

Surbiton Home Care Management Limited

Surbiton

Inspection report

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Date of inspection visit:
01 October 2019
04 October 2019

Date of publication:
15 June 2020

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Surbiton is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

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

People did not receive care and support from a service that was well-led. The registered manager was not a visible presence at the service. There were on-going systematic failings in the oversight and management of the service. Audits did not always identify issues found at the inspection, identified actions were not always followed through.

People did not receive a service that was safe. People's medicines were not managed safely. The provider had failed to ensure robust recruitment procedures were in place to ensure suitable staff members were deployed. People did not receive timely care as the provider failed to adequately deploy staff. The provider failed to ensure staff members did not work in excess of the restrictions placed on their student visas. Risk management plans were not comprehensive and did not always give staff clear guidance to mitigate identified risks. The provider failed to learn lessons when things went wrong.

People did not always receive care and support from staff that underwent training to enhance their skills and experiences. Training records confirmed staff training was not up-to-date with no pre-booked training to rectify this. People did not always receive care and support from staff that had undergone an induction or reflected on their working practice through regular supervision and annual appraisals. People's fluid and food intake was not monitored effectively and care plans did not clearly detail people's preferences. Pre-admission assessments were not as comprehensive as they could be.

People's end of life wishes were not always documented and when they were, they were not comprehensive. Care plans were not as person-centred as they could be.

The provider failed to continue to ensure continued learning and failed to drive improvements.

People were protected against abuse as staff had sufficient knowledge on how to identify, respond to and escalate suspected abuse. People continued to be protected against the risk of cross contamination as staff had access to sufficient amounts of personal protective equipment.

People's health and well-being was monitored, where concerns were identified healthcare services were notified.

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

People told us they received care and support from staff that were kind and supportive. People's privacy was respected, and their dignity encouraged and maintained. People continued to be encouraged to share their views on the care provided. Staff were aware of the importance of encouraging people to maintain their independence and did so where possible.

People's communication needs were met. The provider had an Accessible Information Standard policy in place which staff were familiar with. Complaints were investigated and responded to in a timely manner.

People were encouraged to share their views with the service. The provider sought partnership working to improve the service, records confirmed 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 Requires Improvement (published 1 May 2019) and there were multiple breaches of regulation. This service has been rated Requires Improvement for two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Surbiton on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to person-centred care, safe care and treatment, good governance and staffing at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions of the registration.

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

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate 

The service was not well-led.

Details are in our well-Led findings below.

Surbiton

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 Care Act 2014.

Inspection team

This first day of this inspection was carried out by one inspector. The second day of the inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 12 people using the service.

The service had a manager registered with the Care Quality Commission. 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. However, the registered manager was absent from the service for a prolonged period of time with no confirmed return date.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 October 2019 and ended on 8 October 2019. We visited the office location on 1 and 4 October 2019.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff, this included care workers, the deputy manager and the provider. We reviewed a range of records, for example, we looked at four care records, six staff records, policies and procedures, risk management plans and other records relating to the management of the service.

After the inspection

We spoke with three people and one relative. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm. Some regulations were not met.

Using medicines safely

- At the last inspection on 2 and 8 April 2019, we identified the provider had made some improvements in the safe management of medicines. At this inspection we identified the provider had failed to ensure people received their medicines in line with good practice.
- We reviewed the Medicines Administration Records (MARs) and identified issues around the recording of medicines. For example, MARs were not always signed for correctly and where the key codes had been used, no additional information was recorded as to why the code had been used. This meant it was difficult to establish as to whether the person had or had not received their medicines as prescribed.
- One MAR identified the person was prescribed to receive a painkiller on a PRN ['as and when needed'] basis. However, the MAR failed to document the dose, route or frequency of the medicine to be prescribed. We also identified one person's medicines had not been signed for three consecutive days with no explanation as to why. This meant there was no way of knowing if the person had received their medicines.
- Although the provider carried out regular audits of the MARs, issues we identified during the inspection had not been picked up through the auditing system and there was no evidence action had been taken to mitigate repeat incidents.
- We shared our concerns with the provider who told us they would look into this.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014).

Staffing and recruitment

- People did not always receive care and support from staff that had undergone robust pre-employment checks to keep them safe.
- During the inspection we identified not all staff were in receipt of two satisfactory references. One staff member's file, contained a completed Disclosure and Barring Service (DBS) check. Following receipt of the information on this disclosure the provider had not conducted appropriate checks to ensure the staff member was safe to work with people. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- We also identified not all staff had a completed application form or detailed full employment history. This meant the provider could not verify staff member's suitability for the role.
- Another staff member's file contained information which placed restrictions on the number of hours they were entitled to work. Records confirmed the staff member regularly worked in excess of the permitted hours.
- We shared our concerns with the provider who was unable to give us a satisfactory response.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We received mixed responses regarding the staff deployment at Surbiton. One person told us, "No, I don't feel safe, I could drop down dead for hours and no one would know as they're [staff] always late. I would like them to come at specific times but they are often late by say an hour. They very, very occasionally let me know that they will be late, but usually not. I don't know whether I should start doing things for myself, but I can't stand for long. It's unnerving. I have told them, but they don't listen." A relative told us, "Quite honestly they [staff] don't come on time. I haven't got a clue what time they're supposed to come, there's no set time. We do get a bit frustrated, and we don't know who is meant to be coming and they don't let us know if they're running late." However, another person said, "They're [staff members] always on time."
- At the last inspection the provider informed us they had purchased an electronic system to aid the deployment and monitoring of staff. At this inspection the provider told us they had chosen not to use the system. The provider was unable to demonstrate how visits were scheduled to ensure staff arrived on time and stayed the full duration of the visit. There were no records to demonstrate how the provider ensured people arrived on time and stayed the full duration of their scheduled visit. There was also no evidence that the provider monitored the visits to ensure people received their care and support as agreed.
- We shared our concerns with the provider who was unable to give us a satisfactory explanation.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014).

Assessing risk, safety monitoring and management

- At the last inspection on 2 and 8 April 2019, we identified improvements were still required to ensure risk management plans were robust and give staff clear guidance to mitigate identified risks. At this inspection we found further improvements were required, for example, risk management plans were generic and did not give staff clear guidance to mitigate risks. For example, one person's mobility risk management plan stated they needed to use mobility aids to manoeuvre around their house. However, the control measures were minimal and did not describe the level and intensity of support required by staff.
- Risk management plans covered, for example, mobility, personal care and medicines.
- Despite our findings, staff members were aware of the importance of raising any concerns to the management team to ensure risk management plans were updated.

Learning lessons when things go wrong

- The provider was unable to demonstrate lessons were learned when things went wrong.
- Throughout the two-day inspection we identified areas whereby the provider had not taken sufficient action to mitigate repeat incidents. For example, the provider had confirmed all staff would have completed training in response to an incident. At this inspection, records confirmed this had not taken place and the provider was unable to give us a satisfactory explanation.

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse as staff received training in safeguarding, and were aware of how to identify, respond to and escalate suspected abuse.
- One staff member told us, "If I suspected abuse I would report it to the office and write it down. [If the provider didn't do anything] I would report it to someone higher, the local authority and the CQC."
- At the time of the two-day inspection there was one open safeguarding that was being investigated by the local authority safeguarding team.

Preventing and controlling infection

- People were protected against cross contamination as staff were aware of the provider's infection control policy.
- Staff had access to adequate Personal Protective Equipment (PPE).
- One staff member told us, "We have lots of gloves and aprons and there are spare ones kept in people's homes. If we're running out we let the office know and they will give us some."

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People did not always receive care and support from staff that were skilled and knowledgeable in their role. We reviewed the training matrix on the first day of the inspection, however were informed this was not up-to-date. This was an on-going issue also identified at the previous inspection. Although there was a wide range of training available to staff, there was poor oversight to ensure these had been undertaken. For example, one staff member had not received Mental Capacity Act training since 2014, medicines management since November 2015 and safeguarding training since May 2016. We shared our concerns with the provider who told us this had been an oversight and that the staff member would receive training shortly. We were dissatisfied with the provider's response.
- People did not always receive care and support from staff that had undergone an induction or reflected on their working practice. Records confirmed staff inductions had not been completed, with one staff member not receiving any induction. We shared our concerns with the provider who told us in explanation, "They're [staff member] my relative, they have had training though." We were dissatisfied with the provider's response.
- Staff records identified not all staff had received regular supervisions or annual appraisals. For example, four staff files reviewed contained no reference to a supervision being carried out within the last 12 months. We shared our concerns with the provider who was unable to give us a satisfactory response.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- We received mixed feedback regarding staff supporting people with meals. One person told us, "Sometimes they [staff] come so late for my lunch that I have to have it at 14:30hrs or my breakfast at 11.30am. They [staff members] just turn up late and I can't stand it." A second person said, "My meal is already prepared, they [staff members] just give it to me."
- Care plans and preadmission assessments failed to clearly detail people's preferences in respect of food and drink. For example, one record stated 'not known' for dietary requirements and preferences.
- Although daily records detailed people's fluid and food intake, there was no record of this being reviewed and monitored. This meant any changes to people's eating habits and intake could be missed, leaving them at risk.

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

- Although care plans contained pre-admission assessments, to ensure staff members effectively met people's presenting needs, we identified these were not comprehensive.
- One person told us, "There was someone that came out to find out how we wanted the care to be delivered." Another person said, "They came in the beginning to ask me what kind of care I would like. I don't remember it very well, but it did happen."

Staff working with other agencies to provide consistent, effective, timely care

- At the time of the inspection, the provider confirmed they worked with other healthcare professionals to drive improvements. Records confirmed that district nurses, GPs and the local authority were informed of issues identified relating to people's health and well-being.

Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of the importance of monitoring people's health and well-being. People told us they were confident staff would alert healthcare professionals should they have concerns about people's declining health. One staff member told us, "I would notify the office if someone appeared unwell and I would document it in the daily notes."
- Records confirmed guidance from healthcare professionals was sought to monitor and maintain people's health.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People received care and support from staff members who had adequate knowledge of their responsibilities in line with the MCA, despite not having appropriate up-to-date training.
- People confirmed staff sought their consent to care and treatment and were respectful of their decisions. For example, one person said, "Yes, they [staff] do seek my consent and ask my permission. It's good because they remind me as I can forget things." A relative told us, "Generally they [staff] ask what it is [my relative] would like. I believe they would respect [my relative's] wishes." One staff member told us, "The MCA is to do with people being able to make a decision for themselves. If I was concerned about their ability to make a decision I would report it to the office."
- Records demonstrated people's capacity was assessed and documented.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the care and support they received and confirmed they were treated with respect. One person told us, "They [care workers] are fine, and we are on first name terms and they are as good as gold." A relative said, "They [care workers] make such a fuss of my relative. There's one staff member who always gives my relative a cuddle and it means a lot to her. We are very happy with the care workers we get."
- Staff spoke about the people they supported compassionately and demonstrated adequate knowledge of people's individual needs and preferences. Staff were also aware of the importance of treating people equally and respecting their diverse needs. For example, one staff member told us about how they had supported someone previously using the service to follow their faith.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were supported and encouraged to express their views. For example, one relative told us, "I can choose what I want to do and what I want them [staff] to help me with."
- Staff were aware of the importance of supporting people to make decisions about the care and support they received. One staff member told us, "The client always has the right to say no. I ask them and offer them choices, I respect what they decide to do."

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff members promoted their privacy and encouraged them to retain their independence where possible.
- One person told us, "They [staff members] respect my privacy, always." A staff member said, "I have to make sure that I don't repeat anything confidential. When supporting people with personal care, I make sure I cover them up [to keep their dignity]." A second staff member said, "I try to talk to [people] and guide them so that they can stay independent. You need to talk to them so they can relate to you and trust you. I will encourage them to do some things for themselves."
- Care plans detailed what people could do for themselves, and records confirmed where staff members were concerned about people's dependency levels, referrals were made to healthcare professional services.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

At the last inspection on 2 and 8 April 2019 we found care and treatment was not always delivered in line with people's preferences and end of life care and support was not always in line with people's wishes. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements have not been made and the provider is still in breach of the regulations.

- After the last inspection, we asked the provider to submit an action plan to meet the regulations and detail how they would improve the service. The action plan stated, 'In order to rectify this and meet the regulations associated with person-centred care we intend to revise all of our care plans to include end of life wishes. Furthermore in regards to training, we hope to schedule more training sessions covering safeguarding and end-of-life wishes as soon as possible in order to complete this as it is a key issue.'
- End of life wishes were still not clearly documented in people's care plans. One person who had a 'do not attempt resuscitation' (DNAR) advanced directive in place, did not have the document in their care plan. This meant the person was at risk of receiving cardiopulmonary resuscitation (CPR), in direct contrast to their wishes. CPR is 'an emergency treatment that tries to restart the person's heart or breathing when these stop suddenly'. A DNAR details a person's choice and wishes on how to pass during the closing days of their life and how they manage their death.
- Training records confirmed that not all staff had completed their end of life training as stated in the provider's action plan. Staff did not have knowledge of who was in receipt of a DNAR. For example, one staff member told us, "I haven't had the chance to check if the people [I support] have one [a DNAR], the office haven't told me who they are."
- We shared our concerns with the provider who was unable to give us a satisfactory response.

These issues are a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans were not as personalised as they could be. Care plans were reviewed regularly and detailed the support people required. One person told us, "I would think I have one [a care plan]. There is a booklet here I've never read it but maybe I should. Once in a blue moon someone from the office will come and talk about the care I receive. They only stay for five or six minutes, because they have to rush off to see someone else."
- Care plans also detailed support people required with personal care, oral care, mobility, health needs and medical needs. Staff confirmed if they identified any changes to people's presentation they would inform

the provider immediately to ensure they were updated.

- During the inspection the provider informed us they were updating the care plans to ensure they were more person-centred. We will review this at the next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recognised. Care plans detailed people's communication preferences.
- The provider had an AIS policy, which followed the five steps, ask, record, flag, share and act.

Improving care quality in response to complaints or concerns

- People were not always aware of the provider's complaints procedure. Despite this, people confirmed they would raise concerns and complaints with the office. For example, one person said, "I don't really know how to make a complaint, but I would call the office." A second person said, "I haven't raised an official complaint, but I do know how to."
- During the inspection we identified the service had documented two official complaints. Records showed the complaints had been investigated and action taken to minimise reoccurrences.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. 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.

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

At the last inspection on 2 and 8 April 2019 we found systematic and widespread failings in the management and oversight of the service; and the provider and registered manager had failed to monitor and maintain records relating to the management of the service to drive improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements have not been made and the provider is still in breach of regulation.

- There continued to be a significant lack of oversight and monitoring of the service as the registered manager remained absent from the service. This meant the day-to-day management of the service was carried out by inexperienced personnel.
- We received mixed comments regarding the management of Surbiton. One person told us, "I don't think it's run very well. [The provider's] a sweet woman, but she's taken on more than she can handle. I don't like to complain but I do have to say it has been dreadful recently." Another person said, "I don't know who the [registered manager] is, I don't remember her name." However a relative told us, "There's always room for improvement, but I suppose with the whole package we're okay."
- Records were not always accessible, or were incomplete or not in place. For example, rotas were not in place, there was a lack of supervision and appraisal records, end of life wishes were not documented and risk management plans were generic and lacked robust guidance for staff. Medicines Administration Records (MARs) were incomplete and did not record vital information in line with good practice. We also identified that audits did not always highlight issues which we found during the inspection. For example, MARs not being signed for correctly.
- The provider continued to demonstrate a lack of adequate understanding of their role and responsibility in line with the duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- We shared our concerns with the provider who was unable to give us a satisfactory response.

Continuous learning and improving care

- Issues identified at the last inspection continued to be found at this inspection. Despite the assurances

given to us by the provider, records confirmed continued improvement and learning had not taken place.

- The provider was unable to give us a satisfactory response to the concerns we raised.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to share their views through regular call monitoring and quality monitoring questionnaires.
- We reviewed the most recent completed questionnaires and found mixed responses. For example, 'My carer rarely comes on time', 'I am happy with my care plan', 'Staff mostly arrive on time and mostly stay the duration' and 'Staff are good, carers are pleasant and love to care for me. I'm quite content with the care received.' Records confirmed the provider had carried out an audit detailing action to be taken to address the concerns raised, however there was no evidence this had taken place.

Working in partnership with others

- The provider was keen to work in partnership with healthcare professionals to drive improvements. Although there was evidence this had taken place, we were unable to ascertain if the guidance provided was implemented into the delivery of care. We will review this at the next inspection.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people received person-centred care that reflected their needs and preferences.</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>Regulation 9(1)(a)(b)(c)</p>

The enforcement action we took:

We issued a Notice of Decision to cancel the provider's registration. The provider appealed this decision. As a result of the Covid-19 pandemic, we agreed to instead impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>

The enforcement action we took:

We issued a Notice of Decision to cancel the provider's registration. The provider appealed this decision. As a result of the Covid-19 pandemic, we agreed to instead impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>

The enforcement action we took:

We issued a Notice of Decision to cancel the provider's registration. The provider appealed this decision. As a result of the Covid-19 pandemic, we agreed to instead impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure fit and proper persons were employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014</p> <p>Regulation 19(1)(a)(b)(2)(a)</p>

The enforcement action we took:

We issued a Notice of Decision to cancel the provider's registration. The provider appealed this decision. As a result of the Covid-19 pandemic, we agreed to instead impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to deploy sufficient numbers of staff to keep people safe.</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>Regulation 18(2)(a)</p>

The enforcement action we took:

We issued a Notice of Decision to cancel the provider's registration. The provider appealed this decision. As a result of the Covid-19 pandemic, we agreed to instead impose conditions on the provider's registration.