

Unique Personnel (U.K.) Limited

Unique Personnel (UK) Limited

Inspection report

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21 February 2023

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Unique Personnel (UK) Limited is a domiciliary care service providing personal care support to people living within their own homes. The service was providing care and support to 135 people at the time of the inspection. These included older people, people living with dementia, people with a physical disability and younger adults.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Risks to people were not always identified, assessed, and documented. Staff did not always have access to detailed risk management information to ensure the support they provided was safe and appropriate to meet individuals needs and the actions they should take to safely mitigate and manage risks. The providers call monitoring system was ineffective. The electronic call monitoring (ECM) system to monitor call visits made to people was not operated effectively by staff placing people at risk of receiving late or missed call care visits. We received mixed feedback from people in relation to staffing levels and staff arriving at the agreed times to assist them with their care. The service was not well managed. Systems and processes in place for monitoring the quality and safety of the service were not effective in identifying and addressing issues and concerns we found at this inspection and for helping to drive service improvements.

The systems and processes in place for managing and administering people's medicines was not always safe. Systems in place to identify and take action in relation to concerns, safeguarding and poor practice was not always effective. The provider was not always working within the principles of the MCA. Care plans did not always identify and or reflect individual preferences in the way people wished to be supported or contain correct information about their needs, wishes and the support they needed. Care plans and records did not include information regarding people's end of life care, wishes and preferences. Complaints were not always managed appropriately and in a timely manner and audits in place to learn from or identify themes and trends were not always effective.

We have made a recommendation to the provider that the provider refers to best practice and up to date guidance in relation to staff recruitment and ensures there are systems in place to monitor this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 February 2018). This was the provider's first inspection since their registration at a new location in February 2023.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

The inspection was prompted in part due to concerns received about the quality and safety of care provided, the management and oversight of the service, missed and late visits and medicine management. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations

We have identified breaches in relation to person-centred care, need for consent, safe care and treatment, receiving and acting on complaints, staffing and good governance. We have also made a recommendation about maintaining and monitoring robust systems to ensure fit and proper persons employed.

We served Warning Notice's on the provider and registered manager requiring them to comply with three regulations by 12 June 2023. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standard of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Unique Personnel (UK) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors on both days of the inspection, and 3 Experts 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's made telephone calls to people and their relatives on the first day of the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 February 2023 and ended on 21 February 2023. We visited the location's office on both of these days.

What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also gathered feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager, director, operations manager, recruitment staff, 4 office staff and 5 care staff. We spoke with 31 people using the service and 10 relatives of people using the service to seek their feedback on the service they received. We reviewed records, including 14 people's care plans and risk assessments, 5 staff recruitment and training records and a variety of records relating to the management of the service, including quality monitoring systems and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always identified, assessed, and documented. Staff did not always have access to detailed risk management information to ensure the support they provided was safe and appropriate to meet individuals needs and the actions they should take to safely mitigate and manage risks.
- A person had mobility needs and was at risk of falls. However, their risk assessments failed to provide staff with detailed information and guidance on their history of falls, physical conditions which may impact their mobility and increase risk, equipment or support required to safely support them to mobilise and the actions to take to mitigate and minimise the risk of falls.
- Another person was at high risk of pressure areas and received a service from visiting nurses to dress and treat the areas. Their pressure ulcer risk assessment had not been completed by staff in line with guidance and best practice which meant staff had failed to monitor the risk of further pressure area decline.

We found no evidence that people had been harmed at the time of the inspection however, risk assessments were not in place or robust to demonstrate risks to people were safely mitigated and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these concerns, a person told us, "I've got complex health and medical issues, pressure sores and so on. As a result, I'm very vulnerable and rely on people to support me. The team [staff] I've got understand and respect the problems, and encourage me to regain some of my mobility and self-care. They [staff] are brilliant."

Using medicines safely

- The systems and processes in place for managing and administering people's medicines were not safe. A person told us, "I must have my [medication] at fixed times in the morning. They [staff] often don't turn up until it's too late. They [staff] often don't record it on the chart."
- Medicine Administration Records (MAR) and PRN (as required medicines) records and protocols were not always in place and/or kept within people's homes for staff reference and action. Therefore, we could not be assured that people had received their medicines safely and when prescribed.
- A person was prescribed PRN pain relief to take when required. Their care plan failed to record the medicines prescribed and PRN pain relief guidance for staff on the dose to administer, and the signs or symptoms that indicate the medicine maybe required.
- Another person had no MARs in place for the months beginning December 2022 and January 2023. There were no records to show that they had received their medicines safely as prescribed.

- Another person was prescribed a pain relief patch. However, there were no MARs in place to document administration, the frequency and who had administered. There were no body maps in place to guide staff on where the patch needed to be applied ensuring rotation of the patch site in line with guidance and best practice.
- Staff had received medicines training; however, medicines competency assessments had not been completed to ensure staff were competent to manage and administer medicines safely.

Whilst we found no evidence that people were harmed at the time of the inspection, the provider failed to ensure safe systems for the management and administration of medicines which placed people at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider's call monitoring system was ineffective. The electronic call monitoring (ECM) system to monitor call visits made to people was not operated effectively by staff placing people at risk of receiving late or missed call care visits.
- Feedback from people and their relatives regarding call care times was mixed and largely negative. Comments included, "Times vary a lot, late, early, but not often do they [staff] come when they should. They [staff] never stay long", "They [staff] turn up at deferent times. The morning and the lunch time visit is done at the same time, that's not good enough", "It varies, generally it's within a certain range. Never on time or really late, in between", "Mostly Yes. Occasionally with transport issues they [staff] can be late but nothing to cause any issues."
- Prior to the inspection we requested the providers ECM data so an analysis could be conducted. We analysed the call data for the period 1st November 2022 to 31st January 2023. We found that 22% of calls were more than 15 minutes late, and 9% were more than 45 minutes late. 13% of double handed care call had less than 15 minutes overlap between care workers, including 8% which had no overlap. This meant that two required care workers spent less than 15 minutes together on a care visit call supporting people. We also found that 31.6% of care visit calls were scheduled without allowing staff any travel time between care visit calls. This meant that people did not always receive their care when required.

We found no evidence that people had been harmed at the time of the inspection however, sufficient numbers of suitably qualified, competent, skilled, and experienced persons were not effectively deployed to meet people's needs safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were recruitment practices in place. Staff files were organised and contained evidence of recruitment checks carried out before staff started work. These checks included, staff identification, employment histories, references and Disclosure and Barring Service (DBS) checks. This information helps employers make safer recruitment decisions. However, we found that a member of staff who was recruited in 2022 did not have any employment references on their file. We drew this to the registered managers attention who told us they would take action to address this omission. We will check on this at the next inspection of the service.

We recommend that the provider refers to best practice and up to date guidance in relation to staff recruitment and ensures there are systems in place to monitor this.

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

- Systems in place to identify and take action in relation to concerns, safeguarding and poor practice was

not always effective.

- Records showed that safeguarding concerns, complaints and accidents and incidents were not always correctly identified, assessed, and respond to in line with the providers policy and best practice. One record showed that when a missed care visit had been reported, appropriate action had not been taken to ensure the person received the care and support they required. On another occasion a person reported that they had no care plan or risks assessments in place within their home to ensure their needs were met and to offer staff guidance. We saw that no action had been taken to address these concerns. The provider did not ensure lessons were learned when things went wrong and did not have robust systems in place to ensure reported safety concerns were addressed.
- Staff received safeguarding training and were aware of the different types of abuse and the actions to take if they suspected abuse. Staff knew how to report incidents or accidents, however the provider's systems to recognise and take action, on safeguarding and poor practice was not always effective.

The provider failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were protected from the risk of infection.
- People and relatives told us staff practice in relation to infection control was good. Comments included, "They [staff] always wear their masks and gloves, and take it away after", and, "Carer always wears a mask, gloves and apron and washes their hands."
- The registered manager confirmed, and we saw that staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.
- Staff had completed infection control training and had a good understanding of infection control practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was not always working within the principles of the MCA.
- Mental capacity assessments that had been completed, had not been completed correctly in line with best guidance and were not detailed nor decision specific. They failed to detail the questions asked in respect of the decision that was being assessed.
- When people had been assessed as lacking capacity to make a decisions about their care, best interest decisions were not discussed and recorded as legally required.
- Staff had received MCA training and had access to the provider's MCA policy. However, staff lacked understanding and knowledge of the MCA when we discussed this with them.

The provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's needs were completed however, care plans required further work to ensure they were relevant, people were central to the planning and reviewing of their care and assessments and care plans were person centred. A person told us, "Since the initial meeting, we've had no involvement." Another person commented, "I've no idea if I've got a care plan."
- Information documented within assessments and care plans was limited and we could not be assured that people received support to meet their individual needs and preferences. Care plans and assessment

tools did not holistically document people's preferences and wishes or provide guidance for staff on how best to support people to meet them.

The provider failed to ensure people's needs and wishes were appropriately assessed, care and support met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported meet their dietary needs where this was part of their plan of care. A person said, "Yes, they [staff] help me, I have so many allergies so food is hard but they are good." A relative told us, "They [staff] try to encourage [relative] to eat. They do respect [relatives] choices."
- Care plans documented the support people required with meal planning and preparation; however, they did not always identify people's dietary preferences, allergies, and risks and this required some improvement. We drew this to the registered manager and providers attention who told us they would take prompt action to ensure they were fully reflective of people's needs. We will check on this at the next inspection of the service.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to their needs and the needs of the people they supported. A member of staff commented, "We have good training and get a reminder when training is due. I get supervision and we discuss training. I feel supported and there's always someone on call if I need them."
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported where required to access a range of health and social care services when they needed them.
- Care plans contained information about healthcare professionals who staff could contact with any concerns. Records showed that when needed health and social care professionals had been involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and their relatives was largely positive stating that staff treated them well and their needs were met. However, the lack of clear and detailed information within people's care plans and risk assessments meant we could not be assured that people received personalised care consistently and staff supported people appropriately to meet their diverse needs. A person told us, "Sometime I think that there is a language barrier, but they [staff] just need to speak slowly." Another person said, "They [staff] are now aware of my individual needs and they do consider my disability." A third person commented, "They [staff] do their job, I understand that they have a job to do but it's very clinical and professional but not personable."
- Staff received equality and diversity training and those we spoke with told us they were committed to providing a service which was non-discriminatory. The registered manager told us they aimed to ensure people's care and support was provided in a way which respected and supported individuals' diverse needs and wishes.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to make decisions about the care and support they received. However, assessments, care plans and reviews did not always record or document people's wishes and choices and it was not always clear if people had been consulted about their care. A person told us, "They [staff] promised to send the same carer to give me continuity. I was able to build a relationship with one in particular, but then they didn't come anymore. I've had three different carers in a week." Another person commented, "I had a meeting with a manager at the beginning. The assessment was poor. Most of things I asked for and agreed were not transferred into the actual delivery."
- Care plans and records had limited information about people's personal histories, lifestyles, preference, and independence and at times only partial information on how people wished to be supported. This meant that staff did not always have adequate information about people enabling them to develop relationships and support people with decisions about their care and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always identify and or reflect individuals' preferences, life histories, social networks, the way in which people wished to be supported or contain detailed information about their needs and wishes. A person told us, "I don't have a care plan that I know of."
- Some care plans and records contained contradictory and or inaccurate information and lacked content and detail for staff to ensure they provided safe person-centred care and support. For example, it was recorded that one person required support with nutrition and hydration, but later documented that they were independent in meeting their nutrition and hydration needs.
- Care plans and records also lacked detailed information to support staff to recognise and understand people's individual health conditions ensuring their well-being. For example, how best to support someone living with dementia and or memory loss and how best to support someone to manage their anxieties and emotional well-being.

The provider failed to ensure people's needs and wishes were appropriately assessed, care and support met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- Care plans and records did not include information regarding people's end of life care, wishes and preferences. We discussed the need for advance end of life care planning with the registered manager and provider. They told us they were developing assessment and care planning tools that would provide people with the opportunity to express their wishes and preferences. We will check on this at the next inspection of the service.

Improving care quality in response to complaints or concerns

- Complaints were not always managed appropriately and in a timely manner and audits in place to learn from or identify themes and trends were not always effective.
- Complaints policies and procedures were in place informing people on how to make a complaint and when they could expect a response. People and their relatives told us they knew how to make a complaint but said they did not feel always confident that they would be responded to or addressed. A person said, "I have to complain regularly, not just a moan about trivia but serious things." Another person told us, "I have complained about no one turning up, nothing changed." A relative commented, "I have complained about the standard of care but unfortunately nothing has changed."
- We noted that for the months leading up to the inspection there had been a higher volume of complaints

received by the provider. The registered manager told us they took complaints and concerns seriously and worked to improve how they manage and responded to these. They informed us that they were working with the local authority to make improved changes in their monitoring and auditing systems. However, we noted that there were no comprehensive analysis system managing complaints or satisfaction that could be used as a means of continuously reviewing performance, whilst driving quality and safety within the service.

The provider failed to establish and effectively operate an accessible system for identifying, receiving, recording, handling, and responding to complaints. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and basic information relating to these needs were documented within individuals care plans.
- The registered manager and staff were aware of the Accessible Information Standard. However, accessible information and care plans were not always available or in place for people where required. For example, large print or pictorial guides, and this required some improvement. We will check on this at the next inspection of the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities that were meaningful to them and which reduced the risk of isolation where this was part of their plan of care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not well managed. Systems and processes in place for monitoring the quality and safety of the service were not effective in identifying and addressing issues and concerns we found at this inspection and for helping to drive service improvements.
- The provider failed to demonstrate the effectiveness of their systems and audits. Systems that were in place were not safely and effectively operated and managed. This meant people were at risk of unsafe care and treatment.
- The registered manager confirmed and acknowledged that there were no systems in place to check and audit care records and care plans. Systems that were in place had failed to identify and address issues with the quality of care plans, risk assessments, medicines management and adherence to the principles of the Mental Capacity Act 2005. There was ineffective managerial oversight of the service and of staff recruitment, training, and staff competencies. Safe staff recruitment processes were not followed and staff were employed without adequate references and the appropriate checks in place. This placed people at risk of harm.
- Governance systems and processes failed to correctly identify, assess and respond to safeguarding concerns, complaints and accidents and incidents in line with the providers policy and best practice. The provider failed to operate and monitor an effective and robust system to monitor call visits made to people placing them at risk of receiving late or missed call care visits.

Effective systems had not been established and effectively operated to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service had a registered manager in post at the time of our inspection. They understood their registered manager responsibilities under current health and social care legislation. They knew the different types of events they were required to notify CQC about and were aware of the requirement to display their CQC rating.
- The registered manager understood the duty of candour. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people, where appropriate.
- Staff understood their roles and responsibilities and told us they were in regular communication with the

office and registered manager. Staff attended staff meetings where various topics were discussed in relation to the management of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed views from people and their relatives about the service they received. Comments included, "I've never seen the manager but I've never really needed to, no complaints", "When I ring them [office] to complain about something wrong or that's not been done they are always very nice and apologise but for some reason they [staff] never follow up", "There is room for improvement, training for the carers", "The care is good, but the people in the office need to change", and, "They [office] have said about bearing with them at the moment while they are in the middle of a change."
- We spoke with the registered manager and provider who told us they had taken action to address the issues and concerns people had raised. They informed us that they were working closely with the local authority commissioners to help develop and improve their systems and processes.
- Staff told us they worked well as a team to meet people's needs and felt supported by the registered manager. One member of staff said, "They [management] are friendly, they listen to what we have to say. They listen to us from team meetings. I know I can reach the manager if necessary."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were satisfied with the care and support provided by care staff, however, they were less positive about how the service was managed and the timing and duration of care visits. One person told us, "I think it's the organisation, the carers are brilliant, they [office] keep moving the carers around."
- There were systems in place to ensure satisfaction surveys were sent to people on a six monthly basis to seek feedback on the service they received. We looked at the findings of the recent survey completed in January 2023. We noted that out of 33 respondents, 19 said they were 'always' happy with the quality of the service.
- The registered manager told us they worked effectively with the local authority commissioners and health and social care professionals when needed to ensure people's needs were met.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure care plans were person centred so people's needs and preferences were appropriately met. The provider failed to assess people's end of life care needs and wishes.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to work within the principles of the MCA. MCA's were not decision specific and staff required further MCA training and knowledge.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to ensure complaints were managed appropriately and systems were in place to learn from and/or identify themes and trends.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure systems and processes in place for managing and administering medicines was safe. The provider failed to ensure risks to people were identified, assessed, documented and mitigated.</p>

The enforcement action we took:

We served a Warning Notice on the provider and registered manager requiring them to comply with this regulation by 12 June 2023.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were not robust to ensure good governance and to help drive service improvements.</p>

The enforcement action we took:

We served a Warning Notice on the provider and registered manager requiring them to comply with this regulation by 12 June 2023.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The providers call monitoring system was ineffective. Sufficient numbers of suitably qualified, competent, skilled, and experienced persons were not effectively deployed to meet people's needs safely.</p>

The enforcement action we took:

We served a Warning Notice on the provider and registered manager requiring them to comply with this regulation by 12 June 2023.