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Cestrian Care

Inspection report

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Ratings

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

Overall summary

We carried out an unannounced inspection of Cestrian Care on the 16 July 2015. On the 21 July 2015 we visited people in their own homes and on the 23 July 2015 we visited the location with one hour's notice to complete the inspection and to speak with staff.

In September 2013, the provider registered with us to provide a domiciliary care service. The service was located at Norris Road, Blacon. In November 2014 the service moved to its current location at Chester West Business Park. However the provider did not inform the Care Quality Commission (CQC) about the changes and did not follow the correct registration procedures. Therefore, the service was not registered with us until 26 June 2015. This is the first inspection of the service at its location.

Cestrian Care is a domiciliary care agency which provides support and personal care to people in their own homes. The agency is based in Chester and provides support and care within the surrounding areas and Ellesmere Port. However, the website that Cestrian Care uses to promote their business states that they provide "skilled nursing care". This service is not registered to provide the regulated activity of 'nursing care' in people's homes.

Summary of findings

At the time of the inspection the registered provider told us that they provided care to between 26 and 28 people.

People who used the service told us that they were satisfied with the care that they received. They said that the care staff were polite and caring towards them and that they felt safe during the time they received a service. They told us staff quite were reliable and there were not many occasions where they were late or did not turn up. Family members had no concerns about their relative's safety or the way their relative was treated.

An assessment of people's needs had been carried out by the registered provider prior to people using the service and people told us they had been involved in formulating their care plans.

However, we found that the registered provider was not meeting legal requirements and we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The processes that the registered provider had in place for recruiting staff were not safe or robust. This meant that they did not ensure that staff were suitably skilled, had the right experience or were of the character to keep people safe.

Training provided to staff was inconsistent and supervisions were not regularly carried out, therefore, staff had not all been assessed as being confident and competent to carry out their role.

People's complaints were not identified as such and addressed. This meant people were not listened to, and action was not taken to prevent any unsafe or inappropriate care that was being reported. People's views of the service were not always formally recorded and we found no action was taken when issues were raised.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005) and to report on what we find. Staff gained consent from people prior to providing care or services, however where people lacked capacity we saw that arrangements were not in place for staff to act in their best interests. Staff were not knowledgeable about the Mental Capacity Act (MCA) 2005). The policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 were out of date and the advice to staff did not concur with the law.

Quality assurance checks on care plans and care delivery were ineffective and there were no records to demonstrate if care plans were up to date and had been reviewed.

Records were not always provided to us in full when we requested them, which undermined our confidence in the transparency and management of the service. Due to the many concerns that we found, we did not have confidence that the registered provider had oversight of quality and risk.

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

• Ensure that providers found to be providing inadequate care significantly improve.

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action

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?

Inadequate

The service was not safe.

We found concerns with the provider's safeguarding processes. The registered manager had not informed the local authority of allegations of abuse. We did not have confidence that all incidents of safeguarding or potential safeguarding were being reported.

People were not being supported to manage their medicines safely, because staff were not sufficiently trained and medicine records had not been filled in to demonstrate that people had been supported to take their medicines as prescribed.

Appropriate checks were not undertaken to ensure the right staff were employed to work with people in their own homes. This meant people could be at risk of receiving care from staff that were unsuitable to work in the care industry.

Is the service effective?

Inadequate

The service was not effective.

Staff were inconsistently trained, supervised and supported. Oversight of the care provided was not robust. Comprehensive checks were not carried out on all staff before they worked independently. Staff were not provided with the essential skills and knowledge that they required to support the people in their care.

Some people received care visits that were shorter than their allocated time and the registered provider had inadequate systems to ensure that they were aware of this.

People who lacked mental capacity could not be assured that they would be supported to maximise their ability to make decisions or participate in decision-making.

Is the service caring?

Requires improvement

The service was sometimes caring.

People said that the carers were kind and considerate to them.

Relatives told us that the carers made them feel reassured and that they were flexible in their approach.

People did not receive information in advance of who was going to provide them with care each week.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

People's complaints had not been investigated in line with the provider's complaints procedure. The complaints procedure failed to inform people of the correct process to follow if they needed to escalate a complaint.

Although people were involved in their initial care planning, not all care plans had been reviewed to reflect changes. People's assessments and plans of care did not contain detailed guidance about how to move and handle them safely and appropriately.

Is the service well-led?

Inadequate 

The service was not well led.

The leadership of the service did not promote an open culture. The registered provider and staff were not open and transparent during the inspection process.

The service was managed by the registered provider, who did not have the necessary skills, knowledge and experience to do so effectively.

There was a lack of effective quality assurance systems in place to monitor the service provided.

Cestrian Care

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.

Our inspection was carried out over three days on 16, 21 and 23 July 2015. The first day was unannounced and we spent the second day visiting people in their own homes. On the third day we visited the location with one hour's notice to complete the inspection and to speak with staff. The inspection team consisted of two adult social care inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did not return the PIR within the set time scale. Before the inspection, we looked at information about the registration of the agency and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We also spoke with the local authority who did not have any comments to make on the service.

As part of the inspection we spoke to eleven people who used the service on the telephone or in their own homes .We also spoke with some of their relatives .We spoke with nine staff who worked with people who used the service in the community or managed the office.

During the inspection we viewed a number of records including ten care plans, some daily notes, and the medication administration records that were held for people who used the service. We also looked at information relating to staff. This included all the staff recruitment records, staff training and induction program and supervision records. The policies and procedures, complaints logs, and quality assurance checks in regards to the service were also reviewed.

Inadequate

Is the service safe?

Our findings

People who used the service told us that they felt "Safe" with care staff and that staff "Kept them safe" whilst receiving support. Relatives supported this view and made comment such as "I feel that [my relative] is very safe" and "Overall [my relative] is happy and therefore we are happy, we couldn't ask for a better service ".

The registered provider undertook an environmental risk assessment to help staff to identify and minimise risks whilst working in someone's home. Staff were provided with appropriate protective equipment and people confirmed they used this. One person told us that this assessment had helped identify ways of providing their relative with equipment and adaptations to ensure that their care was safe. The registered provider had an accidents and incident book but only two incidents had been recorded since the start of the service. There was no clear guidance for staff as to what they had an obligation to report and staff we spoke with were unclear about their responsibilities.

We found that people were not protected from abuse or the risk of abuse as the registered provider, manager and staff did not have an understanding of safeguarding even though they had undertaken training. There was no policy or guidance in place to direct staff as to what constituted abuse or poor care and no information as to how or where to report concerns. We asked staff how they would respond if they were told about, witnessed or suspected abuse. Staff comments included; "I would tell the person [alleged abuser] to stop it and probably call the manager to tell her", "I would tell the carer not to do it again". The registered provider did not have an up to date copy of the local authority safeguarding policy to refer to and was not aware of the requirement to report low level safeguarding concerns. A significant incident had occurred that involved a person who used the service. Following discussion the registered provider and manager told us that they had reported this to the local authority. We checked with the local authority following the inspection and found that this was not the case. This meant that the person was left at potential risk of harm and was not protected from abuse or the risk of abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities 2014) because the registered provider had failed to ensure that service users were protected from abuse and improper treatment.

People were not kept safe because the staff that looked after them had not been through the appropriate recruitment checks. We looked at thirteen staff files and saw that the provider had not undertaken all the required checks. Job applications had not been fully completed; there was incomplete information of a person's education, training and employment history. Unexplained gaps in employment had not been explored by the registered provider. The registered provider could not demonstrate why a person was deemed suitable for a specific post as she did not complete interview notes. The references we saw were poor in quality, contained contradictory information and had only been taken up verbally. This meant that the registered provider had not checked if the staff were of good character and suitable to work at the service. The registered provider must ensure that all staff have a check from the Disclosure and Barring service (DBS) prior to the commencement of employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. There was no system in place to ensure that anyone with a positive disclosure would be risk assessed prior to working at the service. We found that the registered provider had staff that had not had the required checks. This meant that people were not protected from the risks of being cared for by people not of a suitable character. The registered provider was requested to take urgent action.

The registered provider had a policy in place that indicated how they would manage disciplinary action with staff. We found that where this policy had been started, the registered provider had failed to undertake and record a thorough investigation. The registered provider had a poor understanding of what was required to carry out an investigation and had also informed one person that "CQC would refer to the DBS" when it was the employer's responsibility.

These are breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities 2014)

Inadequate

Is the service safe?

because the registered provider had failed to ensure that fit and proper persons were employed and placed people at risk of having care from people not of suitable character and skill.

People who used the service often needed supervision or support to ensure that they took their medications in a safe way. The care plans did not reflect the level of support required and did not address a person's mental capacity in regards to decision making around medication. We saw that medication administration sheets (MARS) were not always completed accurately. For example, there were a number of missing entries on a MAR sheet we looked at and the tablets still available. We did not know if the person had refused or the care staff had failed to administer the medication. There were no formal systems in place to check if medication errors had been made. Staff had only received very basic DVD training in how to administer medicines and there was no evidence that they had been observed by a competent person to make sure that they were giving and recording medicines safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) because the registered provider failed to ensure that the management of medicines was safe.

The registered provider told us that they consider staffing levels prior to taking on a new person's care package to ensure that they have the staff available to fulfil the terms of the contract. However, she said that on occasions she found it difficult to cover staff sickness and holidays and when this occurred both the registered provider and manager undertook care duties.

Inadequate

Is the service effective?

Our findings

People told us that they were “Happy with the carers” and that “The quality of the staff I have ranges from some outstanding to overall good”. They told us that “Most staff know what they are doing” but that “New ones take a while to understand things”.

Staff told us that they had access to a range of healthcare professionals and sought additional support and specialist intervention when needed. Records demonstrated to us that staff worked with a range of professionals including district nurses, GPs, and social work teams. One relative told us, “If the girls aren’t happy about something then they let me know and either I call the doctor or nurse or they do, whoever makes the call is irrelevant".

People who received support told us that staff always asked them how they wanted their care to be provided and sought their consent. One person told us “The staff will always ask me first before they do anything and always explain what they are doing”.

The registered provider told us that some of the people who received a service were not able to make decisions in relation to their care and health needs due to memory loss. The staff, manager and registered provider had a very limited understanding of the Mental Capacity Act (MCA) 2005 and what this meant in their day to day work. An assessment of people’s capacity to make decisions about their care and health needs had not been recorded. In many cases the particulars of a person’s care had been discussed and agreed with the person’s relative, without consideration of best interest decisions relating to care or health related needs, including arrangements for paying for their care. This meant that the registered provider had not acted in accordance with the MCA 2005. The registered provider’s policy in regards to this indicated that the service could apply for an urgent application of the deprivation of liberty safeguards (DoLS) to the supervisory body. This process is to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom but it does not apply to people within their own homes. In those cases, the Court of Protection becomes applicable.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities 2014) because there was a risk that care was provided without consent.

People who used or had used the service told us that new staff were not always accompanied to ensure that they knew what to do. One person said “I have to tell them what I need to be helped with and that can be frustrating”. Another person had informed the CQC that new staff had not been trained in moving and handling and did not know how to use the equipment. All staff should undertake an induction that involves both training and shadowing in order to ensure that they are competent to work independently. The registered provider told us that the content of the induction would depend on the experience that a care worker may already have had. The induction programme and standards set out in the registered provider’s own policies were not followed. The induction offered to staff did not meet the standards now recommended in the “Care Certificate” which looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff.There was no record kept that confirmed when the staff member had achieved the level of competency required.

Staff received training and the registered provider had a rolling programme of training every week. This was DVD or discussion. We saw that some staff scored poorly on the multiple choice tests given following training such as in the administration of medication, moving and handling and safeguarding. However, this was not followed up and the registered provider had still deemed them as competent to carry out that role. One person told us that they had chosen Cestrian as the website had indicated that staff were trained in “Dementia” but that they had found out in discussion with staff that this was only a basic awareness session. CQC verified this on the day of the inspection and found that the training involved only watching a DVD in dementia care and completing a multiple choice test. There was no formal check carried out as to how effective the training had been There was no system in place to alert the provider to when the training needed to be refreshed, to keep staff up to date with current practice.

Staff we spoke with could not recall any formal supervision but said that they could go to the registered provider if they had a problem and they felt supported. They did not receive regular supervision and appraisal in line with the

Inadequate

Is the service effective?

registered provider's own policy and procedure. Staff did not have a supervision contract or a schedule. The supervision records kept were not dated or signed which meant that we did not know if or when they had taken place. Some supervision notes highlighted concern raised with individuals around timekeeping or call length. There was no action plan in place to monitor this where it was an identified concern.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014) because the registered provider failed to ensure that staff were provided with support, training, supervision and appraisal.

Requires improvement

Is the service caring?

Our findings

People who used the service said that the staff were caring in their approach and always had time for them. Three people told us that they are "Sometimes rushed" but this was normally when the carers were "Running late due to another emergency".

The registered provider did not give people a rota each week and so, as one person described, "I never know who is coming from one call to the next". One person said that it "would be good to know who I could expect as some people are better to help me with some things (like my hair) than others." Other people commented that staff did not always wear an identification badge and so they were not sure of their name if they were not regular staff.

People were not able to choose the carer that they would like to visit but did have a "Consistent team of carers". One person said "I get a male carer most of the time as this is what I prefer" but another told us that they sometimes "Had a male carer when I have said I don't want that". The people who received care told us that they had never had to raise significant complaint about a particular carer. A relative told us that some of the care staff smoke and they "Did not like the smell" and said that one staff member had asked if the person who used the service smoked as they "Liked to have a fag with the person". They had felt this to be inappropriate.

People told us that they were treated with dignity and respect. Staff spoke to them in a kind manner and treated them well. A relative said "They're very respectful of [my relative] when they talk to them and when they are helping them do stuff." and "[my relative] is very affectionate and it's important that they get a hug with the staff ". People said that "Staff respond quickly and discreetly especially if there is someone else in the house" and "The staff are very polite, and when they wash me they make sure the curtains are drawn so I can't be overlooked".

Two of the people we met told us that they had received personal care from other registered providers in the last eighteen months but "Felt that this service was best". One person who had changed care provider told us "my relative is really happy with the carers; you can tell as she doesn't speak so she communicates with her body language, she becomes very withdrawn when she is unhappy and everyone knows that something isn't right".

Each care record provided an overview of people's preferences, personal care needs, and how they wanted tasks to be carried out. One person told us, "Nothing is too much trouble when they help me, but they could spend a bit longer so it's not so rushed."

Staff told us that they tried to ensure people could retain their independence when they supported them. They explained that when washing people they would ask them what areas they can manage themselves, and only assist with areas that people could not manage. We saw that a number of people had improved since they first started to receive care and one person said "The staff have pushed and encouraged me when I was in a dark place; now I can do more for myself and feel so much better".

Requires improvement

Is the service responsive?

Our findings

The people who used the service at the time of the inspection and relatives told us that they were satisfied that the care met their needs. One person said "Cestrian care is the best service we have had, we have had a few but they are the only ones who have been able to meet the needs". Staff met people's personal care needs and this was to the standard that people found acceptable. One relative said "Their level of personal care is great; the staff make sure [relative] always looks lovely".

The registered provider told us that she wanted to ensure that the service provided was flexible and that her staff would always help someone out if they could. Relatives we spoke to supported this view and told us that the care staff "Go that extra mile to help" and "It is incredibly difficult to find a service that will double up for your support". Some of the people that we visited did not have family that lived locally and were reliant on the care staff to meet their needs. One relative told us that they were grateful that the staff were there and that "Once they were there four hours as there was an issue and they could not leave".

People told us that the registered provider came to visit them and/or their relative before they received a service from the agency. During this meeting people said they discussed what their needs were and how the agency could meet them. The assessment of people's needs included information about each person's health, and personal care needs such as their mobility, medication, communication and likes and dislikes. Although initial care plans were detailed, they were not reviewed on a regular basis and did not reflect changes made in people's care. For example, we saw that the mobility of two people who used the service had improved and the care they now required was less than initially assessed. The care plans and risk assessments did not reflect the fact that calls were now of a shorter duration and only required one staff member as opposed to two. Relatives we spoke said that entries on daily records were not always completed accurately or at the time of care and this made it difficult to check what care had been provided. We could not check all of the daily records to see if the care delivered were as described in the care plan as they were missing or not made available.

People who were able to comment gave mixed feedback in regards to what happened if care staff were running late. A person said that their care was "Pretty much delivered on time and if there are any problems they give me a call, but that is rare to be honest" but another said "They never call me, but it doesn't matter so long as they arrive at some point". Before the inspection, we had information that suggested that staff were not always given enough travel time and this impacted on the timeliness of the visits. The registered provider told us that staff are allowed travel time and that this is taken into account when the rota is being drawn up. They explained that this can be variable as sometimes local events, for example, meant that driving time would be longer. The rotas that we saw did not always indicate travel time between calls but staff we spoke to said they were given sufficient time.

Prior to the inspection, concern had been raised that a number of different carers were attending to people who were living with dementia and this was not providing a consistency that they required. This had been evidenced by one relative by the number of different signatures on the daily communication sheets over a short period of time.

People who used the service at the time of the inspection told us that they had no significant complaints and felt comfortable in raising a concern. A person told us that they had raised a concern as to the time of their night time call and this was resolved quickly. Prior to the inspection, CQC were aware of several different complaints raised about the registered provider. These had not been resolved to the satisfaction of the persons concerned. The complainants felt that they had not been listened to and that they had been offered no apology. CQC monitored the registered provider's response to one ongoing complaint and found that they did not follow their own complaints process. The response was in part inappropriate and they had not resolved the matter satisfactorily. The complaints log indicated that there had been no complaints since November 2014. We asked the registered provider if this was accurate, they told us it was but this was not the case. Staff minutes from July 2015 indicated that "Cestrian care has been open for 22 months and never in all this time there been so many complaints made about the quality of care being delivered. This is not acceptable and will not be tolerated". The registered provider told us that they had "lied" about the complaints at a staff meeting in order to get staff to improve their overall performance. There was a complaints policy in place but it did not correctly identify where people could go if their complaint had not been resolved in a satisfactory manner. This meant that not only

Requires improvement

Is the service responsive?

was the system used for logging, investigating and resolving complaints and concerns ineffective, the management team did not seek to improve the service by effective analysis of feedback.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities 2014) because the registered provider did not have an effective system for identifying, receiving, recording and responding to complaints.

Inadequate

Is the service well-led?

Our findings

People who used the service and relatives told us "I can always speak to the owner if there is a problem; she tells us all the time that we must speak up if we are worried about anything, I like her as she is straight to the point and you know she will listen."

However, the CQC were aware that some people felt that their concerns had not been listened to. Before our inspection we received some concerns related to the management of the service. We looked at these concerns as part of the well-led domain.

The registered provider moved premises in November 2014. However she failed to notify the CQC and this only came to light during CQC liaison with a member of public in December 2014. This change was not finalised until June 2015 as the registered provider continued to submit incomplete documentation.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009 (Part 4) because the registered provider is required to notify the CQC of any changes to the business or location.

The service was being managed on a day to day basis by a person who had been appointed in January 2015 and who is not registered with the Care Quality Commission. The registered provider told us that she still maintained "Day to day oversight" and "Also worked care shifts".

The CQC sent a Provider Information Return to the provider in November 2014. This is a document that we ask the registered provider to complete and it asks for some key information about the service, what the service does well and improvements they plan to make. This was not returned.

The registered provider has a website that gives the general public an overview of the services that it provides. This was misleading as it stated they provide "skilled nursing care". This service is not registered to provide the regulated activity of 'nursing care' in people's homes.

Before the inspection, concerns had been raised with the CQC that care staff did not always stay for the allocated time but people were still charged .Where people had short term memory loss this meant that they were totally reliant on the trust and record keeping of the staff to ensure that their care was being provided in a timely manner. We did not see a robust system of real time monitoring and auditing of care calls, and did not see where the provider reviewed staffing hours in relation to people's changing care needs. Therefore, there were short falls in the arrangements that the registered provider had to check the times that carers spend providing support at each property. As the registered provider could not identify which calls were shortened due to the carers arriving late or leaving the call early then she could not be sure people had not been over charged These concerns have been passed onto the local authority for further investigation.

The registered provider had policies and procedures in place but these had not been updated to reflect changes in legislation or guidance. We found that many of them had been 'adopted' from other providers or organisations but they had not been made personal to the agency and some still made reference to the original author. We brought this to the attention of the registered provider as it could breach copyright or be viewed as plagiarism. Policies in place were not put into practice by the registered provider such as complaints, disciplinary, staff supervision and safer recruitment.

There were no effective systems in place for assessing and monitoring the quality of the service. We asked the manager how they used information that is gathered from audits, surveys and staff meetings to improve the quality of service provided to people but they were not able to tell us. There were no systems or action plans to develop the service, or evidence of monitoring to learn from mistakes or incidents, complaints or compliments in place. Incident records had not been fully completed and there was no system in place for monitoring incidents which had occurred at the service or within a person's own home

The registered provider had undertaken a survey in November 2014 as to the quality of care from those who used the service but they had not done anything with the results. Only four completed surveys had been returned and these mainly contained positive feedback about the care itself. However, attention had been drawn to the poor spelling within correspondence and polices no knowledge of the complaints procedure and lack of a care review.

Records were not always provided to us in full when we requested them, which undermined our confidence in the transparency and management of the service. The registered provider had not kept historical records relating to the management of the service and the care delivered.

Inadequate

Is the service well-led?

They are required by law to keep such records for designated periods of time. Due to the many concerns that we found, we did not have confidence that the registered provider had oversight of quality and risk

These are all breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014)

because the registered provider failed to have systems and processes in place to ensure that they met the HSCA 2008. There was no effective governance in place.

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	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider failed to have systems and processes in place to ensure that they met the HSCA 2008. There was no effective governance in place.**

The enforcement action we took:
We cancelled their registration using our enforcement powers.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered provider did not have an effective system for identifying, receiving, recording and responding to complaints.

The enforcement action we took:
We cancelled their registration using our enforcement powers.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider failed to ensure that staff were provided with support, training, supervision and appraisal.**

The enforcement action we took:
We cancelled their registration using our enforcement powers.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **There was a risk that care was provided without valid and informed consent.**

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:
We cancelled their registration using our enforcement powers.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider failed to ensure that the management of medicines was safe.**

The enforcement action we took:
We cancelled their registration using our enforcement powers.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered provider had failed to ensure that fit and proper persons were employed and placed people at risk of having care from people not of suitable character and skill.**

The enforcement action we took:
We cancelled their registration using our enforcement powers.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider had failed to ensure that service users were protected from abuse and improper treatment.

The enforcement action we took:
We cancelled their registration using our enforcement powers.