

L H Social Care Limited

LH Social Care Limited - Barnsley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

LH Social Care Limited - Barnsley provides personal care to adults and children living in their own homes throughout Barnsley and the surrounding areas.

At the time of our inspection the service were supporting 48 people. As part of our inspection we spoke with three of those people and the relatives of six people. We also visited four people before our visit in their own homes.

On two of the visits, care staff were in attendance and we also spoke with them. On the other two visits we spoke with both the person and their relative. We also spoke with a relative of two people who had previously received support.

Summary of findings

At the time of the inspection the service employed 42 staff. We contacted fourteen staff and were able to speak with eight.

We told the provider three days before our visit that we would be coming. We did this because the manager is sometimes out of the office and we needed to be sure that they would be in. We then visited the offices and spoke with the registered manager and the training manager.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

On our two previous inspections on 20 November 2013 and 24 April 2014 we had asked the registered provider to improve records. This was because there was a lack of proper information and documents about people in relation to their care and treatment to protect them from risks of unsafe or inappropriate care. On 24 April 2014 the provider also needed to improve their systems and processes in relation to the management of medicines. The provider sent us action plans stating the improvements they would make to comply with those regulations. When we inspected LH Social Care Limited - Barnsley we found the provider had not made sufficient improvements.

We found the systems and processes to manage medicines had improved, but the systems and processes in place to manage risks associated with medicines had not always been followed by staff.

In the main, the manager carried out assessments of people, identified risks and attended reviews of people's care. This was not always reflected in people's care records, presenting a risk of people receiving unsafe or inappropriate care. Neither was it clear from people's care records the care and support to be provided for people.

The registered provider did not have all the information required to demonstrate the safe recruitment of staff. This meant the provider had not maintained consistency in that area as we had told them about this on our inspection on 20 November 2013.

People and relatives we spoke with told us they were confident staff had the knowledge, skills and experience they needed to carry out their roles and responsibilities. Staff confirmed they were trained prior to providing care and support to people who used the service and following initial training felt supported in their job role. We found there were some gaps in that training and/or some staff had not received refresher training to maintain and update their skills and knowledge.

Although people who used the service expressed satisfaction with the service provided and staff felt supported and able to voice their opinions about the quality of care, the quality assurance system was not structured and this led to identified risks not being dealt with in a timely way.

Care staff had a good understanding of what to do if they saw or suspected abuse during their visits. They were clear that this must be reported to the manager of the service and were confident they would act on that information.

People told us they received care from staff that they knew well and that they had a team of regular care staff that visited them that was reliable. People told us their care workers were kind, caring and considerate. It was clear from our discussions with care staff that they enjoyed caring for people who used the service, because they spoke of people in a caring and thoughtful way. Care staff demonstrated familiarity and knowledge of people's individual needs, life history, their likes and dislikes and particular routines.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

Some areas of the service were not always safe.

The service had systems and processes in place to manage medicines to ensure people were protected from the risks associated with medicines, but these were not always followed meaning people may be at risk.

People told us they felt safe and care staff had a good understanding of what to do if they saw or suspected abuse during their visits, but records about risks to people were either not available or accurate, presenting a risk of people receiving unsafe or inappropriate care.

The service had made sure there were sufficient staff to provide people with a regular team of care staff, but all the required recruitment information and documents were not always available for them.

Requires Improvement



Is the service effective?

Some areas of the service were not always effective.

Staff told us they were trained prior to providing care and support to people who used the service and following initial training felt supported in their job role, but we found there were some gaps in that training and/or some staff had not received refresher training to maintain and update their skills and knowledge.

Staff supported people to have access to healthcare services as required and monitored and encouraged people at risk of poor nutrition.

Requires Improvement



Is the service caring?

The service was caring.

People told us they were treated with consideration and respect and the staff knew them well.

Staff were familiar about people's individual needs and were able to describe how they maintained people's privacy and dignity.

Good



Is the service responsive?

Some areas of the service were not always responsive.

People and relatives we spoke with were assured that the service from LH Social Care Limited - Barnsley provided them with care as agreed. Similarly, that concerns and complaints were acted upon and flexibility to changing needs was accommodated where possible. However, assessments, risk assessments, essential lifestyle plans and routines were not always in place and/or dated, containing correct information, which places people at risk of receiving unsafe or inconsistent care.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

There were quality assurance process in place, but auditing processes were not used in a structured way to identify themes and trends and to identify and manage risks to the service in a timely way.

People told us staff at the service were approachable, but communication could at times be improved.

Team meetings did not regularly take place where staff could discuss various topics and share good practice.

Requires Improvement



LH Social Care Limited - Barnsley

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place over six days on 4, 5, 10, 11, 16 and 18 December 2014. The registered provider was given three days notice of our visit to the office on 18 December 2014. We did this because the manager is sometimes out of the office and we needed to be sure that they would be in. We then visited the offices and spoke with the registered manager and the training manager. Two adult social care inspectors carried out the inspection.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and other information we had received about the service, for example, telephone calls from people and staff.

We also contacted commissioners of the service. This information was reviewed and used to assist with our inspection.

At the time of our inspection the service were supporting 48 people. As part of our inspection we spoke with three of those people and the relatives of six people. We also visited four people before our visit in their own homes. On two of the visits, care staff were in attendance and we spoke with those as well. On the other two visits we spoke with both the person and their relative. We also spoke with the relative of two people who had previously received support.

At the time of the inspection the service employed 42 staff. We contacted fourteen staff and were able to speak with nine.

We also spent time looking at records, which included nine people's care records, two staff records and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 24 April 2014 the service was in breach of regulation 13, the management of medicines under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating the improvements they would make to comply with those regulations. We checked to see if improvements had been made.

The registered manager explained the systems they had implemented to improve the management of medicines. This included updating the medicines policy/procedure, further training for staff and implementing medication plans. They said there were still concerns with staff communicating any changes/discrepancies, but this was getting better.

People or their relatives told us, “I am confident [relative] receives the medication they need at the correct times. They’re in liquid form and taken at certain times of the day. The carers make a record of this”, “carers give my medication. They know what is needed and record that I’ve taken it”, “carers organise my medication as I need to be reminded to take it. They have a medication chart”, “my medicines are given by the carers. They give me them when I need them in yoghurt as I have difficulty swallowing. They record the medicines they’ve given me” and “carers record all the medication given”.

In people’s care plans we found that medication plans were in place. Staff told us that any changes to people’s medication were notified to the office so that they could amend the record of medicines to be administered to people, so that it was up to date. In people’s homes staff told us they amended the person’s medication administration record (MAR) to reflect the changes. We found for one person there was a discrepancy with five medicines to be administered to the person demonstrating that there were concerns with staff communicating any changes. This meant we could not confirm people were receiving those medicines as prescribed by the doctor. We were unable to check the administration directions for one of the medicines, even though the medication was available, because staff had removed the medication from the box. An ointment was also prescribed for the person that the person had available if needed, but this wasn’t written on the MAR as the staff member it was to be administered ‘when required’.

For another person we looked at their latest journal that had been returned to the office. We found in the journal the medicines to be administered reflected changes that had been notified to the office. However, on the MAR there were crosses against two days. We found the medication had not been delivered by the pharmacist. We then checked the call log, the system described by the manager to record any changes that had been reported. The concern had not been reported until the second day. This meant the person had been without medication for two days, when if it had been reported on the first day may have minimised this to one day. This confirmed what the manager had told us: that there were still concerns with staff communicating information to the office so that they were able to rectify any concerns.

This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On the two previous inspections on 20 November 2013 and 24 April 2014 the service was in breach of regulation 20, records, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating the improvements they would make to comply with those regulations. This included people’s care files being available in people’s homes and further training for staff. The registered manager confirmed this action was complete. We checked to see if improvements had been made.

We checked the systems in place to see how risks to people were managed so that people were protected, whilst at the same time respecting and supporting their freedom. We looked at nine people’s care records. Assessments were undertaken to identify risks to people who used the service, but many of these were not dated or signed to identify when the information was from. These included environmental risks and other risks due to the health and support needs of the person. We found some of the risks identified had not been regularly reviewed and it was not always clear what document information about specific risks could be found. For example, one person needed assistance to transfer. Staff assisted them by using equipment designed for the task. The environment risk assessment checklist identified moving and handling risks were not applicable. The general risk assessment checklist for the same person identified the person needed assistance with moving and handling and the health and

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safety risk assessment identified the moving and handling risks. The information was incorrect in regard to the equipment used for the person. There was no specific moving and handling risk assessment. For the same person the environmental risk assessment had not been updated to reflect current risks. For another person the person's safety was maintained by the use of bed rails and their health needs met by wearing a particular piece of equipment. There was no assessment to identify how the risks associated with bed rails was to be minimised and managed and that other equipment used had been agreed in the person's best interest, with any risks assessed and managed. This meant there was information and documents that were either not available or accurate and may present a risk of the person receiving unsafe or inappropriate care.

When we spoke with people and their relatives they were confident that care staff were competent and aware of risks that may be presented and managed these well. Comments included, "no risks are ever taken", "I think [relative] is safe in their own environment", "I'm happy finances are being done properly. There's a record. I feel safe whenever staff use the hoist" and "we feel we are properly cared for and are safe. We are confident finances are being properly handled". One relative described how staff moved their relative and if their relative didn't feel safe their relative would let the staff or their relative know. Another relative was able to describe how they moved their relative and that the hoist was serviced annually.

This was a continued breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at two staff files to confirm a recruitment process had been followed and information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was available for staff to confirm this. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

We found the majority of information had been obtained, for example, a full employment history and documentary evidence of the staff member's previous qualifications and training. However, for both people we found satisfactory

evidence of previous employment concerned with the provision of health or social care and vulnerable adults or children had not been obtained for all previous periods of employment with such an employer.

At our inspection on 20 November 2013 the provider had been non compliant with this regulation. This meant they had not maintained consistency in meeting the regulation for the recruitment of workers were met.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the systems in place to protect people from harm and abuse. People we spoke with told us they felt safe when they were being cared for by staff and had no worries or concerns. Relatives of people who used the service that we spoke with were also assured about their relative's safety. Comments from people and their relatives included, "I always feel safe", "I feel safe. They treat me well", "I feel safe when care staff from LH are looking after [relative]. They've never shown any anger or impatience with [relative]", "I've never had any concerns about [relative's] safety. If I had I would have no hesitation in reporting it" and "I feel safe. They're [staff] always calm and never get frustrated".

The manager told us safeguarding and whistleblowing policies and procedures were in place and we saw the service had access to South Yorkshire's local joint working protocols to ensure consistency in line with multi agency working. The manager told us staff received safeguarding training so that they had knowledge of what constituted abuse and how they must report any allegations. When we spoke with staff they confirmed they had received training and were clear of the action they would take if they had any concerns about people being at risk of harm or abuse. Staff were confident that senior staff and managers would listen and act on information of concern and would report any allegations of abuse.

We checked to see there were sufficient numbers of staff to keep people safe and meet their needs. People who used the service and their relatives commented, "carers attend when expected. There are a team of staff available out of office hours", "it's a fantastic service. They put a small team of carers together and they don't rush [relative]. It's

Is the service safe?

because of the continuity of care it's a good service. There's no fifteen minute calls", "they're usually on time and stay about half an hour, which is enough. There's good continuity of care", "new carers are always introduced and they never come without a more experienced member of the care team. We get a regular team of staff", "it's generally the same carers. They normally attend on time unless of heavy traffic etc. Carers spend sufficient time with [relative]", "I usually see the same carers. I'm given a rota", "it can be a problem if I don't get the same carer every day as I get agitated. They do arrive at the same time, but can sometimes be late. When I mention that to carers they blame the lack of transport. I have the number for out of

hours" and "staff arrive on time and spend sufficient time with [relative]. I can contact the office out of hours. The carers who attend are mainly the same three, unless there is an emergency".

When we spoke with staff they confirmed what people had told us. They explained that in the main they had a regular group of people they visited. They told us they were not always being rang to cover extra hours and did not work excessive hours. They explained when they were needed to cover for other people they were always asked and had no pressure applied to cover those hours.

Is the service effective?

Our findings

People and relatives we spoke with told us they were confident staff had the knowledge, skills and experience they needed to carry out their roles and responsibilities. People told us any new staff always came with the more experienced staff to begin with, so that they could get to know them and what care and support was required. One person described how a staff member had been able to help them when they needed the emergency services because of a health condition they had. Another person described how staff were waiting for some training to provide a particular type of care and had received specialist training for another.

The service had appointed their own training officer to provide training. Staff we spoke with told us they had been provided with training in key topics, including, first aid, food hygiene, health and safety, infection prevention and control, manual handling, medication and safeguarding. We saw that certificates were awarded for successful completion of these topics and that these were recorded in the staff files as well as on training records.

We found the provider had not provided training for staff for when people displayed behaviour that challenged, which was needed for some people they supported. This was acknowledged by the registered provider and training manager who said it was in their plans for the New Year.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered provider and training manager acknowledged they had not yet made arrangements for staff to be trained in this subject. They told us this was going to be planned in the New Year.

All the staff we spoke with told us they felt supported by the registered provider. They told us they had supervision, although it was not clear how often this was provided.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us that staff supported them where necessary to eat and drink. One person explained how staff facilitated their choices, but would advise that the food they chose may be detrimental to their health. Where staff supported people with their food and drink they recorded this information in people's daily journals so that this could be monitored and if necessary they and other professionals had information to make decisions about future support with eating and drinking.

People and relatives we spoke with told us that where necessary staff supported people to attend health care services, so that concerns about their health could be monitored.

Is the service caring?

Our findings

People and relatives we spoke with found the service caring. Some people said this was because they were assured they would receive a regular team if staff who knew them and understood their preferences and needs. Their comments included, “it’s the first time I’ve used carers, but they are doing the same job I would do. They never show anything but patience. They are kind and compassionate and show [relative] respect and dignity when bathing and toileting”, “staff are brilliant with my [relative]. They treat [relative] with respect and dignity when they bathe and toilet them”, “they are kind and compassionate. LH is top of the league as far as I’m concerned”, “the carers are very nice and always polite”, “carers are very kind and patient and show respect”, “carers are caring and compassionate and protect [relative’s] dignity when toileting” and “staff are always very polite and patient”.

It was clear from our discussions with care staff that they enjoyed caring for people who used the service, because they spoke of people in a caring and thoughtful way. Care staff demonstrated familiarity and knowledge of people’s individual needs, life history, their likes and dislikes and particular routines. Staff were able to tell us about the

people they were caring for, any recent changes to their health and well being and what they liked and disliked. Staff spoken with gave examples of how they treated people with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure people were appropriately covered when providing personal care. Their comments about caring, privacy and dignity included, “build up relationships, so that people can stay in their own homes. I get a lot of satisfaction trying to keep people in their own home, because they’re happier. I care, because I treat people with respect. I maintain their privacy, because I don’t repeat personal information and use towels to maintain their privacy when providing personal care. I try to think what I would want if it was me”, “be one step ahead to stop any distress and make people’s lives as smooth as possible. Ensure people’s dignity. Put a smile on people’s faces by doing things they like to do, such as going to the gym, cookery”, “look out for your client. Respect people’s lifestyles and how they want to be looked after”, “treat people how you would like to be treated, with respect and dignity” and “empower people. Let them decide what to do. It’s specific to individuals and don’t repeat anything, unless it’s information to protect people”.

Is the service responsive?

Our findings

At our last two inspections on 20 November 2013 and 24 April 2014 the service was in breach of regulation 20, records. The provider sent us an action plan stating the improvements they would make to comply with those regulations. This included that every client had a completed care plan in their home. We checked to see if improvements had been made.

At the site visit the registered manager told us care folders had been distributed, which included information about the company, the service user guide, risk assessments, medication plan and an essential lifestyle plan (ELP). An ELP is a process to identify how a person wants to live and developing a plan to make that happen.

People and relatives we spoke with were assured that the service from LH Social Care Limited - Barnsley provided them with care as agreed. Similarly, that concerns and complaints were acted upon and flexibility to changing needs was accommodated where possible. People and their relatives comments included, “we are satisfied with the standards of care and if we had any concerns we are confident the manager would deal with them”, “standard of care is very good and I would recommend their services any time”, “it’s a fantastic service. They put a small team of carers round [relative]. They know [relative] well. [Relative] extremely well cared for. It’s excellent care. It’s the attention to the finer detail – all areas needed are creamed, nails are clean, they’re nicely dressed. They have time and don’t rush [relative]. As relative’s needs changed, they adapted. Any concerns (not many) were addressed straight away. I can’t praise them enough. It’s quality care” and “on the whole the care is not bad. We’ve had hiccups, but at present everything is fine”.

When we spoke with people and their relatives they described how the registered provider visited them before

the service started to discuss the service required. Some people and their relatives could describe where they had been involved in reviews of their care. Everyone told us it the care provided by staff was recorded in a journal.

When we spoke with staff there was a mixed response about whether people had individual care plans and risk assessments that they could refer to about the care provided and the risks this might present.

We visited four people in their own homes. All those people did not have a care file that contained all the information as described by the registered manager. We noted from records completed when daily journals were delivered monthly by staff that for one person time had been arranged to complete the person’s person centred plan five months previously. There was no record this had been carried out and we did not find one in place.

At the office we reviewed the care files of the people we had visited and sampled the care files of other people we had spoken with. We found care files consistently had assessments and risk assessments that were not dated, which meant we could not be sure when the information was effective from. Where assessments, risk assessments, ELP’s and routines were in place for people and dated, the majority had no written record they had been reviewed. Some of those records contained incorrect information. Not everyone had a routine for what staff must carry out during visits and the ELP was not always clear what this was, just how the person liked to be supported and what was important to them. Not having appropriate records about people places them at risk of receiving unsafe or inconsistent care.

This meant there was a continued breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The complaints policy and procedure was in the ‘service user guide’.

Is the service well-led?

Our findings

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered service had not maintained consistency in meeting regulations. On our two previous inspections on 20 November 2013 and 24 April 2014 we had asked the registered provider to improve records. This was because there was a lack of proper information and documents about people in relation to their care and treatment to protect them from risks of unsafe or inappropriate care. On 24 April 2014 the provider also needed to improve their systems and processes in relation to the management of medicines. The provider sent us action plans stating the improvements they would make to comply with those regulations. On this inspection we found those improvements had not been made.

When we spoke with people and their relatives we asked them about the management and leadership of the service and the systems they used to identify whether a quality service was being provided. Comments included, "there's good communication between them [the office] and care team. Office staff have visited in the last couple of months for our opinions of the service. We are satisfied with the standards of care and if we had any concerns we are confident the manager would deal with them", "communication with the office could be improved, for example, informing us when a carer will be late", "communication is good. I've completed a questionnaire", "overall service is good. I've filled in a questionnaire", "in my opinion [relative's] care could be improved, particularly communication and following routines, which is important to them", "overall management of service is good. I've recommended LH to other people. We've had one incident where another client was visited first, that wasn't communicated to us. I've received a survey form, but not had a visit with a member of staff from the office for a long time", "my biggest concern about the company is poor communication at the office. I've completed a questionnaire recently, but I've not had a visit from the manager. The care given is very good, but communication

could be improved" and "if it wasn't for [relative's] main carer the communication would not be so good. I complete an annual survey. It was fantastic at the beginning and his carers are amazing, but I don't think the manager appreciates the importance of the main carer, so I have lost confidence with them".

We saw client feedback forms in people's care files we looked at. All the forms we saw made positive comments about the service. The registered manager had not formulated a report from the feedback, as she said any feedback that needed acting on would be done individually. This meant some people would not know their views have been listened to and any future improvements that have been made.

People and their relatives and staff told us that client's daily journals were delivered by staff on a monthly basis. The registered manager told us this was one way they monitored the quality of the service.

Staff told us 'spot check' took place. A spot check is when a senior member of staff attends a visit with a care worker to observe their work practices to report on such items as timekeeping, appearance and how the care worker related to the person using the service. We asked the registered manager for an overview of spot checks that had been carried out, but this information was not readily available.

The registered manager explained the systems in place to assess and monitor the quality of the service, but they did not have an overview of the outcome of those systems. They said the service monitored areas such as complaints, safeguarding, missed visits and medication errors, but they did not have an overview of this system. For example, when we asked for the record for complaints, the calls log was used to identify complaints, using 'complaints' as the search facility. Likewise, when we asked for the numbers of missed calls. This meant an effective system was not in place to identify themes and trends, so that an effective action plan could be put in place.

We spoke with the registered manager regarding the information and documentation contained within people's care files. The manager told us the staff member allocated to carry out the monitoring of people's care files had not been at work and therefore no audits had been carried out to identify and manage improvements that were necessary.

Our discussions with staff provided mixed responses about whether they attended staff meetings to keep them

Is the service well-led?

informed and discuss all aspects of the service. The registered manager acknowledged only three staff meetings on one day had been arranged for staff to provide an opportunity for the registered manager and staff to discuss together all aspects of the service. The manager said only one staff member attended.

We also found discrepancies in the medicine management of two people and finance logs for two people. The systems in place to identify discrepancies, so that these could be rectified had not been followed by staff. The staff member responsible for monitoring and identifying and managing the risk had not been at work, which meant gaps, themes and trends were not being identified in a timely manner, because records were only being reviewed when they were returned to the office three months later by the manager.

Likewise, our discussions with staff provided a mixed response about whether a staff survey was carried out to identify from a staff perspective how the service may be improved. We asked the registered manager for the last report. She told us a report had not been completed as they dealt with any information individually. This meant there was a risk some staff may not know their views have been listened to and any future improvements that have been made. The manager provided staff feedback forms from the last survey. These were from June 2013.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was not an effective system to enable the registered person to regularly assess and monitor the quality of services provided and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>The registered person had not paid regard to reports prepared by the Commission from time to time relating to the registered person's compliance with the provisions of these regulations.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The registered person had not ensured that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met: Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

How the regulation was not being met:

The registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

The enforcement action we took:

Warning notice Timescale 16 April 2015

Regulated activity

Personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations
2010 Records

How the regulation was not being met:

The registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.

The enforcement action we took:

Warning notice Timescale 16 April 2015