

Meritum Integrated Care LLP

Meritum Integrated Care LLP (Maidstone)

Inspection report

The Maidstone Studios
New Cut Road, Vinters Park
Maistone
Kent
ME14 5NZ

Tel: 01622684471
Website: www.meritum.org.uk

Date of inspection visit:
31 August 2018
04 September 2018
06 September 2018
07 September 2018

Date of publication:
16 October 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place over five days. The first day, on 31 August 2018, was unannounced.

We carried out an announced comprehensive inspection of this agency on 14 June 2016, where the agency was rated as Good overall. In August 2018, we received concerns in relation to the death of a person using the agency. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. The concerns related to meeting people's nutrition and hydration, the lack of safe care and treatment and the management of medicines. As a result, we undertook a comprehensive inspection to look into those potential concerns.

We visited the office location of Meritum Integrated Care LLP (Maidstone) unannounced on 31 August 2018 and announced on 4 and 7 September 2018. The inspection included visiting people in their homes 4 September 2018, shadowing staff providing care on 4 and 6 September 2018 and phone calls to people and their relatives on 5 September 2018. The team inspected the agency against the five questions we ask about services: is the agency safe, is the agency effective, is the agency caring, is the agency responsive and is the agency well-led. This service was last inspected in June 2016, when it was rated as Good. At this inspection, the service was rated as Requires Improvement in safe, effective, caring and well-led, therefore the overall rating for the service is now Requires Improvement.

Meritum Integrated Care LLP (Maidstone) is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to people living with dementia, older people, people with learning disabilities and autistic spectrum disorder, people with a mental illness and people who have a physical disability.

Not everyone using the agency received 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. There were 36 people receiving support with their personal care when we inspected.

There was a registered manager in post. However, the registered manager split their time between the provider's other registered branches within the East Kent area. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had failed to submit a notification to CQC in an appropriate and timely manner, as required by the regulation.

People were not always protected from the potential risk of harm and abuse. Some staff were unaware of the action to take if they suspected abuse. Potential risks posed to people had not been consistently assessed. Guidance was not always available to staff to inform them of the action required to minimise the risk.

Some people's care plans were detailed and gave staff guidance regarding how to meet people's needs. However, some care plans within people's own homes did not contain the same information as in the registered office.

Staff had not always received the training they required to meet people's needs and fulfil their role. Staff had not received the support, supervision and guidance from the registered manager to ensure they were working to the required standard. There was a lack of communication between the senior management team and the care staff.

People told us the staff were kind and caring. However, people were not consistently supported with dignity when receiving care and support.

The provider did not have effective systems to monitor the quality of the service provided to people. The overall governance from the senior management team had not identified the shortfalls that were found during this inspection.

People's medicines were managed safely. Systems were in place to audit people's medicine records on a monthly basis. People were supported to maintain their nutrition and hydration, if this was part of their package of care. People were supported to maintain their health with support from health care professionals.

There were enough staff employed to meet people's needs. People were supported by regular members of care staff, providing continuity of care to people. Staff were recruited safely following the provider's policy and procedure.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People knew who to complain to if they needed to. The complaints procedure was available in the office and people had copies within their handbooks in their homes.

Staff used personal protective equipment to safeguard themselves and people from the risks of infection.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

People were not always protected from the potential risk of harm and abuse.

Potential risks posed to people had not always been assessed to ensure the risk had been minimised.

There were enough staff to meet people's needs. Safe recruitment procedures were followed.

Arrangements were in place for people that required support with their medicines, to be carried out safely.

Guidance was available to inform staff of the action they should take to reduce the risk of infections.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not always received the training, knowledge and guidance to fulfil their role and meet people's needs.

Staff had not always received the support and supervision they required.

People were involved in the initial assessment of their needs prior to receiving a service from the agency.

People's nutrition and hydration needs had been assessed and where this was part of their package of care, people were supported to maintain this.

People's health was monitored and support was sought from the relevant health care professional when required.

People were encouraged to make their own choices and decisions about everyday decisions.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's dignity was not always promoted and respected.

People told us the staff were kind and caring.

People's care plans contained information about their likes and dislikes.

People's personal information was stored securely.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the writing and review of their care plan.

Care plans were person centred and outlined the support the person wanted as well as needed.

Information was made accessible to people using the service.

People felt confident that any concerns or complaints that they raised would be acted on.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Statutory notifications had not always been submitted without delay.

There was a lack of communication between the management team and care staff.

There were ineffective systems in place to monitor the quality of the service people received.

Meritum Integrated Care LLP (Maidstone)

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 was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result, this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk in relation to the safe care and treatment of people, unsafe medicines management and the potential risk of malnutrition. This inspection examined those risks.

The incident has been brought to the attention of the Police, the Local Authority and the Coroner's office. We inspected to monitor current risks and to be assured that the provider had mitigated them appropriately. The likelihood of the risk reoccurring had been reduced by the action that had been taken by the nominated individual.

The inspection site visit activity started on 31 August 2018 and ended on 07 September 2018. The first day of the inspection was unannounced. The inspection was carried out by three inspectors. The inspection included visiting people in their homes, shadowing staff providing care on 4 and 6 September 2018 and phone calls to people and their relatives on 5 September 2018. We visited the office location unannounced on 31 August 2018 and announced on 4 and 7 September 2018 to see the registered manager, the nominated individual, care staff and office staff; and to review care records and policies and procedures.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form

that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that the management team had sent. A notification is information about important events which the service is required to send us by law.

We observed staff interactions with 11 people receiving care and support, we visited an additional four people in their own homes and we spoke with four people who received care and support and one relative. We spoke with seven staff, which included care staff, the care co-ordinator, the registered manager and the nominated individual who was one of the company directors.

We looked at the provider's records. These included five people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at five staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff and were happy with the service they received from the agency. Comments included, "I am very satisfied", "and I feel absolutely safe with them. The girls are very good", "They are pretty good and seem ok" and "They look after me very well." However, despite the positive feedback we found that people were not always protected from the potential risk of harm and abuse. People's safety had not always been minimised. Known risks to people had not always been reduced to keep them safe.

Records showed concerns about people were not always raised with the local authority safeguarding team. Records showed that following a serious incident, the registered manager had not submitted a safeguarding alert to the local authority. Some staff had not received the provider's annual refresher training in safeguarding adults. Staff that had been trained knew the action they should take if they suspected abuse, however; this training was not always put into practice when concerns were identified. The provider had a policy and procedure in place and staff had access to the local authority protocol. However, these had not been consistently followed in relation to safeguarding concerns. Some staff were not aware of potential risks such as, self-neglect and the action they should take. Some people that were supported by the agency were not aware of potential risks to themselves or others in relation to keeping safe.

The failure to protect people from abuse and improper treatment is a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Potential risks to people in their everyday lives had been assessed; guidance was in place to inform staff of the action to take to reduce the risk. Risk assessments recorded the identified risk, any equipment that was required and the control measures to reduce the risk. People's risk assessments included potential risks with personal care, nutrition, communication and mobility. Records showed that the control measures in place were reactive rather than proactive. For example, one person's care plan for mobility recorded that in the event the person fell, staff were to call the emergency services. The care plan did not record any action the staff should take or any equipment that the person used to prevent the risk of falling. We spoke to the registered manager about this and they took action to review this person's risk assessment.

Risks had not been appropriately assessed or mitigated which is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Some people used equipment, such as an air flow mattress, to reduce the risk of skin and tissue damage. At the time of our inspection guidance was not available to staff regarding the correct setting for the person. An incorrectly set mattress could increase the risk of skin and tissue damage. However, following our inspection the registered manager contacted the district nursing team and the manufacturer of the mattress, to ensure it met the person's needs.

Each person's environment had been assessed for potential risks posed to themselves and other such as, the staff. The safety of staff within the person's own home had been assessed on an individual basis. The risk

assessment was based on the severity of the risk and the likelihood of the risk occurring. Action was then taken depending on the score, such as having two members of staff to complete the care call.

There were enough staff to meet people's assessed needs and keep people safe. There were sufficient staff to cover absences, like annual leave or sickness and no agency or bank staff were used. There were no missed calls recorded for this year due to a lack of staffing. However, some staff told us that the agency "could do with more staff for holiday cover." The agency was actively recruiting new staff and one new member of staff was due to commence work during the week of the inspection.

Recruitment processes remained in place to ensure staff were suitable to work with people before they started. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in care settings.

Medicines were managed safely. Each person had specific guidance for staff to follow regarding the management of their medicines. This included details of each prescribed medicine, what the medicines was for, how it should be used and any possible adverse reactions. Each person had an assessment of their ability to manage their medicines and a risk assessment in place regarding the management of their medicines. Medicine Administration Records (MAR) kept within people's own homes were clear and easy to follow. The MAR were audited by a member of the management team monthly and annually. This audit identified if there were any missing signatures from staff or if there had been any issues, such as, a dropped tablet.

There were systems in place to undertake competency assessments for staff administering medicine. Competency assessments for medicines were undertaken annually and were up to date. This meant that the provider could demonstrate that staff had the skills they needed to administer medicines safely.

People were protected by the prevention and control of infection. People's care plans included guidance for staff to follow to promote the control of infection. For example, washing hands, the use of hand sanitiser, gloves and aprons. Observation whilst out in the community confirmed staff used personal protective equipment (PPE), such as gloves to reduce the risk of contamination. Staff were also observed collecting PPE from the registered office during our inspection.

Accidents and incidents involving people and staff were monitored and recorded. Staff completed an accident form that was then reviewed and collated by the registered manager. The registered manager confirmed there had not been any accidents involving people using the agency at the time of our inspection.

Improvements were made to improve the quality of the service people received when things had gone wrong. Following a recent serious incident, the registered manager had developed an assessment tool which was to be used to identify people that were at risk of self-neglect. The registered manager had also arranged for staff to receive further training regarding safeguarding adults to promote awareness and inform staff of the action they should take if they had any suspicions a person was at risk.

Is the service effective?

Our findings

People told us they felt the staff were well trained and knew how to meet their needs. Comments included, "The staff are really good, I couldn't fault them. They know my routine", "Most definitely know what they are doing. They know my routine off by heart. [Staff name] notices if I am not myself and am not feeling too great" and "I wouldn't be without them." However, despite the positive feedback, we found that staff did not always have the knowledge, skills and confidence to fulfil their role.

Staff had not always received the training, support and guidance they required to meet people's needs. We looked at the service's training matrix for 2017 and 2018 and the training certificates in staff files. We found that some annual refresher training was not up to date and training was not effective. For example, the annual refresher training in health and safety. Some staff told us that they were not always able to attend some training sessions. Some training sessions covered more than one topic such as safeguarding, mental capacity and whistleblowing which were undertaken together as one half day session. We spoke to the registered manager about this and they told us, "The day will focus on one topic and touch on others". This meant that important subjects such as safeguarding were not fully covered annually. Training often involved staff completing tests. The registered manager told us that these tests were reviewed. However, we found that some people's tests were not in their file and the registered manager could not evidence that these tests were reviewed or scored to assess if people had given the correct answers.

There were no systems to undertake competency assessments for moving and handling; the provider could not demonstrate that they had ensured that staff were competent to undertake manual handling safely. There were no other quality checks in place to assess whether staff had the skills to deliver care effectively and were able to apply learning from training. On the second day of our inspection the registered manager had developed a competency assessment for moving and handling. They told us the senior members of staff would complete this assessment with all members of care staff.

We found that some staff did not always have the training they needed to deliver effective care. For example, staff did not always know what to record in the persons daily records about health and safety risks to people.

Staff had not received the support and guidance they required to carry out their role effectively. Staff undertook two supervision sessions per year. One supervision was undertaken at the office and one was whilst staff were working with people to deliver care. However, we found that these supervisions were basic and focused on checking that staff were adhering to the agencies standards. For example, checking that staff were wearing the correct uniform, were completing timesheets and understood the rights of people who used the service. The forms used were in the format of a check list and there were no notes about what was discussed what was working well or what staff needed to improve on. There was no information to evidence that staff and their supervisor had discussed the quality of care delivered or that staff had had the opportunity to discuss issues relating to people or their work. There was a system in place to have ad hoc supervision sessions for which discussions were recorded. However, the ad hoc supervisions we looked at focused on single specific issues, such as staff sickness and hours of work. When we asked staff how the

service could improve, one member of staff told us, "I would ask for more support as supervisions are not often." During our inspection, the registered manager adapted the spot check form to include a discussion with the member of staff about their working practice.

The failure to ensure staff were suitably qualified, competent, skilled and supported is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

New staff completed an induction when they joined the agency. Staff confirmed they completed an induction which included reading the provider's policies, people's care plans and working alongside an experienced staff member to gain more understanding and knowledge about their role. Staff told us, "The induction was really good. I had never done this job before and I learnt a lot." New staff completed the common induction standards, this is a set of standards for care staff working within health and social care.

People's needs had been assessed before receiving a service from the agency. A referral form would come from the local authority which included an overview of the support the person required as well as the days and times. A member of the management team would check that the agency could meet the person's needs before accepting the package of care. A member of the Meritum management team would then meet with the person and their family if appropriate to discuss the support required. An assessment would then be completed with people, confirming the original referral detailed and then any other information about the person's care and support needs. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred in the care plan.

People were supported to maintain their nutrition and hydration if this was part of their package of care. People's nutrition had been assessed on an individual basis. Staff followed people's care plans which detailed the support they required with mealtimes. Some people used a food company to supply nutritionally balanced meals which the staff then heated up. Other care plans recorded the exact support the person required, such as preparing a breakfast of the person's choice and ensuring drinks were left within the person's reach. Observation showed and people confirmed staff followed their care plans in relation to their nutrition and hydration.

People were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use, for example, the use of any moving or standing aids. However, we found inconsistencies between the care plans within the registered office and in people's own homes. For example, one person's care plan in their own home did not contain any guidance to inform staff how to meet their specific health need. We raised this with the registered manager who arranged for a new file to be taken to the person's home.

The agency had recently started to work more closely and in partnership with other health care service. Records showed the agency had contacted social services to arrange for a joint review of a person's care. Staff had reported an increase in the person's falls and wanted to ensure the current package of care was able to meet their needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments, offering choices and asking people if they were happy to proceed before carrying out any care. People's capacity to consent to care and support had been assessed and recorded. At the time of our inspection, people had capacity to make their own decisions relating to their care and their lives. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity.

Is the service caring?

Our findings

People spoke highly of the staff that supported them. Comments included, "They are lovely, friendly staff. The staff are conscientious, they arrive on time and stay for the entire length of the visit time", "They are very pleasant and always leave me a cup of tea before they go", "I find them all very nice" and "The staff are all very nice and friendly."

People told us that staff respected their privacy and dignity whilst supporting them with personal care. However, during our observation we found that people's dignity was not always promoted. During one care call, we were not asked to leave the room to ensure the person's privacy and dignity. Not all staff had received training regarding maintaining and protecting people's privacy and dignity. We fed this back to the registered manager who told us that these issues would be highlighted within the new spot check.

We recommend that the registered manager observes care staff's working practice to ensure they are promoting people's privacy and dignity.

People and/or their relatives told us they were involved in the development and review of their care plan. Care plans gave staff the information and guidance they required to meet people's needs. Each person's care plan recorded specific aims and objectives that person wanted to achieve from the care and support they were receiving. For example, one person had the desired outcome to increase and promote their independence. Care plans were individualised, they contained information that was important to the person. For example, how they wanted their drinks left.

People's care plans contained information about their likes, dislikes and personal histories. The agency promoted consistency with people's care staff. This enabled people and care staff to build a rapport and provided continuity of care to people. People told us that care staff knew their routines and how they liked to be supported.

Information about people was treated confidentially. The registered manager and provider were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. Computers were password protected.

Is the service responsive?

Our findings

People told us the agency was responsive to their needs and that they would recommend the care agency to others. Comments included, "I would definitely recommend it, I can't fault them", "They are more like friends than carers. They do what I need them to, including extra calls", "I can't find fault with the agency" and "The staff go over and above what they need to."

Care plans were detailed and informed staff what the person's abilities were and the support they required from staff. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported. Care plans and risk assessments were reviewed with people, their relatives and a member of the management team. People could be confident that the support plans were specific and personalised to meet their individual needs.

Visit logs, held within people's homes, were detailed and matched the support that was outlined within the person's care plan. The management team audited the daily logs on a monthly basis, to evaluate and maintain the provider's compliance in record keeping.

A record was kept of any late or missed calls where people did not receive their support from the agency. People told us that if staff were going to be late, they would receive a telephone call from the office staff to inform them. Records showed there had not been any missed calls in 2018, there had been 24 calls that were 30 minutes late or more in 2018.

The registered manager was creating an accessible easy read service user guide further to ensure they met the 'Accessible Information Standard'. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they can understand.

People told us they would contact the registered office if they had any concerns or complaints. One person said, "I have no complaints, I would call [name] if I had a problem." Another person said, "If there are any concerns I would call the office." Information about the provider's complaints policy was outlined within their care file, kept within their own home. The provider had a complaints policy and procedure in place. The registered manager told us the agency had not received any formal complaints since the last inspection.

No one using the agency was receiving end of life care at the time of our inspection. The registered manager told us that they would work with external health care professionals to ensure people's wishes were respected.

Is the service well-led?

Our findings

People told us they felt the agency was well run, however, people referred to the care co-ordinator based within the registered office as the manager. People and staff referred to the registered manager as the area manager for the company. The registered manager of the Maidstone branch was also the registered manager of another of the provider's branches. The registered manager was based at the other branch which was used as the head office. The registered manager told us they spent at least two days a week at the Maidstone branch. People and staff were still able to contact the registered manager, if required. This did not have an impact on the overall governance of the service.

The provider told us about their vision for the organisation and the set of values staff worked to. However, staff were not always aware of the vision they were aiming to deliver to people. We observed and staff confirmed there was a lack of communication between the care staff and the senior management team. Staff told us they only found out when a person had passed away was because the care call had been removed from their rota. We fed this back to the registered manager who told us a quarterly newsletter was available to staff. The newsletter contained information about the organisation and all of the provider's locations. However, this did not meet the need for further communication between the senior management team and care staff.

Staff meetings were held every three months. Staff told us that they discussed concerns about people using the service at team meetings and that, "You can make a suggestion if you are not happy". However, the notes from the team meetings did not reflect this which meant that staff who could not attend the meeting did not have access to this information. Team meetings did not give staff the opportunity to learn or develop their skills further.

Checks and audits continued to be completed. The registered manager and co-ordinator audited aspects of care. Medicine administration records were audited monthly and annually to ensure that they were complete and accurate. Care plans were audited annually. Where changes were needed to the care plans, there was a system in place to ensure that these actions were completed. Recruitment files, missed calls, late calls and other records were also audited such as the service user guide and the services statement of purpose. However, checks had not identified the issues we found at this inspection in that staff's support, supervision and training was not effective. Care plans and risk assessments were not always reviewed to ensure staff were following the most up to date information.

The failure to have effective governance systems in place to monitor the quality of the service being provided to people and the lack of management oversight is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had some understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. However, following the death of a person a statutory notification had not been submitted without

delay.

The registered manager had failed to notify CQC of a notifiable event in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff, people and their relatives were invited to feedback through regular surveys. A recent survey of people showed that 22 surveys were sent out and 13 were returned. From the returned surveys 100% of people were satisfied with the service they received and felt that there was continuity of care. Nine relatives also completed a survey and were positive about the service. Comments included, "We are more than happy with the service the girls are all lovely and care for my relative well.", "The service is brilliant", "The girls are very helpful", and "I find all the carers very good, kind and helpful. I certainly would recommend the service." The service had feedback the findings to people and their relatives and the action they planned to take such as continuing to encourage people to check staff ID badges. Staff were also positive in their feedback in the survey. 100% of staff said that the service was supportive and that their training needs were met. However, when we spoke to staff we found that not all staff felt that this was the case.

The management team had started to work in partnership with other health care services to promote partnership working. For example, there had been contact with the district nursing team regarding a person's air flow mattress setting.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks had not been appropriately assessed or mitigated.
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to protect people from abuse and improper treatment.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective governance systems in place to monitor the quality of the service being provided to people and the lack of management oversight.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff were suitably qualified, competent, skilled and supported.