

# Alpha Support Limited

# Shropshire, Crewe

## 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?	Inadequate ●
Is the service responsive?	Inadequate ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

Shropshire, Crewe is a domiciliary care agency that provides personal care and nursing care to people in their own homes. At the time of the inspection the agency was not providing nursing care.

At the time of the inspection the provider told us there were eight people receiving personal care at the end of their lives. However, later evidence suggested there were more.

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

People who used Shropshire, Crewe did not receive a safe, effective, caring, responsive or well led service. The provider was unable to demonstrate the safe and effective running of the service as records were either unavailable, illegible or disorganised. We were unable to seek people's views directly as the provider had not sought appropriate consent for us to contact people and we had been advised that staff would not share contact details with us.

People were not safeguarded from the risk of abuse because the provider could not demonstrate staff were either trained or informed to recognise the potential signs of abuse. There was no evidence that incidents of potential abuse had been referred to the local authority safeguarding team or investigated adequately by the provider. The provider's poor documentation meant they could not demonstrate changes had been made to protect people from possible abuse.

Due to the lack of information provided to us, the provider could not demonstrate staff supported people to receive medicines safely and this placed people at risk of harm. Information was not available to support staff to administer safely and records were not accurate. Staff had not received training to administer medicines safely or had their competency checked.

People did not always have risks to their personal safety identified. When they had been identified, control measures were not in place or were contradictory, therefore risks were not mitigated.

The provider could not demonstrate staff had been recruited safely. Recruitment files seen were incomplete, illegible or inaccurate. We could not be assured who was currently employed by the provider or what checks had been made before employing them.

Although one person's representative told us that staff were polite and courteous, people were not cared for by staff who had the necessary skills and were not supported in their role by the provider.

Care plans were not consistent to show how people's support needs should be met and information required to ensure staff delivered effective care was not available. People did not always receive care and support at times agreed and this affected the quality of care provided and people's safety. Care plans did not detail changes or updates, just basic care information.

There was no evidence of people's capacity to make decisions being assessed or evidence of how the agency worked effectively with outside agencies, including health care professionals.

People's private information was not protected in line with data protection legislation and people were not always satisfied with the care provided. The provider could not evidence they provided a responsive service. Where people had complained about the quality of the care they received it was not evident the provider had responded to ensure changes were made as a result.

The provider told us the service 'specialised' in end of life care. Staff had not received training to support people at the end of their life and plans of care were not specific about people's needs and wishes at this time.

The service was not well led. The provider had failed to notify appropriate agencies, including CQC of safeguarding concerns and they failed to provide us with information in a timely manner. Some information requested formally following the inspection was not provided. Staff did not feel supported or that their views were listened to. There was no evidence that people had been consulted about the care they received.

#### Why we inspected

This was an inspection brought forward after concerns were shared with us by a local authority quality assurance team

#### Rating at last inspection

This was the first inspection of the service since registration in March 2019.

#### Enforcement

We have identified breaches in relation to the safe recruitment of staff, safe care and treatment, staffing, safeguarding people from abuse, person centred care, complaints monitoring and in the governance of the service at this inspection.

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

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore 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.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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 take action 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. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was not safe.

Details are in our Safe findings below.

Inadequate ●

### Is the service effective?

The service was not effective.

Details are in our Effective findings below.

Inadequate ●

### Is the service caring?

The service was not caring

Details are in our Caring findings below.

Inadequate ●

### Is the service responsive?

The service was not responsive

Details are in our Responsive findings below.

Inadequate ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

# Shropshire, Crewe

## 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

The inspection was carried out by one inspector

#### Service and service type

This service is a domiciliary care agency that provides nursing and personal care to people living in their own homes. At the time of the inspection there were 8 people receiving a service according to the provider although later evidence suggested there were more.

The service had a registered manager, who was also the provider registered with the Care Quality Commission. This means that they 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 19 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 26 September 2019 and ended on 16 October 2019. We visited the office location on 26 September 2019.

#### 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 looked to see what information we held about the service to

plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We had not received any.

As part of the inspection we spoke with one representative of a person who used the service to establish their views and feedback about the service provided. We requested contact details of people who used the service, but the provider was not able to gain people's consent to share these with us. We spoke with three staff who contacted us following the office visit.

During the inspection

During the inspection we visited the office location however there was only very limited information/documentation available to review. We spoke with the provider who said they would provide required information immediately following the inspection.

Following the inspection, we continued to request information formally, but we did not receive the majority of what we requested. We did however receive two care plans, a list of staff training and details of complaints and investigations.

# Is the service safe?

## Our findings

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

This is the first inspection of this service. We have rated the safety of this service as inadequate. People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

- People were not safeguarded from the risk of abuse because the provider could not demonstrate staff were trained or informed to recognise the potential signs of abuse. This meant they may not recognise abuse and or act accordingly to respond to it. Staff told us that they did not feel confident any concerns raised to the provider would be acted upon.
- Following an allegation of abuse the provider undertook their own investigation but failed to follow the locally agreed multiagency guidelines for reporting abuse. Their investigation failed to identify what was needed to protect the person from further alleged abuse.
- Following the inspection the provider shared with us several concerns that they had managed as complaints. These included a missed call, a staff member sleeping on duty and an allegation of 'rough' handling. The provider had not referred these to the local safeguarding authority for investigation (or to CQC). This meant that people who used the service had been exposed to potential abuse and or abusive practices and the provider had failed to safeguard them or mitigate future risks adequately.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Due to the lack of information provided to us, the provider could not demonstrate staff supported people to receive medicines safely and this placed people who used the service at risk of harm.
- Two staff told they administered medicines. Neither had received training or guidance as to how to do this safely. Their competency to support people with their medicines had not been assessed and assurances could not be made by the provider they were safe to support people.
- One person's care plan identified that staff should apply cream to a pressure sore. However, the plan did not identify the cream or provide staff with any details as to how and when to administer.

Assessing risk, safety monitoring and management

- People did not always have risks to their personal safety identified.
- Staff told us how they tried to identify risks when offering support and tried to mitigate them to ensure people's ongoing safety. They told us they did not have guidance from the provider to do this.
- One of the two care plans had risks identified but they were not clear, and the lack of clarity could cause harm. For example, it was not clear if buffers or pillows were used to reduce the risks of entrapment in bed rails. The lack of appropriate guidance could cause the person harm.

The lack of risk management meant that people were placed at risk of harm if calls did not take place at agreed times. For example, staff told us one person tried to prepare their own meals when staff did not



arrive at times agreed.

#### Preventing and controlling infection

- There was no evidence to support that staff had received training in relation to preventing and controlling infection.
- Feedback from people who used the service to the local authority identified staff often arrived with no uniforms or ID badges. The lack of uniform could pose a risk of cross infection.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The provider told us they employed five staff. We were shown their recruitment files at the time of the inspection and we noted the staff names.
- When we received the rota of staff working there were six names on the rota. When we spoke to a relative they told us they received support from at least another two male staff members who were not on the rota and whose recruitment files were not shared with us. We could not therefore be confident that staff working had been safely recruited.
- The provider was unable to share with us accurate information to reflect their decision to employ a person with a prior criminal conviction. They could also not demonstrate how they made sure that the person was receiving adequate supervision when supporting people. As a result, people who used the service could have been placed at risk of harm.
- Some recruitment files were incomplete. There was evidence that some attempt had been made to take up references. Some staff only had one and these had not been validated. For example, one staff member produced a reference 'to whom it may concern' and there was no evidence to suggest this had been followed up. The provider's checklist identified references had been received but again this did not reflect our findings. The provider's details suggested DBS checks had been provided by the staff member but there was no record these had all been validated and four weren't dated. The lack of start dates for some staff meant the provider could not demonstrate staff suitability had been checked prior to working with vulnerable people and some staff were not on the staff list to verify who was working for the agency. We were told that not all staff had been checked for suitability prior to working with vulnerable people and our findings reflected this. This placed people at risk of receiving care from people who were not suitable to do so.

This was a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- We saw a record of complaints and outcomes however the provider was unable to demonstrate how improvements had been made or how lessons had been learned when things had gone wrong.

# 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.

This is the first inspection of this service. We have rated the effectiveness of this service as Inadequate. There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

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

- The provider did not complete a holistic assessment of needs for those they supported. Information was confusing and did not reflect people needs.
- People or representatives were not involved in people's care and support planning. One person's representative told us, "There is something that the carers write in but was not aware of any further information."
- Representatives from the local authority told us feedback from people who used the service was that care was not effective over night as concerns had been raised about carers sleeping and not responding to requests for help. This meant that people were not receiving the monitoring and support they required to keep them pain free and comfortable.
- The local authority told us there were issues with communication and language barriers in relation to staff. This meant that we could not be confident that effective care was being delivered by staff.
- People were assessed as requiring care at an identified time. For example, one person required two hourly turning to maintain their skin integrity. We saw a record that showed this person told a social care professional that time keeping was 'poor'. This meant people who used the service were at risk of not receiving the care they required at the time they needed it. All three of the staff we spoke with identified that the lateness of calls, due to effective planning, was a barrier to them providing effective and timely support.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider told us that all mandatory training was done as a one-day course and they showed us details of this on a website on their phone. The written information provided about staff training identified staff provided their own training, and this was supported by staff who spoke with us. Staff had not received any specialist training to help them understand people's health conditions. For example, one person supported had Parkinson's disease and there was no evidence that staff had been trained in supporting people with this condition. The service supported people for end of life care. Of the ten staff on the provider's staff list (provided following the inspection) only two had received some form of end of life training. This meant that staff may not have the skills and knowledge to deliver safe and effective care
- Some staff files contained certificates to support training but again given we were not aware of staff start dates we could not be confident this training had occurred during their current employment. The information sent to us about staff training following the inspection did not include certificates seen

suggesting the provider did not have an accurate record of staff training.

- One staff member told us they had received no induction to the service but had gone straight out to support people alongside another worker. One staff member considered that they, and their colleagues were inadequately trained to deliver safe care and support.
- The staff we spoke with did not feel well supported. They did not find the registered manager approachable. They did not have a good knowledge of what was required of them due to the lack of information on plans.

This is a breach of Regulation 18 Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us staff were involved in supporting people to meet their dietary needs. They told us that no one had a special dietary need. One staff member told us they were often unable to meet people's dietary needs as the timings of calls were not conducive to meal times.
- Records were not available to show how people's dietary needs were met.

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

- The provider was not aware of people's needs and therefore could not effectively work with others to coordinate and support them effectively.
- One care plan identified staff should refer to the speech and language team (SALT) for support with one person's eating and drinking 'if required'. There was, however, no information to identify indicators that support was required.
- One care plan referred to joint working with district nurses 'as appropriate'. Again, it was not clear what this meant or that it had happened.

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

- People received personal care from the provider and their health needs were met by other professional agencies. The registered manager told us how they worked with district nurses when required but they were unable to evidence this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The registered manager told us people's capacity to make decisions was assessed prior to them being supported by Alpha Support Limited.

# 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.

This is the first inspection of this service. We have rated 'caring' as Inadequate: This meant the provider could not evidence that people were treated with compassion, dignity and a caring attitude. Some regulations were not met.

Respecting and promoting people's privacy, dignity and independence

- Legal requirements about confidentiality were not met. The provider did not respect the privacy of people's information. Information was shared with us without gaining appropriate consent despite us advising the provider this must be done. The provider sent us details via email containing personal information about a person who used the service. The information was not password protected. Information was not stored securely at the registered office.
- The provider monitoring was inadequate. They could not assure themselves, they failed to complete spot check, quantity checks or staff competencies to assure themselves people were supported by staff who were kind. They failed to ensure staff were suitable and supported in accordance with individual risk assessments.
- Rota's were inaccurate, and people were left for periods of time where they put themselves at risk and or their dignity was not maintained. For example, people tried to carry out the tasks themselves because they did not know they would receive support. In relation to personal care tasks this could also cause embarrassment and distress.

This is a breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did not know about people's personal histories or preferences because people were not involved in the assessments and records did not detail this. This meant they could not deliver a service that respected people's individuality.
- The service provided was task focussed and staff did not have time, to offer support in a compassionate and supportive way. Staff told us they often arrived late for calls and were actively encouraged to cut calls short. This meant they had little time to offer personalised support other than to complete tasks required of them.
- One of the two care plans we saw was positive in relation to treating people with dignity and respect when providing care. The plan identified that people's wishes should be respected but did not detail what they were. We could not gather the views of people who used the service to establish if this happened in practice. However, a representative of a person who used the service told us staff were polite and courteous when providing personal care.

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

- The provider could not evidence that people were listened to or supported to express their views.
- Given we were not able to approach people directly to gather their views and the provider could not

evidence how staff were supported to respect people's equality and diversity we could not assess this standard.

- The staff we spoke with were very caring in the way they spoke about the people they supported. They also recognised people were not receiving the care and support they were entitled to. Staff told us how they tried to offer reassurances to people that they were doing their best.

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

- The provider could not demonstrate any processes for gathering people's views about the care they received. service. They did however say they spoke with people while delivering personal care and this gave her reassurances that staff were treating people well. This was not documented.

# Is the service responsive?

## Our findings

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

This is the first inspection of this service. We have rated this service as Inadequate: This meant services were not planned or delivered in ways that met people's needs.

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

- Care plans were very basic and did not identify how person-centred care and support would be provided. Staff told us how they met people's physical care needs but shared no details as to how it was responsive to people's changing needs. Staff told us they informed their manager when people's needs changed but amendments were not made to care and support plans. The provider could not evidence how people's needs were reassessed and plans updated when people required more support.
- The timings of calls did not reflect people's assessed needs. Staff told us how they routinely ran late, often very late, due to the number of calls and the geographic area of the calls. The service was not responsive to people's needs by the availability of staff to provide the care.

Meeting people's communication needs

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

- The provider failed to demonstrate how they could meet people's communication needs. They did not have information available in formats that were easy to read or understand. They had failed to assess people's individual communication needs. This meant people may not be receiving information about the service to know if the service met their needs.

End of life care and support

- According to the provider, this service supported people at the end of their lives. The two care plans that we saw did not reflect people's needs and wishes at the end of their life, just what personal care needs they required.
- Staff supporting people for end of life care had not all received training to do so. Records showed that only two staff had undertaken this training and as we could not speak with these staff could not be assured that it was appropriate.

This is a breach of Regulation 9 Person Centred Care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- One person's representative told us that if they had a complaint about the quality of care provided they would contact a district nurse. They were not aware of a complaint's procedure for the agency.

- The provider told us they had a complaints procedure, but it was generic and stored on their phone. Subsequently it was not accessible to people. The provider could not evidence how people were made aware of the complaint's procedure.
- When people had raised concerns with the provider they were investigated. We saw the provider had received six complaints ranging from missed or late calls and poor care. The provider did not demonstrate that these had been safely managed whilst some logs documented satisfaction from complainants in relation to the response received. We could not corroborate that others were satisfied with outcomes.
- The majority of complaints that had been shared by people who used the service with local authorities at care reviews had resulted in requests for new providers of care to be arranged. This meant people were not satisfied with the service received.

This is a breach of Regulation 16 Receiving and acting on Complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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.

This is the first inspection of this service. We have rated this service as Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not have knowledge of their duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Our inspection was triggered by concerns raised by the local authority quality team who visited the service and concluded that it was not safe. As we liaised with social care professionals from the Clinical Commissioning Group and local authority contracts team it became apparent that there had been a number of concerns raised about the quality of this service. For example, missed calls and allegations of potential abuse, which we had not been informed of by the provider.
- The provider was not clear about their role and told us they did not have time to carry out their duties as per their registration commitment because their time was spent carrying out personal care and support to people who used the service.
- The provider failed to cooperate with the inspection process by not ensuring the inspector was able to speak to staff to ascertain their views on the management of the service. We were advised that staff had refused to share their contact details (apart from one person). When we spoke with two staff members following the inspection they advised us they had not been asked to share their contact details and would have been happy to do so. The one person who did consent had only worked for the service for two weeks in July/August 2019.

Continuous learning and improving care

- We saw how some issues had been investigated by the provider. However, there was no record of how these issues had been used to reduce the likelihood of reoccurrence. The provider had not evidenced they had learned from the issues and improved the service as a result. This meant people may continue to receive poor, late or inappropriate care and support.

Working in partnership with others

- We saw that two people supported by the provider received input from other agencies in order to receive a comprehensive package of care. The provider could not evidence how joint working had improved people's



quality of life and although records advised staff to contact agencies if they noticed deterioration to people's conditions there was nothing to reflect this had happened.

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

- The provider could not demonstrate people were engaged and involved in the delivery of their care or the service they received.

This is a breach of Regulation 17(1) good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider is required by law to inform us of incidents that have occurred in relation to the service provided. They had failed to do so.

This is a breach of regulation 18, Notice of incident, Care Quality Commission (Registration) Regulations 2009.

Leadership and management

- The service was not well led or managed. Information required to ensure the safe operation of the service was not available. The provider did not send us all of the required information in a timely manner following the inspection. Essential information was missing, inaccurate or illegible on the day of the inspection. For example, the staff files did not reflect a safe process for recruiting and inducting staff. The provider advised us they had been reviewing these files the day before the inspection to ensure they were in order.
- Staff did not feel they were well supported or managed. They advised us that team meetings never took place. One staff member told us that staff communication was actively discouraged. Staff told us any information was shared via an online application and not directly from the provider verbally.

This is a breach of Regulation 19 Fit and Proper Persons employed Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person's representative told us that the provider was very hands on and was "very thorough" in the delivery of personal care. The provider told us that this was the aspect of the role they enjoyed and so did not have time to accommodate their managerial responsibilities. The staff rotas provided to us by the provider identified that they (the provider) regularly worked providing personal care.

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
Nursing care	Regulation 18 Registration Regulations 2009
Personal care	Notifications of other incidents
	The provider had failed to notify us of significant events relating to the running of the service

### The enforcement action we took:

We are issuing a Notice of Proposal to cancel the provider's and the registered manager's registration

Regulated activity	Regulation
Nursing care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Personal care	The provider was not ensuring care and support that was centred around the assessed needs of the people who used the service.

### The enforcement action we took:

We are issuing a Notice of Proposal to cancel the provider's and the registered manager's registration

Regulated activity	Regulation
Nursing care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The provider failed to demonstrate that people received safe care and treatment

### The enforcement action we took:

We are issuing a Notice of Proposal to cancel the provider's and the registered manager's registration

Regulated activity	Regulation
Nursing care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Personal care	The provider failed to safeguard people from abuse

### The enforcement action we took:

We are issuing a Notice of Proposal to cancel the provider's and the registered manager's registration

Regulated activity	Regulation
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Nursing care  
Personal care

Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints

The provider had failed to demonstrate they had acted upon complaints in order to improve the service

**The enforcement action we took:**

We are issuing a Notice of Proposal to cancel the provider's and the registered manager's registration

Regulated activity	Regulation
Nursing care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider failed to demonstrate good governance, oversight, planning and practices to protect people who used the service.

**The enforcement action we took:**

We are issuing a Notice of Proposal to cancel the provider's and the registered manager's registration

Regulated activity	Regulation
Nursing care	Regulation 18 HSCA RA Regulations 2014 Staffing
Personal care	The provider had failed to ensure the safe recruitment, training and support of staff

**The enforcement action we took:**

We are issuing a Notice of Proposal to cancel the provider's and the registered manager's registration