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The Old Roselyon Domicillary Care Ageny

Inspection report

The Old Roselyon Manor
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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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Old Roselyon Domicillary Care Agency is a care service that provides personal care and support to people living in their own homes in the community. The service provides personal care for people in visits at key times of the day to help people to get up in the morning, go to bed at night and support with meals. Longer visits for a 'sitting' service are also provided for some people. 48 people were receiving a service at the time of this inspection.

The registered manager for this service had been shielding at home for the past several months, due to being vulnerable to the Covid-19 virus. Whilst they were available by phone for advice it was not possible for them to manage many aspects of the service remotely. An acting manager was running this and the nursing home to which this service is attached.

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

At the time of this inspection the service was providing the regulated activity, personal care to 48 people, in the Par, Fowey, St Blazey and St Austell areas of Cornwall.

People's experience of using this service and what we found.
At the last inspection staff raised concerns about the rota management. We were assured that the service was in the process of moving the existing paper based rota to a more effective electronic system, to improve scheduling and the monitoring of visits. This had not taken place and meant that the opportunity to improve the service had been missed. Some people's visits were late and a few were missed. The service did not have accurate records of the missed visits reported by people and their families. Relatives were positive about the care provided by care workers but raised some issues about the timing of some visits. Comments included, "There have been one or two missed visits recently. (Person's name) is not dependent on them but has had falls in the past and not been found for some time, this was one of the reasons that we arranged the visits to start, so that someone would check on (Person's name) each day and we, who live a long way away, could be assured all was well" and "We did have a missed visit recently. (Person's name) can get by without them, it is not the end of the world, but it has happened more than once. We understand they have emergencies and sickness to cope with and the challenges of the pandemic on top." We did not find anyone had been adversely impacted by not having their visit as planned.

Staff were not always provided with people's preferred times of their visits. Some staff reported regular last minute changes to their rota, communicated by phone and text, and felt it was the reason some people had their visits later than planned or missed.

Staff were not always safely recruited. Two recently recruited care staff, who had not worked in care before,

were working alone in the community, following a period of induction and shadowing, before the provider had received any references back from their previous positions.

Staff training was not always robustly monitored and recorded. Some newly recruited staff required necessary training in order to carry out their roles safely. This was addressed immediately by the manager once this concern was raised.

We had been assured at the last inspection that the service would begin to record and monitor all staff supervision in a format that could be monitored effectively. This had not been done. There were no records of staff having had an appraisal.

Staff, people and their families confirmed all people who received a service did have a care plan in their homes. Risk assessments had not always been updated in a timely manner and some required risk assessments had not been completed as required.

The service's response to Covid-19 was good. For example, the service had a clear infection control policy in place to minimise the impact of the virus. Staff were provided with satisfactory PPE, and training to minimise risk.

There were sufficient staff to meet people's needs. People, their relatives and staff told us the management were approachable and listened when any concerns or ideas were raised. The oversight of the recording and monitoring of the service provided was not always effective.

Everyone we spoke with spoke positively about the standard of care provided by the care staff. People felt safe with their care staff, who were respectful and kind.

Any changes in people's health needs were escalated to the relevant professional and relatives were kept informed. Everyone we spoke with confirmed the care staff provided a kind, caring and responsive service. One healthcare professional told us, "They are very responsive, they work closely with us and relatives and go above and beyond to get things done at very short notice. They often will stay over the allocated time to give people what they need."

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 were asked for feedback on the service's performance. Responses to a recent survey were sent to us and were mostly positive.

The acting manager and the care co-ordinator had been working very long hours under enormous pressure throughout the pandemic. Staffing levels had dropped by nearly half at the peak of the pandemic which had led to the manager having to provide care and support. This had impacted on the records and governance of the service provided. There was no evidence of any input from the providers of this service during the absence of the registered manager.

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

Rating at last inspection.
The last rating for this service was Good. (Report published 28 November 2019)

Why we inspected
We received concerns in relation to the way the service was run prior to this inspection. It was alleged that some visits were late or missed completely, that not everyone had an accurate care plan in place, that new staff were not always safely recruited, and that training support was not effectively provided. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-led sections of this report. We found no evidence during this inspection that people were at risk of harm from this concern.

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 The Old Roselyon Domiciliary Care Agency on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to staff recruitment, support and training, audit processes and management oversight of the service, at this inspection.

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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe
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 well-led?

Requires Improvement

The service was not always well-led
Details are in our well-led findings below

The Old Roselyon Domicillary Care Ageny

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 inspection was carried out by one inspector

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

Notice of inspection
This inspection was carried out following Transitional Monitoring Activity (TMA). The TMA provides a structure for inspectors to gather and consider information about any risks and whether further regulatory activity is needed at this time. Following the video call to carry out the TMA, we identify issues that needed further inspection and gave the service 24 hours' notice of this inspection visit. This was because we wanted to be sure there would be staff and management available to speak with us.

What we did before the inspection
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 had asked the service to provide information to us during the TMA process. For example, visit rotas,

records of missed visits, recruitment records, staff training and supervision records, survey responses and infection control systems and processes. We used all of this information to plan our inspection. We spoke with 18 people, who use the service and their relatives, about their experience of the care provided. We spoke with 12 members of staff, plus the manager, the care coordinator and three healthcare professionals who have experience of working with the service.

During the inspection
We spoke with the manager and the care co-ordinator at the office location. We reviewed a range of records. This included three people's care records, staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service

Requires Improvement

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

Staffing and recruitment

● Staff were not always recruited safely. There was not a robust process in place that included obtaining references to check whether potential staff were safe to work with vulnerable people, before they began working alone in the community. Two new staff had commenced working alone for a few weeks, with vulnerable people in their own homes, without references having been received. We informed the provider that staff should not continue to work until this concern had been addressed. Whilst this concern was addressed immediately, it had not been identified prior to inspector raising it.

The failure of the provider to ensure staff were always recruited safely is a breach of Regulation 19 (Fit and proper persons employed) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were enough staff employed to cover all the planned visits to people's homes.

● The rota was created on large sheets of paper and each staff member received their rota one day at a time via text message. We were told this was due to changes to visit, that were invariably required, due to staff absence or people cancelling their visits for hospital appointments etc., Some specific times were provided for visits that required two carers. Experienced staff knew most of the people they visited very well and knew their preferred times. New staff were not always provided with people's preferred time for all their visits. We were assured this would be addressed immediately.

● Staff confirmed their rotas included realistic amounts of travel time to help ensure they arrived for visits at the agreed time.

● Visit rounds were largely unchanged each week. However, Staff, who reported some last minute changes to their rota, felt it was the reason some people had their visits missed or late. We were assured that the rota system would now be moved to an electronic management system.

Using medicines safely

● Not all staff had received training in medicines management before supporting people with their prescribed medicines. The care co-ordinator had carried out some competency checks on some staff. However, this was not provided for all staff in the absence of any training.

● One new member of staff told us, "I have never done this work before and I feel a bit uncomfortable with giving medicines, I am not sure what I am doing sometimes."

● Staff supported people to take their medicines from pharmacy provided blister packs. Whilst staff were verbally told, and shown on their first visit, what was required, Medicine Administration Records (MAR) were not in place for staff to record when they had given a person their medicines. This did not ensure staff were provided with clear guidance to manage people's medicines safely. The care co-ordinator assured us they

would take action immediately to provide MAR charts for staff to complete in people's homes.

The failure of the provider to ensure the safe management of medicines is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People, relatives and healthcare professionals raised no concerns about the management of medicines.
● Some competency checks had been carried out for some staff to help ensure safe practice.

Systems and processes to safeguard people from the risk of abuse
● New staff had not always been provided with safeguarding training. Experienced staff had not always received updates on this training. Whilst the pandemic had prevented face to face training taking place, the provider had not made alternative arrangements for staff to have this necessary training until this issue was raised by the inspector. The provider took immediate action to address this concern and an electronic programme of training was now in process.

The failure of the provider to ensure that all staff received necessary training was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

●The provider had effective safeguarding reporting systems in place. Safeguarding processes were regularly discussed with all staff when they worked together out in the community, or as concerns arose.
● Staff were clear on how to report any safeguarding concerns.
● People told us they felt safe with their care staff. Healthcare professionals told us that they felt people were safely cared for by the care workers. There had been one recent concern raised about the safety of the service and this had led to this inspection being carried out.

Assessing risk, safety monitoring and management
● Some assessments were carried out to identify any risks to the person using the service and to the staff supporting them. However not all risks had been recorded. For example, one person had moved address and this had not been recorded on their care plan, and the environmental assessment for the new address had been carried out, but not been recorded to inform staff of any risks.
● Some people had been identified as having a specific risk, such as the risk of falls. However, no falls risk assessment had been recorded in their care plan.
● Moving and handling risks had not been mitigated as records and staff training had not been fully completed. New staff had not completed robust moving and handling training. Experienced staff had not had necessary and timely updates. The care co-ordinator had demonstrated some moving and handling tasks to new staff but not provided the full training programme. Where people's moving and handling needs had changed, this had not been clearly recorded in their care plan to guide and direct staff on how to meet their needs safely. This meant people may not always be moved appropriately and safely.
● Staff were given guidance about using equipment and some environmental risks in people's homes. However, this was not always recorded.

The failure of the provider to assess and mitigate the risks to people using the service was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were given directions of how to find people's homes and entry instructions.
● People were given contact details for the managers of the service, so they could ring at any time should they have a query or in case of an emergency. People and relatives told us they could always contact

someone when needed.
● Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Preventing and controlling infection
● We were assured by the acting manager that all staff had been provided with some guidance on infection prevention and control. We were told there had been a demonstration of using Personal Protective Equipment (PPE) which was provided by a trained nurse, along with a video which had been shown to all staff on Donning and Doffing of PPE. However, records of when this took place for all staff, were not available. Staff told us they recalled having been given some verbal guidance regarding the wearing of PPE. They told us, "We were just told to wear gloves, apron and a mask" and "I don't recall any formal training, it was just a chat with (care co-ordinator)." The provider took immediate action to enrol all staff on to an electronic training programme and many staff had completed Infection, prevention and control training in the last few days prior to this inspection.

The failure of the provider to ensure that records were held of when all staff had received infection control guidance and demonstrations, during a pandemic, is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The manager ensured staff were provided with sufficient supplies of PPE.
● Staff were tested for Covid-19 each week, along with the staff and people at the nursing home attached to this service.
● People, relatives and healthcare professionals all confirmed that staff wore masks, aprons and gloves in line the Public Health England (PHE) guidance.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
● The manager and the care co-ordinator had been working very long hours under enormous pressure throughout the pandemic. They had recognised the impact of this and the registered manager's absence due to shielding. Staffing levels had dropped by nearly half at the peak of the pandemic which had led to the manager having to provide care and support to people out in the community. The management team accepted the concerns found at this inspection and were committed to making improvements.

Requires Improvement

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

- New staff had not always been provided with necessary training prior to working alone in people's homes. Existing staff training had not always been kept updated to ensure staff had the skills necessary to meet people's needs. This included necessary training such as moving and handling, food hygiene, safeguarding and medicines management.
- Induction procedures were not robust and did not ensure new staff were trained in the areas the provider identified as relevant to their roles. New staff had spent time working with experienced staff until they felt confident to work alone. However, we found new staff were providing some aspects of care for which they had not been trained. For example, medicines administration.
- Staff were provided with some informal ad hoc opportunities to discuss their individual support needs. This took place when they called at the office to collect PPE and when working alongside the care co-ordinator. Formal recorded one to one supervision had not taken place regularly. Appraisals were not recorded. Whilst staff meetings were not possible face to face due to Covid-19 restrictions, the provider had not ensured a process of robust and recorded support was in place for all staff.

The failure of the provider to ensure all staff received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they thought staff were competent and understood people's care and support needs. They told us, "They (care workers) are very competent and reassuring" and "(Person's name) trust them implicitly, they sort out all the shopping and anything that needs doing. Nothing is a problem. We are very grateful for their help."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

● New staff had not always received specific training which had led to them not having a good understanding of the Mental Capacity Act 2005. Existing staff had not always received updates of this training in a timely manner.

The failure of the provider to ensure that all staff received necessary training was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Capacity assessments were not always completed to assess if people were able to make specific decisions independently. Some consents had been signed, on behalf of the person, by the care co-ordinator who did not have the legal power to do so. We were assured by the care co-ordinator that this would be addressed immediately.

The failure of the provider to ensure that care and treatment of service users was only provided with the consent of the relevant person, is a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Each person had their needs assessed before they started to receive a service. This helped to ensure the service had the staff availability to meet people's needs and expectations.
● When it was not possible to complete an assessment before the service started, an experienced worker would carry out the first visit and the assessment at the same time.
● Information recorded at the pre-assessment stage was used to develop care plans. Some people, who were funded by the local authority, had assessments which had been completed and shared with the service.
● Staff comments included, "It sometimes takes a while for one (care plan) to arrive for new people, but they get here eventually. We are always told what people need verbally or on a text" and "Yes everyone has one, sometimes they are not always updated as quickly as they might be. However, we are always contacted about any changes on a text."

We recommend that the provider takes advice and guidance from a reputable source regarding the effective and timely creation of care plans and their subsequent reviews.

● Most staff knew people well and provided care and support which met their needs.
● People, their relatives and healthcare professionals were positive about the care and support provided by the staff. Comments included, "They (care workers) are very good to (Person's name). Their visits are the highlight of (Person's name) day, they really look forward to seeing them" and "We are very happy with the service we get. They are all lovely."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
● People's health conditions were well managed, and staff engaged with external healthcare professionals such as occupational therapists, physiotherapists and GPs as needed to help provide consistent care.
● Healthcare professionals told us, "They are very responsive, they work closely with us and relatives and go above and beyond to get things done at very short notice. They often will stay over the allocated time to give people what they need" and "They have worked with some very complex cases with me. They cope really well and always follow advice and guidance given. They are quick to notice any changes and feedback well as needed."

● Relatives told us, "If anything changes they communicate well with me" and "(Person's name) is very happy, they look forward to the girls coming."

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The monitoring and governance systems were not always effective. There was no formal auditing of the service provided, in place at the time of this inspection. This meant opportunities to improve the service have been missed. Breaches found at this inspection had not been identified prior to this inspection.
- Four people and their relatives experienced missed visits. Their comments included, "There have been one or two missed visits recently. (Person's name) is not dependent on them but has had falls in the past and not been found for some time, this was one of the reasons that we arranged the visits to start, so that someone would check on (Person's name) each day and we, who live a long way away, could be assured all was well" and "We did have a missed visit recently. (Person's name) can get by without them, it is not the end of the world, but it has happened more than once. We understand they have emergencies and sickness to cope with and the challenges of the pandemic on top."
- Roles and responsibilities were defined and understood. The manager was supported by the care co-ordinator who ran the community service day to day. However, the provider and management oversight of the service was not always effective and robust and this has led to a failure to meet the requirements of the regulations.

While we found no evidence that people had been harmed, satisfactory effective governance arrangements had not been embedded. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service is required to have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had a registered manager. However, they had not been able to carry out their full role due to shielding from the Covid-19 virus for the past several months. The service had been managed by a manager for several months. This person also had the responsibility of managing the nursing home attached to this service.
- Staff told us, "(Care co-ordinator) is always contactable" and "(Care co-ordinator) is very good, always willing to help on the phone, or they come out and meet up with us somewhere to offer support." Healthcare professionals were also very positive about the service provided.
- Important information about changes in people's care needs was communicated to staff via phone calls and texts. However, this was not always formally recorded in care plan and risk assessment reviews.

Continuous learning and improving care

● At our last inspection in November 2019, we raised concerns about the rota system. We were told at that time that an electronic system was in the process of being sourced to improve the effective scheduling of visits. This had not taken place.

● At this inspection staff continued to raise concerns about the rota system. They told us, "We only ever get one day at a time. When we ask for the whole week in advance we just get told, it is not ready, and even if it was it would be subject to changes" and "I really don't like getting a daily text with my calls, I would much rather know what I was doing and then I could plan." Many staff felt that the current rota writing system was the reason some people's visits were sometimes late or missed.

● The manager told us that they were aware of the lack of references for new staff and the lack of training that had been provided to some staff recently. Whilst the service had been working very long hours under extreme pressure with the unprecedented challenge of the pandemic, the oversight of the service had not been effective. Opportunities to improve the service provided had been missed.

The failure of the provider to effectively assess, monitor and improve the quality of the service provided is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The manager and the care co-ordinator recognised and accepted the concerns found at this inspection and had taken some immediate and effective action to address some of the concerns found. They were open and transparent throughout the inspection process and provided assurances that all the issues would be resolved in the near future. However, the provider had not supported the acting manger and care co-ordinator in the absence of the registered manager.

● The care co-ordinator understood the needs of the people they supported. There was a clear motivation to provide a good service that met people's preferences and needs.

● Everyone we spoke with was positive about the care workers and the support provided by the care workers and care co-ordinator. Comments included, "(Care co-ordinator) is amazing, really helpful and willing to do whatever is needed" and "We meet for joint visits, they always follow advice and are quick to feedback on any changes or concerns." Four people and relatives reported missed visits.

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

● The manager understood their responsibilities under the duty of candour. People and their families had been informed of the changes put in place to manage infection control in relation to Covid-19.

● The manager had notified CQC of any incidents in line with the regulations.

● The ethos of the service was to be open, transparent and honest. The manager and care co-ordinator were keen to improve the service and act on any advice and guidance.

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

● Questionnaires were given to people and their families. The acting manager and care co-ordinator had sent us some responses, all of which were positive. There was no mention of missed visits on these responses.

● There were informal, ad hoc opportunities, for staff to discuss any issues with their work. However, effective action had not been taken to address the staff concerns with the rota.

● Managers and staff had a good understanding of equality issues and valued and respected people's

diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers, such as changing their hours to accommodate child care. The care co-ordinator had gone to some lengths to meet with some staff requests.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people's needs were met.
- Appropriate referrals had been made to professionals and guidance provided was acted upon.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider has not ensured that the care and treatment of service users was only provided with the consent of the relevant person.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured robust assessment and mitigation of risks people using the service had always taken place. The safe management and administration of medicines had not been ensured.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure robust systems and processes were in place to effectively assess, monitor and improve the service provided

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure staff were always safely recruited.

Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure all staff receive appropriate support, training and supervision and appraisal as is necessary to enable them to carry out their duties.