

ASK Home Care Limited

ASK Home Care Limited

Inspection report

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14 November 2018
15 November 2018

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection took place on 13, 14 and 15 November 2018. The first day of the inspection was unannounced, and day two and three were announced. At the last inspection in July 2017 the service was rated as requires improvement; one domain was inadequate; three domains were requires improvement and the caring domain was good. We found the provider was breaching four regulations which related to safe care and treatment, supporting staff, recruitment of workers and governance. At this inspection we found the provider was still in breach of the same four regulations and an additional five regulations, which related to safeguarding people from abuse, person centred care, requirements relating to registered managers, notifying CQC about changes and notifying CQC about other incidents.

ASK Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people with physical disability and older adults. At the time of the inspection two people were using the service. The provider was operating from a different location to the registered location. Therefore, the inspection did not take place at the registered location. CQC is dealing with this separate to the inspection process.

Two registered managers were in post. 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.

At this inspection we identified people were not safe. Risk was not well managed and concerns around people's safety were not identified. People told us staff usually arrived on time and the same staff usually visited but the provider did not carry out robust pre-employment checks so could not be sure staff were suitable. Medicines were not managed safely.

Staff and the management team understood they had a responsibility to report safeguarding concerns to the local authority, however, they did not follow this in practice when safeguarding concerns were raised. Sometimes people paid for their care in cash but were not given receipts. There was no record of the payments. This meant people's money was not protected.

Some staff had received training but not all. There was a lack of staff support and supervision which meant staff might not be equipped with the relevant knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not support this practice because there was a lack of information to show people were enabled and supported to make decisions about their care. People did not have care plans and staff were not recording the care that was being delivered which meant people's well-being could not be monitored.

The provider did not have overall responsibility for meeting people's health and nutritional needs but where they had offered support, people felt this had been appropriate. People were complimentary about the staff who looked after them. Their views varied about how effectively the provider dealt with concerns.

There were widespread and significant shortfalls in the way the service was led. The provider did not have effective systems to assess, monitor and manage the service. They did not have processes to learn lessons and drive improvement. The provider did not have guidance to follow which ensured the met certain standards.

The service did not show honesty and transparency from all levels of staff and management. During the inspection we found the provider was operating in such a way that made it difficult for others to see what service was being provided. Both registered managers did not act with integrity and blamed each other for things going wrong. They were dishonest when responding to questions about the service.

We found nine breaches of the Health and Social Care Act 2008 (Registration) Regulations 2009 and (Regulated Activities) regulations 2014. 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People were not safeguarded from abuse.

People told us staff usually arrived on time and the same staff usually visited. However, staff were not recruited through a robust recruitment process so the provider could not be confident they were suitable.

Medicines were not managed safely.

Is the service effective?

Inadequate ●

The service was not effective.

Staff did not receive appropriate training and support which ensured they were equipped to carry out their role and responsibilities effectively.

People who used the service said they could make decisions about their care but a lack of personalised records meant staff did not have guidance so people's right to make choices and have control might not be recognised.

The provider did not have overall responsibility for meeting people's health and nutritional needs but where they had offered support, people felt this had been appropriate.

Is the service caring?

Requires Improvement ●

The service was not always caring.

A lack of records meant the provider could not demonstrate they were enabling and supporting people to make decisions about their care and express their preferences.

People were complimentary about the staff who supported them.

People were not given accurate information about the service they could expect from ASK Home Care Limited.

Is the service responsive?

Inadequate ●

The service was not responsive.

People's care was not planned and staff did not have guidance to ensure they were providing care appropriately and safely.

People said the same staff visited and knew them well.

People's views varied about how effectively the provider dealt with concerns.

Is the service well-led?

Inadequate ●

The service was not well led.

The service did not show honesty and transparency from all levels of staff and management

The provider's quality management systems were not effective and did not identify areas of risk and where the service had to improve.

Reporting of significant incidents to CQC was unreliable.

ASK Home Care 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.

This inspection took place on 13, 14 and 15 November 2018. The first day of the inspection was unannounced, and the second and third days were announced. Two inspectors carried out the inspection.

The inspection was partly prompted by information received from other agencies which indicated potential concerns about the management of risk in the service. Incidents have been brought to the attention of the police and the local safeguarding authority, and CQC is dealing with some areas of concern, separate to the inspection process, which may be subject to criminal investigation.

We sometimes ask providers to send us some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to send us the information and took this into account when we inspected the service and made the judgements in this report.

During the visit we spoke with two people who used the service, one person who had ceased using the service the week before the inspection, a relative, three members of staff and two registered managers. We looked at documents and records that related to people's care and the management of the service.

Is the service safe?

Our findings

At the last inspection the provider's recruitment procedure was not established and operated effectively. We served a warning notice. At this inspection we found the provider had not made improvements, and their recruitment processes were not robust and did not ensure suitable staff were employed. We asked to look at the providers recruitment policy and procedure; this could not be located during the inspection which meant there was no guidance to follow when staff were recruited and selected.

Staff records were not available so the provider was unable to demonstrate they were following appropriate recruitment practices, support and on-going checks were carried out. Rotas for August and September 2018 showed up to 13 staff were working for ASK Home Care Limited. One of the registered managers could only locate files for two members of staff. This meant no records were available for 11 staff.

One staff file had records to show in April 2016, a Disclosure and Barring Service (DBS) check had been completed and a reference was obtained. A second reference was in the file but this was undated. There was no application form or proof of identity. The second staff file only consisted of a birth certificate, marriage certificate and bank statement; there was no Disclosure and Barring Service (DBS) check or satisfactory evidence of conduct in previous employment.

One of the registered managers told us they had not formally recruited any new staff in recent months. They said a care worker had started employment in April 2018 and left employment in October 2018 but checks had not been carried out. Rotas showed three drivers were employed between August and September 2018; one of the registered managers said none of the drivers were formally recruited and no checks had been carried out. They said a recruitment process was not followed for two of the drivers because they were relatives of one of the registered managers. This meant the provider's recruitment procedure was not established and operated effectively to ensure that only fit and proper persons were employed.

This is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our concerns about the provider's recruitment practice with the local safeguarding authority.

At the last inspection medicines were not managed safely. We served a warning notice. At this inspection medicines were still not managed safely. One of the registered managers could not locate a medication policy and procedure so did not have guidance to follow when staff were assisting people with their medicines.

We visited one person at home who received assistance with their medicines; staff removed the medicines from a dosette container that was prepared by the pharmacist. There was no care plan to guide staff or medicine administration records for staff to complete. This meant there was no record to show if medicines were administered. Another person told us they waited for staff to be present before they took their medicines because they were at risk of choking. The person did not have a medication care plan. One of the

registered managers said they were aware that people's care plans were not up to date and had started reviewing these.

A training matrix showed staff had received medicine training in September 2017 but their competency had not been assessed. The National Institute for Health and Care Excellence (NICE) guidance recommends workers should have their competency assessed annually. NICE guidance provides recommendations for good practice around management of medicines for adults who are receiving social care in the community. We concluded the provider was not managing medicines safely.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not assess or manage risk to people who used the service. People did not have risk assessments or other documentation to show risk had been assessed. One of the registered managers said risk assessments had been completed but they could not find these. We visited one person at home and they did not have any care records. A member of staff told us the other person who received care did not have records at their house. One person required a hoist to transfer; the person told us two staff were always present and carried out moving and handling competently, however, there was no risk assessment or guidance in place. Staff told us two people were at risk of choking but they were unable to tell us how they managed the risk. One of the registered managers told us they had spoken to one person's relative on the morning of the inspection, 13 November 2018, about contacting the speech and language team (SALT) to advise how the risk of choking should be managed. When we spoke to the person's relative they told us SALT had already been involved. We concluded staff and management were not aware of recommendations made by SALT, which meant they would not understand how to support the person safely when they were eating and drinking. One of the registered managers said they would take appropriate action to ensure staff understood how to manage the risk of choking.

One of the registered managers said they were a moving and handling trainer and had trained all staff to use equipment, which included staff experiencing a transfer in the hoist. The registered manager could not locate a certificate to show they were a qualified moving and handling trainer. They then told us this had expired in 2013. One of the registered managers told us they did not have records to show checks had been carried to make sure equipment was safe to use. They said one person had ceiling tracking and a hoist but the person's relative was responsible for ensuring it was safe. This meant the provider did not check that equipment was managed to support people to stay safe. We concluded risk to people's safety and welfare was not assessed and managed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our concerns about people's safety with the local safeguarding authority.

People were not safeguarded from abuse. The provider had a safeguarding procedure but this had not been reviewed since March 2015; the contact details for reporting safeguarding concerns were incorrect. The registered manager was unable to locate a copy of the joint multi-agency safeguarding policy and procedures which they should adhere to. Staff and the management team understood they had a responsibility to report safeguarding concerns to the local authority, however, they did not follow this in practice when safeguarding concerns were raised. Two allegations of financial abuse were brought to the attention of the local safeguarding authority by other professionals; staff and both registered managers were aware of the allegations but had not reported them. An allegation of theft of money was made in

February 2018. One of the registered managers told us they had investigated this at the time but did not make a referral to safeguarding and did not notify CQC. Another allegation of financial abuse was made in September 2018. A member of staff said they were aware the allegations had been made but did not report the concerns because they believed the money was going to be returned. Investigations into the allegations of financial abuse were on-going at the time of the inspection.

One person told us they always paid for their care in cash; both registered managers confirmed this. One of the registered managers said the cash was split between them because they did not get wages. The other registered manager said the cash was sometimes used to pay staff wages and pay for petrol. We saw that one person's invoice did not match the amount of money that had been paid into the account. One of the registered managers said it did not balance because the person had also made a cash payment. One of the registered managers told us people did not receive a receipt when they paid for their care and there was no record of the payments. This meant people were not protected from the risk of financial abuse. We concluded systems and processes around safeguarding people from abuse were not established and operated effectively.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our concerns that people were not protected from financial abuse with the local safeguarding authority.

People we spoke with did not have any concerns about the number of staff that provided personal care. They said they usually arrived on time and stayed the agreed period, and the same staff usually visited and no new staff had visited. One person said they did have a poor experience on one occasion when a member of staff did not turn up and this had left them distressed.

Staff told us they had access to equipment such as disposable gloves and aprons, which helps prevent the spread of infection. A training matrix showed us some staff had completed infection prevention and control training in August 2017.

Is the service effective?

Our findings

At the last inspection staff were not appropriately supported and supervised. A requirement notice was issued. At this inspection staff were still not appropriately supported and supervised. We looked at records on the computer and one staff file contained some supervision records. Supervisions are used to develop and motivate staff and review their practices. The last supervision record we could locate was dated December 2017. One of the registered managers told us they did not think any supervision or appraisal sessions had been completed in 2018 so the record we located was the most recent. One of the registered managers said they worked alongside staff but had not recorded their observations.

A training matrix showed some staff had received training in August/September 2017 which covered safeguarding, health and safety, moving and handling, mental capacity, medication, fire safety and infection control. However, there were several staff names that appeared on the staff rotas in August and September 2018 that were not included on the training matrix. There were no records to show they had done any training.

We spoke with three staff about their experience of working for ASK Home Care Limited. All said they had received training but we received conflicting information which made it difficult to establish some facts. For example, two members of staff told us they had completed first aid training. However, one of the registered managers said first-aid training had not been provided because the training provider they used could not provide training in this area. We concluded staff were not appropriately trained, supported and supervised.

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

Records showed one member of staff had just completed a level three diploma in health and social care and one of the registered managers had been awarded level five for leadership in health and social care. Another member of staff was in the process of completing a level two diploma in health and social care. Distance learning had been completed by staff around dementia and end of life care.

There was evidence that care plans and assessments had been in place for some people who had previously received care and support. Care documentation was of a standard format and included consent records, assessments and care plans. We saw one person had signed a 'consent to recording of information' form in April 2017. However, care documentation was not in place for the two people who were using the service at the time of the inspection. Records of visits were not made so care provided and people's well-being could not be monitored. There were no records to show care was reviewed.

We concluded care was not designed with a view to ensuring people's needs were met, and people's care needs were not reviewed. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

One of the registered managers said people who used the service could consent and make decisions about their care. We spoke with two people who used the service and one person who had ceased using the service the week before the inspection, and they all told us they could make decisions about their care. Discussions indicated everyone had capacity to make decision about their care and support.

People told us they received appropriate support when they required assistance with meals, drinks and healthcare. One person told us they did not receive any support with meals but care workers made them a drink. A relative told us at various times staff and management had contacted health professionals for advice which included a GP and district nurses around catheter care. They said this was done appropriately.

Is the service caring?

Our findings

There was a lack of information to show people were enabled and supported to make decisions about their care and express their preferences. At the time of the inspection two people used the service. They did not have any care records in their home which meant staff were not recording the care that was being delivered and people's well-being could not be monitored. We observed that there was no information available to staff about people's histories, background and preferences to inform the care delivered. Management and staff could not locate people's records or explain why care records were not available. One member of staff told us care records had been removed from people's houses by the provider. People did not know why care records were not available in their home. This meant people were not treated with respect or assured information about them was treated confidentially. One relative told us they were happy with the care provided but said, "My only concern is that sometimes [name of relative] goes along with things because they don't want to make a fuss." A lack of records meant the provider could not demonstrate they were supporting the person to make decisions about their care. We concluded people were at risk of receiving care and treatment which was not appropriate because their individual needs and wishes were not recognised through an appropriate care planning process.

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

People who used the service told us they were happy with the care they received and were complimentary about the staff. One person told us the staff were "brilliant". They said, "They are like a family, they are a big help and will bend over backwards. They not only help me they also do things like take my dog to the vet. They don't have to do that. They can't do enough. [Name of one of the registered managers] is wonderful. She comes on a weekend." Another person told us staff were caring. They told us they sometimes had a bath on a morning and staff were "very thorough". A relative told us a small team provided the care and they were "professional". They said, "In the early days we sat with [name of one of the registered managers] to review things." One person told us the management team were not caring.

People were not given accurate information about the service they could expect. The provider had a statement of purpose and service user handbook. These contained information about the aims and objectives of ASK Home Care Limited. For example, they made reference to all staff having up to date Disclosure and Barring Service checks and completing mandatory training, the managers of the agency continuously monitoring the quality of their service, and the safe keeping of personal records. It was evident from the inspection findings that the service provided did not meet with the standards outlined in both documents.

Is the service responsive?

Our findings

People's care was not planned. We visited one person and their relative at home but they did not have any care records. There was no care plan, risk assessment, daily records or medication administration records. The person's relative said there had been some care records but they not seen these recently. A member of staff told us another person who received personal care did not have any care records in their home.

We explored why people did not have care records. One of the registered managers said they could not explain why care records were not available. One member of staff told us the management team had removed care records from people's houses because they knew they were not registered correctly and should not be providing personal care. The member of staff said one person had been told to tell everyone that they were not receiving personal care.

One of the registered managers said they were aware that people's care plans were not up to date and had started reviewing these. They said they could not locate any care plans for one person but located four care plans on the computer for the other person who used the service; two had been written in 2016 and two were written in October 2018. One care plan written in October 2018 covered the 'dinner call/tea call' routine and provided detail around the person's preferences. The second care plan covered nutrition and hydration but made no reference to a risk of choking even though staff and one of the registered managers said this was a concern. One member of staff told us the person took small sips from a china cup when they drank. Another member of staff said the person found it hard to swallow. The care plan had no detail around difficulties with swallowing or how to support the person when eating and drinking. The person required support with moving and handling but there was no guidance for staff to follow. We concluded care was not designed with a view to ensuring people's needs were met, and people's care needs were not reviewed.

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

We shared our concerns about the care planning with the local safeguarding authority.

Two people who used the service told us they were happy with the care they received. One person said they had been happy when they started using the service but their recent experience was less than satisfactory. People said the same staff visited and knew them well. One person said their care and allocated hours had been recently reviewed by a social worker and one of the registered managers from ASK Home Care Limited had been present. They said the social worker had said they would send them a copy of the review. Both people had allocated social time and were supported by workers from ASK Home Care Limited. They told us they enjoyed their social time and often went out with staff support.

One person told us they had experienced a poor response when they had raised concerns with the provider. Others said they were confident that any concerns would be dealt with appropriately and promptly. One person told us they were very comfortable talking to staff and registered managers about any concerns. Another person said, "They will do anything for me. It's never a problem." A relative said they had always had

a positive response when they have raised any issues.

One of the registered managers said they had not received any complaints or concerns. They showed us the provider's complaints process which was included in the statement of purpose. The provider did not provide the complaints procedure in alternative formats, for example, large print or pictorial, This meant people may not be able to access and understand information they are given.

Is the service well-led?

Our findings

The service had two registered managers. 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. Both registered managers demonstrated during the inspection they were not meeting their legal responsibilities.

At the last inspection in July 2017 we found the provider was breaching four regulations which related to safe care and treatment, supporting staff, recruitment of workers and governance. We rated the service as overall requires improvement; one domain was inadequate; three domains were requires improvement and the caring domain was good. At this inspection we found the provider was still in breach of the same four regulations and an additional five regulations, which related to safeguarding people from abuse, person centred care, requirements relating to registered managers, notifying CQC about changes and notifying CQC about other incidents. This demonstrates there were widespread and significant shortfalls in the way the service was led.

At the last inspection we identified the provider did not have effective quality management systems. Auditing processes did not identify shortfalls in the way the service was run. The management team told us they checked people's records and carried out spot checks but did not record these. The provider had policies and procedures but did not always adhere to these. At this inspection we found the provider did still not have effective quality management systems. One of the registered managers told us they did not have any audits or records to show checks were carried out. They had no records of staff spot checks, quality assurance surveys, staff meetings or recent care reviews. The registered manager said they had observed staff practice whilst providing personal care to make sure they were doing this appropriately but had not recorded their observations.

Records were disorganised. Many were loose in a large box and some files were kept in a wardrobe. Some personal correspondence was mixed up with care records. The registered managers were unable to locate records which we requested. They could not locate care records and staff records for 11 staff that were included on the rota during August/September 2018. We concluded the provider did not maintain securely an accurate, complete and contemporaneous record on respect of people who used the service including a record of the care provided and in relation to the person's they employed.

The provider did not have guidance to follow which ensured they met certain standards. They could not locate a number of policies and procedures. They had no recruitment and selection procedure, no human resources procedures, no medicines policy or procedure. The safeguarding policy was not up to date. A member of staff told us they did not know how to access policies and procedures. The statement of purpose referred to the registered location address even though the provider had not operated from the premises since November or December 2017.

Appropriate measures were not in place if things went wrong. One of the registered managers showed us an

insurance policy which was in date. However, we looked at the statement of fact that had been completed by the provider and saw they had stated measures were in place but this was incorrect. For example, they said they retained training records that all care workers/employees, carried out regular risk assessment and retained records of such, had a written policy detailing the procedure for administering medicines and requirements made by CQC had been completed. Our inspection findings confirmed these measures were not in place. We concluded the provider did not have effective systems and processes in place to ensure the quality and safety of services provided.

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

The service did not show honesty and transparency from all levels of staff and management. Before the inspection we received information from other agencies, which indicated there were potential concerns about the management of the service which included a lack of transparency. Before the inspection we were also told by both registered managers there had been a breakdown in their relationship, which had led to a lack of clarity in accountability arrangements. Our inspection findings confirmed this. There was animosity between them which seriously impacted on how the service was being managed. During the inspection we found the provider was operating in such a way that it was not easy for others to see what service was being provided. Both registered managers did not act with integrity and blamed each other for things going wrong. They were dishonest when responding to questions about the service. CQC were given inaccurate information about who was receiving a service, some people paid for their care in cash and were not given receipts, and care records could not be located. One member of staff told us care records had been removed from people's houses. They said this was to prevent CQC from finding out the provider was still providing personal care. One of the registered managers told us they had not been involved with the service for months but records showed this was incorrect. The provider moved premises twice and failed to submit applications to register the new locations. Both registered managers did not report safeguarding concerns even though they were aware allegations of theft had been made. We concluded there was a lack of honesty and transparency.

This is a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is dealing with some areas of concern, separate to the inspection process, which may be subject to criminal investigation.

Reporting of incidents was unreliable. One of the registered managers had been absent for more than 28 consecutive days. The provider had a legal responsibility to notify CQC when this happened but they had failed to do so. Two allegations had been made by people using the service about financial abuse. The provider had a legal responsibility to notify CQC when these happened but they had failed to do so. We concluded the provider had failed to notify CQC about significant changes, events and incidents that affect their service or the people who used it.

This is a breach of Regulation 15 and Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

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 15 Registration Regulations 2009 Notifications – notices of change The registered person had failed to notify CQC when one of the registered managers had been absent for more than 28 consecutive days.

The enforcement action we took:

NoP

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had failed to notify CQC about significant events.

The enforcement action we took:

NoP

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care was not designed with a view to ensuring people's needs were met, and people's care needs were not reviewed.

The enforcement action we took:

NoP

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk to people was not assessed and managed. Medicines were not managed safely.

The enforcement action we took:

NoP

Regulated activity	Regulation
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Personal care

Regulation 13 HSCA RA Regulations 2014
Safeguarding service users from abuse and improper treatment

Systems and processes around safeguarding people from abuse were not established and operated effectively

The enforcement action we took:

NoP

Regulated activity

Personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not have effective systems and processes in place to ensure the quality and safety of services provided.

The enforcement action we took:

NoP

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person recruitment procedure was not established and operated effectively.

The enforcement action we took:

NoP

Regulated activity

Personal care

Regulation

Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers

Registered managers demonstrated they did not act with integrity.

The enforcement action we took:

NoP

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not appropriately trained, supported and supervised.

The enforcement action we took:

NoP