

The majority of people spoken with told us they would recommend the service to their friends and family. People's comments included, "Yes I would because I am quite happy with them," "They are not perfect, but I would recommend them" and "They're a damn lot better than the last ones [other service]. I can't fault them, they're great."

The registered manager was knowledgeable about people who used the service. She knew people who used the service and could talk in detail about their care and support needs. The registered manager told us she audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. We saw audits had been completed and the registered manager was able to evidence the action taken as a result of carrying out an audit.

Although staff told us they felt well supported by the registered manager the training, supervision and appraisal matrix showed many gaps and the registered manager was unable to confirm if this was because training, supervision and appraisals had not taken place or if the matrix was not fully up to date.

Gaps in staff employment records, relating to not providing a full employment history had not been completed and staff had been offered posts at the service without this information being obtained.

We found some information for example; risk assessments in people's homes were not always dated and signed. We also found when this information was returned to the office there was no evidence the omissions were picked up through the system for auditing so that improvements could be made.

This is a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, office managers and team leaders operated an on-call system to enable staff to seek advice in an emergency. A senior member of staff was available to answer calls from staff during the hours that people were being provided with care and support.

Staff told us they received support and advice from the registered manager via phone calls, texts and staff meetings. Staff felt the registered manager was available at any time if they had any concerns.

Two people who used the service and one relative said they could recall completing a survey asking for their opinions and views of the service. Nobody spoken with was aware of any meetings in relation to obtaining their views about the service. People told us, "Yes I filled one [survey] in and I got letter thanking me for sending it in," "I've just had one [survey] and I'm thinking of filling it in and sending it back," "No I've never had a survey or any meetings" and "I have filled in regular questionnaires, but received no feedback. I don't know about any meetings."

The registered manager told us in 2015 and 2016 quality assurance surveys had been sent to people who used the service, relatives, staff and healthcare professionals. When these were returned if there were issues or concerns reported staff would go and see the person to try and resolve their concerns. We saw evidence of this. However if a person had chosen to complete the survey anonymously this was not possible. The registered manager said they had not produced a report giving an overview of the feedback received and to inform people of any actions they were taking in response to the information they had given. This meant action was not always taken to resolve concerns raised by people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service were not protected against the risks associated with unsafe recording and management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated to ensure people involved with carrying out the regulated activities were of good character and had the skills and competence for the role.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not provided with appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.