Beverley Martins Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We conducted an inspection of Beverley Martins Limited on 24, 29 and 31 January 2019. At our previous inspection on 14 November 2017 we found breaches of regulations relating to the safe care and treatment of people and good governance.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting approximately 200 people. Not everyone using Beverley Martins receives a regulated activity. The Care Quality Commission 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.

At the time of our inspection there was no registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, a manager had been appointed and was in the process of applying for registration with the Care Quality Commission.

Risk assessments and care plans contained limited information for care staff. We saw many examples of incomplete or unclear risk management guidance within people's care records. Therefore, we could not be assured that people were protected from avoidable harm.

Medicines were not always accurately recorded when care workers administered them, so it was not always possible to determine what medicines people had taken and when. People's medicines care plans were not always clear about what support people needed.

There were appropriate safeguarding processes in place and care staff had a good understanding of their responsibilities.

The provider was not always meeting its obligations under the Mental Capacity Act 2005. Records were not always signed by the person using the service or their legally authorised representative. We also saw an example of a mental capacity assessment that did not conclude whether or not the person had capacity. Therefore, we could not be assured that people's rights were being protected.

People's care records did not contain sufficient information about their health and nutritional needs. We therefore could not be assured that people were consistently provided with the support they needed.

People told us there a lack of consistency in the care workers they saw. They stated that care workers did not have enough time to build meaningful relationships with them as they were too rushed to do so. Care

records contained very limited details about people's individual needs or preferences, but care workers demonstrated a good level of knowledge about people they saw regularly.

People we spoke with and their relatives told us they were involved in decisions about their care and how their needs were met.

Recruitment procedures ensured that suitably qualified and experienced staff were appointed to work within the service. There was a suitable induction programme for new staff along with ongoing training. However, care staff did not receive regular supervisions, spot checks or appraisals of their performance.

The provider appropriately conducted investigations into complaints and incidents that occurred during the delivery of care.

Information was reported to the CQC as required. Care staff gave good feedback about the managers of the service and confirmed they were they were approachable.

During this inspection we found breaches of regulations in relation to safe care and treatment, meeting people's nutritional needs, personal care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe. Clear risk assessments were not always in place when needed. Medicines records were not always clear about the medicines people were given and medicines care plans were not always clear about what support people needed.

The service operated safer recruitment procedures and ensured there were enough staff sent to people on time.

Procedures were in place to protect people from abuse and care staff were aware of these.

Is the service effective?

Requires Improvement

The service was not always effective. Care records did not contain enough information about people's health and nutritional needs.

The provider did not always ensure that care was delivered in line with people's valid consent. Documentation was sometimes not signed by people using the service.

Staff received an induction and ongoing training, but did not receive regular supervision, spot checks or appraisals of their performance.

Is the service caring?

Requires Improvement

The service was not consistently caring. Care records contained very limited details about people's individual needs and preferences.

People we spoke with and their relatives told us there was a lack of consistency in the care workers who attended to them and they did not have enough time to build a relationship or to be supported in a caring way.

People told us their privacy and dignity was not always respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People's needs were assessed before they began using the service and care was planned in response to these needs. However, care records contained very limited personalised details about people's preferences in relation to how they wanted their care to be delivered.

Care records contained some information about people's social and recreational needs.

The provider had an appropriate complaints policy and procedure in place.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had quality assurance processes in place, but these did not identify the issues we found during our inspection.

Care workers gave good feedback about the management within the service and told us they felt able to raise any concerns with them.

Notifications were submitted to the Care Quality Commission as required.

Beverley Martins Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24, 29 and 31 January 2019. The inspection was conducted by one inspector on the first and third days of the inspection and by two inspectors on the second day of the inspection. The inspection was also conducted by an expert by experience who assisted us by conducting telephone interviews with people who used the service after our inspection, over the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was announced on the first day of our inspection, but we told the provider we would be returning on the remaining days.

Prior to the inspection we reviewed the information we held about the service which included the previous inspection report.

We spoke with 10 people using the service and two of their relatives. We spoke with 10 care workers after our visit over the telephone. We spoke with the operations director, the newly appointed manager of the service and other members of the office based staff. We also spoke with care coordinators who were responsible for the rotas. We looked at a sample of 20 people's care records, 10 staff records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People's comments did not identify any safety concerns and included "I do feel safe with the carers" and "I think they're trustworthy people, I've never had any reason to worry." However, despite these positive comments we found there were concerns in relation to people's safety.

At our previous inspection we found people's care plans and risk assessments did not contain a sufficient level of detail for care workers about how they were expected to help people to mitigate known risks. At this inspection we found risks to people's safety were still not appropriately assessed and mitigated. We found risk assessments were either not in place or contained unclear or inconsistent information for care workers particularly in relation to people's moving and handling needs. For example, we saw one person's care record stated they used a sling, but there was no information about whether they used a hoist. There was no information about the number of care workers that were required to support the person and there was very little information about the person's mobility. Another person had a hoist in place, but their care record stated they could undertake all transfers on their own and that they slept on the floor. There was no recorded advice or other information about whether it was safe for them to do so. Another person's moving and handling risk assessment stated that they were able to weight bear and that their needs were low, but also stated that they required the assistance of two care workers for their mobility needs.

We found it was not clear whether some people were at risk of falls. One person was described within the moving and handling section of their record to be occasionally unsteady, but there was no indication as to whether this meant they were at risk of falls and if so, how care workers were required to mitigate this risk. Another person's care record stated that they required supervision whilst they were bathing to prevent them from falling. However, there was no falls risk assessment in place to indicate the level of risk or whether they were generally at risk of falling when mobilising elsewhere.

Care records included details of equipment used by people, but it was not always clear whether this had been checked by the provider to ensure it was safe for use. We saw the provider's records included a section for recording the date that equipment was last serviced, but this was not always filled in. For example, we saw one person who had a hoist did not have this date included in their record. Another person had a stair lift in place, but it was not clear when this was last checked and by whom.

The above issues constitute a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were provided with appropriate support with their medicines. One person confirmed care staff administered their medicines as needed and that they kept accurate records. They told us "There is a particular form they write on to record what they are giving me". However, despite the positive comments we received, we found medicine records were not always accurately completed. For example, we reviewed one person's medicine administration record chart (MAR) and found the medicines listed on this form differed from those on their care record. We saw another person's MAR for October contained three gaps, but there was no information recorded to indicate why this had occurred.

The provider had a medicines administration policy in place and this included details of the different types of support that care workers could provide with medicines. These were levels one, two and three. Level one support involved reminding the person of tasks in relation to their medicine, whilst level three support involved physically assisting the person to take their medicines. We found people's care records were sometimes unclear about what level of support they required with their medicines. For example, we saw one person's care record stated that they required level three support, but also, that they self-administered their medicines. Another person's care record stated that they required support with their medicines, but there was no information about what level of support they required.

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

Care staff demonstrated a good level of knowledge in safety systems and processes, however, it was not clear from the provider's records that care staff had received appropriate training. Care staff told us they knew what to do in the event of an accident or incident, but were unclear about when they had last received training. One care worker told us "I would make sure there were no obstacles and the person was out of immediate danger... then I would call the ambulance and report it." Care staff confirmed they had ongoing discussions about how they were required to respond in the event of an accident. Another care worker told us "We have discussions and we do think about what we would do in these situations."

The provider had appropriate safeguarding systems and processes in place to help prevent abuse. Care workers received safeguarding training as part of their induction and on an annual basis. Care workers demonstrated a good understanding of the types of abuse as well as how they were expected to act to prevent abuse from taking place. Care workers comments included "Preventing abuse is an important part of the job… I pay attention to people and report anything that isn't right. If I'm wrong, I'm wrong… better safe than sorry" and another care worker told us "I would make sure something was done if I thought someone was being abused. I wouldn't just report it and then do nothing."

The provider had an appropriate safeguarding policy and procedure in place. Care staff confirmed they could access the policy if needed and we saw the safeguarding policy was reviewed every two years or sooner to ensure it was current. We reviewed safeguarding records and found the numbers of safeguarding incidents were within a normal range for the size of the service. We saw eight safeguarding investigations had been undertaken in 2018. We saw all incidents were appropriately reported to both the local authority and to the Care Quality Commission (CQC) as required.

We found appropriate investigations were conducted in relation to accidents and incidents. We saw accidents and incidents were recorded on a standard template form that included a section for the description of the incident, details of whether any injuries were incurred as well as actions that were required to be taken to prevent a reoccurrence. We saw records included details of persons the matter had been reported to. We saw there were a low number of incidents at the service with three incidents having occurred during 2018. One of these involved an incident where a care worker slipped and injured themselves and the other two incidents occurred before the care worker had arrived to provide people with care. All records included details of actions taken to mitigate future risk.

Environmental risk assessments were conducted as part of the initial assessment process. These involved asking questions such as whether there were any potential hazards within the person's home or outside their property. The forms were saw did not raise any issues.

The provider ensured they had enough staff available to attend to people on time. The initial needs

assessment identified the number of staff required to assist people and for how long. This was also agreed with the referring local authority commissioning the care. Care workers told us they felt there were enough of them to provide people with care. One care worker told us "If a person needs two carers, they do get this" and another care worker said "If we didn't have enough time to do the job, we would report this. It's not a problem I've had here." We analysed staffing rotas for five care workers rotas for the week of our inspection. On the basis of our analysis we found that the vast majority of care workers were given sufficient travel time to attend to people on time or within 15 minutes of the call. Care workers confirmed they received enough travel time to attend to people on time.

The provider used safer recruitment practices to help ensure that people employed to provide care were safe to do so. We reviewed 10 care workers files and found these contained evidence of appropriate pre-employment checks such as evidence of people's right to work in the UK, a full employment history and two references from previous employers as well as a criminal record check with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Care workers demonstrated a good level of understanding about what they were required to do to ensure that people received their care in a hygienic way. Care workers gave us examples of the types of action they took to ensure their practice was safe. One care worker told us "I always make sure I wash my hands as soon as I get in" and another care worker told us "We have the right equipment like gloves and aprons."

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we identified concerns in relation to people's nutritional needs. We found people's care records did not always include enough information for care workers to provide people with the support they needed in this area. At this inspection we found there was still an inconsistent level of information within care records about people's dietary needs.

For example, we saw two people's care records stated that they required their food to be cut up in small pieces, but there was no indication on their care record as to why this was or whether these people were at any particular risk.

Care records did not always contain information about people's likes and dislikes in relation to food, but did state whether people required support preparing their meals. For example, we saw one person's care record confirmed that the person needed assistance in the preparation of their meal, but they did not need assistance to eat at any point thereafter. However, there was no information about the type of food the care worker was required to prepare or what type of food the person usually ate.

The above issues constitute a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found the provider was not always supporting people effectively with their healthcare needs as care records contained limited information for care staff. At this inspection we found the provider was still not ensuring that people's day to day healthcare needs were met as care records still contained limited information for care staff about needs related to their physical and mental health. For example, we saw one person's care record stated that they had Multiple Sclerosis, but there was no recorded information about how this affected them. It stated that the person's mobility was limited due to a previous broken hip, but did not state which hip had been broken. The person was also registered as blind and was doubly incontinent, but there was no further information or advice for care workers in relation to this or any other of their healthcare needs. We saw another person's care record included details of the medicines they were required to take, but did not include any information about what these medicines were for. Their record also stated that they had depression, but there was no further information about this or any advice for care workers. Another person's care record contained indecipherable information about their medical history and we found most care records did not include definitions of conditions people had or how these affected them.

The above issues constitute a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always ensure that people were supported to make their decisions in accordance with legislation 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. We identified two examples where care records were signed by people's representatives without any indication as to whether they had the legal authority to do so. For one person it was not clear who the signatory was or what their relationship was with the person using the service. The other person's care record was signed by their next of kin without any indication as to whether they had the authority to sign their record. Furthermore, we found their record contained a mental capacity assessment, but this did not conclude whether or not the person had capacity to consent to their care. We recommend that the provider seeks advice from a reputable source to ensure they fully understand and meet the requirements of the Mental Capacity Act 2005.

The provider did not consistently ensure that care staff received the support they needed to conduct their roles. Care workers told us they received an induction prior to starting work with the service. The induction consisted of a four-day programme which included an introduction to the service, in- house training in various subjects including moving and handling, infection control and safeguarding adults, some independent online learning and shadowing of an experienced, senior colleague. The induction covered the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. Care workers told us they found the induction useful. One care worker told us "It was very thorough and I felt ready to work at the end."

However, the provider did not always ensure that ongoing support in the form of supervisions and spot checks were consistently conducted. We reviewed 10 care worker files and found that most care workers were receiving either one or two supervision sessions in 2018. We also found some care workers had not received an appraisal in 2018. We reviewed the provider's spreadsheets that recorded the dates of supervisions and spot checks for all care workers and found these confirmed our findings within the staff files. We also found that some care workers had received one spot check in 2018, but this was not consistent.

Senior staff arranged refresher training for care staff and records indicated this was taking place. We reviewed the provider's internal training matrix and found staff were completing refresher training on an annual basis in areas such as medicines administration and moving and handling. Care workers confirmed they received enough training to do their jobs. One care worker told us "We do get enough training."

People told us they felt care staff had the appropriate skills and knowledge to meet their needs. People's comments included, "They have regular training days" and "They are generally pretty good."

People's care was delivered in line with current legislation and standards. The provider had a range of policies of procedures and ensured that these were updated every two years to reflect any current changes. We reviewed some of the policies and procedures held by the provider including safeguarding, infection control, medicines administration and equality and diversity. We found these were up to date and provided clear guidance to care staff. For example, we found the provider's equality and diversity policy included details of the Equality Act 2010 and staff responsibilities in relation to this.

Requires Improvement

Is the service caring?

Our findings

People gave good feedback about care workers who saw them regularly. People's comments included "She was very pleasant, we built up a rapport" and another person said "They are lovely."

However, people gave less positive comments about care workers who were not familiar with their needs and stated that they did not always have the same care workers visit them, which prevented them from building a relationship. One person said, "I don't like someone walking into the house I don't know" and another person said, "They don't tell me they are sending someone different, it's irritating." People's relatives also confirmed there was a lack of continuity in care workers who attended to people. One relative commented "In recent weeks, it's settling down but we've had various carers" and another relative said "Occasionally people come that I don't know."

Care workers confirmed there was sometimes a lack of continuity in their rotas and they were sometimes required to attend to people they had not seen before. One care worker told us "We do sometimes see people that we haven't seen before" and another care worker said "You sometimes have to cover for people who are sick or on leave. This happens because you can't have people go without their care so you have to fill in."

Care workers confirmed they had a good understanding of people they saw regularly and gave us examples of people's needs. One care worker told us "When you get to know people things are a lot easier. You know how they like their meals, where they like to eat. Things like that" and another care worker said "I have one lady who is very particular about the cutlery she uses. You have to get these things right."

We found people's care records contained limited personalised information about their care needs or their backgrounds. For example, we saw one person's care plan stated that they were single and lived in a bungalow, but there was no information about their previous occupation, their family or where they grew up. We found this level of detail was typical in the care records we viewed. We saw another person's care record stated that they needed assistance to wash, but there was no further information about how this care was supposed to be delivered. For example, whether they required a bath or a shower or whether they used any particular products. We saw another person's care record did not have a list of tasks included at all, so it was not possible to determine what assistance they required.

People told us that care staff did not seem to have the time to deliver care in a personal way. People's comments included "I think the problem is quite often their jobs are a long way from each other, timing is not great from one to another". Another person told us "It's the way the rota is organised, they do get sent to an awful lot of jobs". A third person said "They go from this job to another job, 10 minutes away from here, occasionally it's very much in and out. I'm a job, they do what needs to be done."

People gave varied feedback about whether they felt their privacy and dignity was respected and promoted. People's comments included "Depends on who you get", "Not always, I find, they speak to each other, across me, not to me" and "They will sort of be respectful."

Care workers were clear about the importance of maintaining people's privacy and their dignity. They gave us examples of how they safeguarded people's privacy. One care worker told us "Respecting people's dignity is really important when you're giving personal care. You've got to explain everything you're doing and make sure they're ok with this. You've got to make sure they're comfortable" and another care worker told us "You've got to make sure the curtains are drawn and the door is closed."

Care staff confirmed they supported people to be more independent and gave us good examples of how they did so, but care records contained an inconsistent level of detail. One care worker told us "I always try to offer people choices and I never do things for people when I know they can do it themselves" and another care worker said "I always try to involve people as much as I can, but it sometimes depends on their mood. I don't push people to do anything they don't want to do… but I try to encourage them."

Care records contained limited details about how care workers could support people to be more independent, but they did contain some details about what people could do for themselves. We saw that some people had specific goals listed and this often included the goal of being more independent. Whilst there was no recorded advice for care workers in how they could support people to reach this goal, we found care records did specify whether people could prepare their own meals or whether they were able to undertake their own personal care.

Requires Improvement

Is the service responsive?

Our findings

People using the service and their relatives told us they were involved in decisions about the care provided. One person said, "Someone from the agency came and spoke to us."

We found people's care plans contained limited information in relation to different areas of their needs. This included their physical, mental health and social needs. However, care records did not contain enough information for care staff in some areas and was therefore not a reliable account of the care people needed. One care worker told us "I would say the care plan is a good starting point, but you've got to get to know the person yourself."

People's care records contained some information about their recreational needs but this was not always clear. For example, one person's record stated that they used to go outside for walks and went to the pub and this was also listed as their current hobby. However, it was not clear whether care workers were required to support them with this, or how they conducted this activity as they had mobility problems and there was no information included as to whether they used a wheelchair. Other people's care records included some information about what they enjoyed doing, but it was not always clear whether they continued to do this or whether they required care workers to support them. For example, another person's care record stated that they liked to go out into the community, but they did this without care worker support. There was no additional information within this person's record about what they liked doing within their own home or how care workers could support them. For example, whether they liked to watch anything on television, or if they liked reading or conducting any other indoor activity.

Care workers gave us some information about how they supported people with their recreational needs. One care worker told us "I always ask if I can get anything, like the remote control, or if I can put the radio on."

People's care records contained some information about their communication needs, but this was sometimes incomplete. For example, we saw one person's care record stated that they used a hearing aid, but did not state the ear this was used for or whether they used aids in both their ears. There was also no additional advice for care workers about how they were required to communicate with this person. Another person's record stated that they required a hearing aid as they had difficulties hearing, but later stated that they did not use a hearing aid. It was not clear whether they had refused to wear this or if they required support to obtain one. There was also no additional advice for care workers about how they were required to communicate with this person or how severe their hearing difficulties were.

The provider had an effective complaints policy and procedure. We reviewed the provider's response to complaints and found these were investigated and responded to in a timely manner. The provider's complaints policy included the process to be followed in the management of a complaint and this included a timely investigation and written response. We found this was adhered to in the examples we reviewed.

At the time of our inspection the provider was not providing anyone with end of life care.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found the provider was not conducting appropriate quality monitoring that captured the issues we found during the inspection. At this inspection we found the provider had auditing systems in place, but these were still not consistent. We found care notes and care records were not consistently reviewed. The manager of the service explained that care workers brought in MAR charts and daily notes on a monthly basis for review, and these were then reviewed by care coordinators who were supposed to query any discrepancies. However, we requested up to date MAR charts for three people and found these were not available. Daily notes that were available were for the month of September which was approximately four months prior to our inspection. Further to this, although the provider had been transferring people's care records to a new format, we found these did not address the issues that had previously been identified in relation to care records. After our inspection, the provider assured us that they were seeking appropriate advice to address the concerns raised.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers are required to notify the Care Quality Commission (CQC) about significant incidents including safeguarding concerns. We found the provider was meeting its obligations to report significant incidents to the CQC.

Care workers confirmed that their managers were visible and they could approach them when needed. They told us the provider tried to ensure morale was positive. One care worker told us "They try to make sure that we are okay and if there's anything we need, they will sort it out for us" and another care worker said "If I needed anything, I would ask at the office. They are good."

Care workers had a good understanding of what they were required to achieve within their roles and this was clarified prior to their commencement at the service. One care worker told us "They give you a job description right at the beginning, so we know what we're supposed to be doing" and another care worker said, "We're doing the hands on care with people and we report anything we need to and get advice from the office." We reviewed job descriptions for care workers and found these were clear about care workers responsibilities.

The provider ensured people were engaged and involved as feedback was sought and acted on regularly. We saw quarterly reviews of people's care were conducted and the results were analysed. Reviews covered areas such as people's views on care worker's timekeeping, the quality of care they provided, and whether double handed care workers arrived together. Where concerns were raised, we saw these were responded to individually and appropriate action was taken to resolve these. The majority of feedback received from people was positive. We saw the provider had received a small number of complaints regarding the timekeeping of care workers and these were dealt with directly with the responsible staff members. We also saw that satisfaction surveys were requested from people on an annual basis and these were also analysed. The provider received positive feedback from people in a number of areas that mirrored those that were

assessed as part of the quarterly review process.

We saw some evidence that the provider was working in partnership with other agencies. Where concerns were raised that specifically required the input of other members of a multi-disciplinary team, their advice was sought. For example, we saw some people's records included information about visits with district nurses.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider did not always do all that is reasonably practicable to meet the nutritional and hydration needs of service users; 14(1).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always appropriately assess, monitor and improve the quality and safety of the services provided and did not always appropriately assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity. The provider did not always maintain an accurate and complete record in respect of each service user. Regulation 17(1)(2)(a), (b) and (c).

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure that people who used the service received person centred care and treatment that was appropriate and met their needs. 9(3)(a) and (b).

The enforcement action we took:

Warning notice served.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always appropriately assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate such risks; the provider did not always ensure the proper and safe management of medicines; 12(1), (2)(a), (b and (g).

The enforcement action we took:

Warning notice served.