

Angel Solutions (UK) Ltd

Angel Solutions Community Care

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Angel Solutions Community Care provides personal care to people living in their own houses and flats. It provides a service to older adults and adults with a learning disability. Not everyone using this service receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. During the inspection we were told there were about 23 people using the service and receiving personal care.

People's experience of using this service:

People told us that care workers were kind and caring and they felt safe using the service. We found significant shortfalls in the way the service was managed, these posed risks that people might not always receive safe or effective care. We requested further information from the provider following the inspection but this did not significantly reduce the concerns found. We have found eight breaches of the regulations and the service is now rated Inadequate in three key questions and overall.

- The management of risk was not always effective and placed people at risk of unsafe care or harm.
- The registered manager did not fully understand their responsibilities and this had not been identified by the provider. The service was not well led and there was a lack of robust and effective processes in place to monitor the quality and safety of the service.
- Accurate records of people's care and records related to the service management were not always kept.
- We had mixed feedback from people about the timing of their calls. The registered manager and office staff could not demonstrate an effective and clear system to manage the timing and frequency of calls to people. This meant there was a risk people may not receive their care when needed.
- We were not provided with enough evidence to be certain that all staff received sufficient training or were assessed as competent to carry out their roles and meet people's needs.
- There was no effective system for the deployment of staff to ensure people received their care as required and planned.
- Medicines were not always safely managed as guidance and the provider's policies were not always followed.
- Safe recruitment processes were not always followed to ensure all staff were suitable for work in social care.

- People's human rights were not always upheld as the registered manager did not always follow the principles of the Mental Capacity Act 2005.
- People were not always provided with support that was personalised to them or identified their diverse needs.
- People did not always have access to information in a way that meant they could read or understand it.
- The registered manager had failed to notify of us about a notifiable event as they were required to do.

Rating at last inspection: The service was first registered with the Care Quality Commission on 19 February 2018. This was their first inspection since they registered.

Why we inspected: This was a planned comprehensive inspection.

Enforcement: Action we told provider to take:

The service met the characteristics of Inadequate in three key questions of safe, effective and well-led. We are taking enforcement action and will report on this when it is completed. Full information about the Care Quality Commission's (CQC) regulatory response to more serious concerns found in inspections and appeals is added to reports after any representation and appeals have been concluded.

Follow up:

We will continue to monitor the service closely and discuss ongoing concerns with the local authority.

The overall rating for the service is inadequate, the service will be placed in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months to check on improvements.

If not enough improvement is made within this timeframe, so that there is still a rating of inadequate for any key question or overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the longest 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.

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

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?

Inadequate ●

The service was not effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always 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.

Angel Solutions Community Care

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or in caring for someone who uses this type of care service.

Service and service type:

Angel Solutions Community Care is a domiciliary care agency and provides personal care and support to people living in their own homes. It mainly supports older adults and adults with a learning disability. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because we needed to be sure people using the service and the registered manager would be able to speak with us.

The inspection site visit started on 5 March 2019 when we visited the office to see the registered manager and office staff. We asked for permission from people and their relatives to speak with them about their experiences of using the service. We returned for a second site visit on 14 March 2019, to follow up on concerns we had found.

What we did:

Before the inspection we reviewed information we had received about the service. This included details

about any incidents the provider must tell us about, such as any serious injuries to people or any complaints we received. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We asked the local authority who commissions the service for their views about it. We used this information to plan our inspection.

During the inspection, we visited one person using the service and their relative. We spoke with the registered manager, office administrator and two staff. We reviewed a range of records including eight people's care and four staff recruitment and training records. We also reviewed records used to manage the service, for example, policies and procedures and monitoring records. Following the inspection visit the expert by experience spoke with two people and two relatives and by phone and we spoke with another service user and two staff members.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management

- People were at risk of unsafe care because possible risks had not been identified or assessed. For example, where people were identified as being at risk of falls there were no falls risk assessments or guidance to reduce these risks to people and guide staff on how to deliver safe care. Risk assessments for moving and positioning people did not assess people's needs in this area or give any guidance for staff on how to support people safely or how to use any equipment.
- Where people smoked there was no assessment of possible risk. For another person there was no diabetic risk assessment or guidance for staff about any warning signs to look for that might require medical support. Risk assessments in relation to people's skin integrity or behavioural needs were not always completed or did not adequately assess possible risks or put guidance in place for staff to support people safely.
- The registered manager told us they carried out the moving and positioning risk assessments but they were unable to provide us with any evidence of their training in this area to confirm they were suitably knowledgeable and competent to identify or assess possible moving and positioning risks.
- The environmental risk assessment of people's homes did not include a check on smoke alarms to reduce the possible risks from fire. An amended form was sent following the inspection which referred to a fire alarm check but not to check for working smoke detectors.

Using medicines safely

- Where people were supported with their medicines this was not always safely managed. People's needs in respect of their medicines were not clearly assessed. Medicines risk assessments were either not completed or did not assess possible risks to people in relation to their support. There was no clear process found for managing any medicines concerns. For example, where there were gaps identified on two medicines administration records (MARs) there was no evidence these had been reported to the office or investigated to check that people had received their medicines as required. Accurate and up to date MARs were not always kept to confirm people received their medicines as prescribed.
- Daily notes described one person as being in pain over successive visits for two days. No action was recorded by staff in response to this, other than to support the person with their medicines. However, one entry dated 15 December 2018 stated they were in pain but no pain relief tablets were available. Nothing had been recorded to evidence if any action had been taken in relation to this concern.
- Hand written MARs introduced by the service had not all been signed or where they had been amended had not been signed to provide a clear audit trail of responsibility or demonstrate they were checked.
- We found MARs were not always being used as required where people were supported with prescribed medicines such as eye drops or topical creams.
- We were shown certificates for staff for medicines training but staff providing care did not have competency assessments to ensure they were sufficiently competent to administer medicines. The registered manager told us they had thought the training company would provide the competency

assessments and were now trying to arrange for these to be carried out.

The above concerns demonstrated a failure to provide care and treatment in a safe way to identify and assess risk of harm to people including risks in relation to the safe use of medicines which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We could not be certain there was an effective system to ensure there were enough staff to meet people's needs. Staff call rotas the registered manager first gave us showed the same staff delivered care to more than one person at the same time and only covered weekdays. When we questioned this, the registered manager produced new rotas which also only covered weekdays. The registered manager gave different explanations of how the calls to people were covered at weekends, which did not give us confidence there was a robust system for care delivery. We found gaps in two people's care records where calls should have been recorded. There was no evidence of any checks made to establish if people had received the care they needed. There was no call monitoring system to check that people had received their calls as planned. The registered manager told us they were in discussion with the local authority about introducing this soon.
- People gave us some mixed feedback about the timings of the calls. Most people told us they received their care as planned. One person said, "They are on time and have never missed a call." Two other people told us the timings of the calls varied. One person told us, "Sometimes they are a bit late but it's not a problem." Another person remarked, "The timing of the calls in the evenings in particular is poor. It does not seem very organised."

The above concerns demonstrated a failure to ensure that sufficient numbers of staff were employed to meet the needs of people using the service. There was a risk people may not receive their care as planned and this was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not operate effective or safe recruitment processes. Their application form did not follow the regulations as it did not request people's full employment history as needed. We found significant gaps in staff employment history and no evidence these had been checked. Additionally, checks on employment references were not robustly carried out and where they did not match with people's employment history there was no evidence these had been checked.

People were therefore not adequately protected from the risks of unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person told us, "There is nobody I have ever felt unsafe or uncomfortable with." Staff told us they had a uniform and an ID badge. However, three people we spoke with told us that staff did not always wear a uniform and they had not seen an ID badge to make clear to people they were from the service. One person told us, "I've not noticed them wearing a uniform or name badge."
- Staff understood the possible signs of abuse or neglect and what to do if they had any concerns. They knew how to report any concerns to the office and where to go if they felt these concerns were not listened to.
- However, the registered manager told us there had been no safeguarding concerns raised about the service. This differed from the information the local authority gave us. We found the registered manager had not notified us of a safeguarding investigation which was partially substantiated. This meant we did not

have an accurate picture of all concerns.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Learning lessons when things go wrong

- Learning from accidents and incidents or safeguarding was not always identified or shared with staff to improve the safety of the service. We were told incident forms were not routinely returned to the office. This meant the registered manager had no oversight to ensure staff had taken all necessary actions to make people safe or to identify learning. We were not shown any analysis of a known safeguarding investigation to be sure that all learning had been identified.
- We told the registered manager about our concerns and they told us they would start to do this with immediate effect. However, we are unable to judge the effectiveness of this change at this time.

The absence of effective systems to monitor the safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People gave us some mixed feedback about whether staff always used personal protective equipment when they provided personal care. Most people told us this was the case but two people told us that staff did not always use gloves when supporting them to wash or shower.
- Staff told us they had received training on infection control and that they had access to sufficient personal protective equipment.

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

There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

Staff support: induction, training, skills and experience

- People told us they thought staff understood how to do their job. One person said, "I have regular girls and they know what to do." However, we were not assured of the robustness of training for staff new to health and social care. There was no recorded induction or evidence of work shadowing for new staff to verify they had been assessed as competent to start to deliver care. Information about who provided training on the Care Certificate (the recommended programme for staff new to health and social care) and who assessed staff competencies for this certificate changed during the course of the inspection. This meant it was difficult to verify what the process was or who carried out the competency assessments.
- We were unable to verify training that was recorded as completed on a training matrix for some staff as certificates we asked for were not always provided for example in relation to moving and positioning people, first aid and safeguarding adults.
- Staff told us they received enough training and support to meet people's needs.

This failure to evidence that staff received sufficient training to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always assessed or their choices recorded in line with recognised guidance and the regulations. The local authority carried out an assessment of people's needs before they started to use the service. The registered manager told us they used this assessment to help to plan people's care. The service had their own initial assessment forms which were not always available in people's records to evidence the service had assessed whether they could meet these needs; although they had been using the service for several months. The registered manager told us this was because they did not have time to complete them before they started to deliver care.
- Where the initial assessments were completed they did not effectively assess people's needs or evidence that people were consulted about their choices or use recognised assessment tools.

This failure was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- We found the service did not always follow the principles of the MCA. The registered manager told us that most people using the service had the capacity to consent to their care. However, we found for one person living with dementia there had been no mental capacity assessment completed to ensure they were able to make this decision. The consent to care form had been signed by them and by another person, who we established had no legal authority to sign the consent form. For another person an MCA assessment document had been partly completed but it was not decision specific and the assessment process was difficult to understand. For example, to a question on the form that asked if the decision could be delayed the answer was 'day centre'.
- People told us they were asked for their consent before staff delivered care. One person told us, "They are very polite and ask can we do this for you?"
- The registered manager had some understanding of MCA but did not appear to understand who might need to be spoken with and involved in decision making where people lacked capacity to make a decision.

This failure to follow their responsibilities under the MCA was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Not everyone using the service was supported with their food and drinks. Some people told us they were well supported. One person said, "I have a microwaved meal at lunch and they leave me two bottles of water to drink and some tonic water." However, this support was not consistent as there was not always guidance for staff on how to meet people's needs. For example, for one person with diabetes, there was no assessment of their dietary needs or preferences or guidance for staff. Their care plan said to assist and help prepare meals with 'medium level of support' but this was not explained.
- Staff told us they had received training on food hygiene and this was recorded on the training records but training certificates were not always available to verify their attendance.

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

- The registered manager told us they worked with health professionals and the local authority to deliver support according to people's needs. However, they were unable to evidence how they did this as they told us did not keep records of the contact made.
- We were not assured that people's health needs were consistently responded to as accurate records of people's care were not maintained.

This failure to keep complete accurate records of people's care was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People and their relatives told us staff looked after them well and that they were kind and caring. One person said, "They are very good they are all happy and chat with me." A relative remarked, "They are very friendly and [my family member] is very at ease with them. They do seem respectful."
- However, we found the care plans contained very little information for staff about people's preferences, likes or dislikes to help guide staff when they provided care or help them to understand people's personalities and wishes.
- There was a risk that people's diverse needs may not be identified as the parts of the care plans that considered these needs were usually marked 'not applicable' and there was no evidence these needs were discussed with people or their relatives if applicable.

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

- People told us staff consulted them about the support they needed on a day to day basis.
- We found no records of any reviews of the care plans with people or their relatives to establish that people were actively involved in planning their care.
- Where a change had been made to the delivery of care for one person, to reduce the number of calls they received, we found the care plan had not been updated to reflect this change. The registered manager told us there had been a discussion about this change but there was no record to evidence this involvement.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff treated them with dignity and respect. One person said, "They do keep me covered up, they are respectful." However, we found improvements were needed in the provider's records to demonstrate that people's dignity was promoted.
- We found the language used in the provider's risk assessment templates was not always worded respectfully. For example, risk assessments included terms such as, 'weak', 'feeble' 'invalided' 'abusive' and 'uncooperative' to describe people.
- People could not recall being asked about their preferences in respect of having male or female care staff and this was not recorded in their care plans.
- We discussed our concerns with the registered manager who told us she agreed with what we had found and would discuss the issues with the templates with the provider.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were task focused and did not show that they had been consulted about their preferences and choices for their care. People's information and communication needs were not always assessed as required under the Accessible Information Standard. This standard requires providers to identify, record, flag, share and meet the information and communication support needs of people who use services. For people who had an identified sight impairment or a learning disability there was no evidence of an assessment of their communication needs. Parts of the service user guide were in a small font which did not recognise people's needs for information in different formats.
- People's needs in respect of aspects of their personal care were not always identified. Care plans had a section for people's needs and goals and how the goals might be achieved, but these were not completed accurately or in a person-centred way. For example, for one person their care plan for personal care was recorded as 'achieve and maintain personal cleanliness and hygiene' but there was no guidance for staff on how to achieve this. The care plan stated, 'to guide the service user and ensure they came to no harm'.
- For two people, one of whom had a diagnosis of depression and another who was living with dementia, there was no assessment of their emotional or behavioural needs or guidance for staff to support them safely and according to their needs and preferences.

The above issues demonstrated a failure to ensure that care and treatment provided was appropriate and met people's needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Most people told us they had not had to make a complaint but knew what to do if they needed to do so. We saw there was information available about how to make a complaint in the information given to people about the service. However, the records for the managing of complaints were not sufficiently robust and there was no evidence they were used for learning. Where complaints had been raised there was no record of the investigation. Responses had been sent to people which set out actions taken as a result of complaints, such as supervision or staff retraining, but there was no record kept of that supervision or training to show they had been completed and improvements made.

This failure to operate an effective complaints system is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- The service was not providing end of life care at the time of the inspection.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- We found serious concerns about the leadership of the service. The registered manager did not demonstrate an adequate understanding of their responsibilities or of how to manage the regulated activity. The provider's systems to monitor the quality and safety of the service were ineffective and did not help identify shortfalls and possible risks. The registered manager was not aware of the need to keep accurate records related to the safe management of the service such as staff rotas or the on-call system. They had failed to notify us of the safeguarding investigation. They at first provided us with inaccurate numbers of people they provided care to. They told us they were not sure that these people were receiving a regulated activity.
- There was no record that gaps we found in daily care records or MAR charts had been looked into, or that there was an explanation for any gaps. We found a daily care record with a gap over two days that had been signed by the provider with no evidence they had checked the reasons for the gaps. This meant there was a risk people were not receiving their care as planned.
- For another person there were no MAR's records available on the day of the inspection for a period of four months.
- There were no records available to evidence the tracking of accidents and incidents, safeguarding or actions from complaints to improve the quality and safety of the service; or that any learning was shared with staff.
- An audit from 2017 by the local authority who commissions the service had identified some of the issues we found at the inspection. For example, ineffective or missing risk assessments, concerns about medicines management and a lack of mental capacity assessments. The report had given an overall score of one which was assessed as 'Poor.' There was no evidence that the registered manager or provider had acted to address any of these areas.
- Monthly audits checks carried out by the provider did not identify the issues we found.
- There were records of spot checks on staff but these had not identified any issues and people using the service told us they could not recall a spot check taking place.

These failures to maintain accurate records, monitor the quality and safety of the service, to monitor and reduce risks to people and act on feedback were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we wrote to the provider about the serious concerns found but their responses

did not reassure us that they had taken effective action to address the concerns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People were unsure who the registered manager of the service was and told us they had little contact from office staff. One person commented, "I can't recall seeing any of the senior people apart from at the very beginning."
- Staff told us the registered manager was supportive. However, we were not assured from the evidence at the inspection of the openness or the commitment of the provider or registered manager to high quality care due to the lack of robust systems to improve the quality of the service.
- Information we requested from the registered manager about the way the service was managed changed several times during the inspection. For example, we were given four different explanations for how the on-call cover system operated and no detailed records to verify any of these versions.

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

- We received mixed messages about the way the service involved people and consulted them about the service. One person told us, "I don't remember anybody from the office coming out to see me. I haven't tried to phone them. I've no idea who the manager is." However, two other people told us that the office did call occasionally to ask how things were. We found improvements were needed to ensure people were actively involved and their views listened to.
- We looked at telephone monitoring sheets which contained mostly positive feedback from people. However, where issues were raised there was no evidence of any action the registered manager had taken to improve the service provided.

Working in partnership with others

- We found insufficient evidence that the service worked in partnership with others. The registered manager told us they worked with health professionals and the local authority but said they did not keep detailed records of this contact. We were therefore unable to judge its effectiveness.

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 18 Registration Regulations 2009 Notifications of other incidents The Commission had not been informed of a notifiable event as required under these regulations. Regulation 18 (1) (2) (e)
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs were not always assessed in a person centred and collaborative way and did not always reflect their preferences and wishes. Regulation 9(1)(a)(b)(c)(3)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights under the Mental Capacity Act 2005 were not always respected. Regulation 11(3)(4)
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The system for the identifying, recording handling and responding to complaints was not effective.

Reg 16(1) (2)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Safe recruitment processes were not in place as the information stated in Schedule 3 was not always requested or available as required under this Act.

Regulation 19 (1)(3)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way. Risks were not always assessed or action taken to reduce risks. Medicines were not always safely managed.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>

The enforcement action we took:

We took urgent action to impose conditions on the provider's registration to restrict them from taking on new packages of care without the prior permission of CQC and imposed urgent conditions to address their risk management processes.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor quality and safety and monitor and mitigate risks to service users were not in place or where they were they were ineffective. Accurate complete and contemporary records of people's care were not maintained.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>

The enforcement action we took:

We took urgent action to impose conditions to restrict the provider from taking on new packages of care without the prior approval of the Commission and imposed other urgent conditions to require the provider took action to address the shortfalls found.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified competent and experienced people were not always deployed to meet service users needs.</p> <p>Staff did not always receive appropriate training</p>

and professional development to carry out their roles.

Regulation 18 (1)(2)(a)

The enforcement action we took:

We took urgent action to impose conditions on the provider's registration to prevent them taking on new packages of care without our prior approval. We imposed further urgent conditions requiring them to take action to address the concerns found.