

Mrs Tanya Louise Fawcett

Happy2Help

Inspection report

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Date of inspection visit:
21 August 2018
23 August 2018

Date of publication:
23 October 2018

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected this service on 21 and 23 August 2018. The service was registered in September 2017. This was the first rated inspection of Happy2Help.

Happy2Help is a domiciliary care agency. It provides personal care to people living in their own homes in and around the area of Filey. A service is provided to both older and younger adults and for people living with dementia or physical disabilities.

At the time of our inspection, the service supported 12 people.

There was a registered manager who had been in post since the service had registered and managed the service alongside the provider. 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.

The processes for ensuring that staff were suitable for the role of working with vulnerable adults were inadequate and incomplete. The provider had failed to complete their obligations to ensure that people employed were suitable and of good character. This placed vulnerable adults at risk.

Risk assessments were not in place for areas of identified risk. No information was recorded for staff to follow about how to reduce potential risks or the actions to take should the person deteriorate.

The management of medicines was not robust and there was no documentation to ensure people received medicines as prescribed by their GP. This put people at risk of harm.

Staff did not receive training essential to their role. Evidence of qualifications undertaken and training completed in previous roles had not been provided. Whilst staff told us they felt well supported by the management team they did not receive formal supervisions to discuss their well-being, training needs or to address any concerns.

Whilst care plans were in place, for all but one person, these lacked information about people's needs, preferences, abilities and other important information about their lives. Care plans did not provide detail to guide staff on how to provide the support required and reviews had not been completed

There were no agreed systems to monitor the quality and safety of the service to ensure people received good care. Key policies and procedures relating to the running of the service were not in place.

You can see what action we told the provider to take at the back of the full version of the report.

Despite the information above, people told us they felt safe with the staff and were supported by a consistent and reliable team. Staff understood the actions to take to safeguard people from potential abuse and had access to Personal Protective Equipment (PPE).

Staff sought people's consent before providing care and encouraged people to make decisions about their support. The staff team understood the importance of the Mental Capacity Act 2005 (MCA) but had not completed training in relation to this. An assessment was not completed for one person who was thought to lack capacity. Staff used daily records to describe the support provided to a person and any important information to follow-up on. People were supported to eat a diet of their choosing. Advice and input was sought from health and social care professionals when required.

People told us staff were kind and caring in their approach towards them. Staff upheld people's dignity and privacy and spoke about people in a respectful manner. Information about advocacy services was available.

Staff had established a rapport with the people they supported and developed a good understanding of their needs. The provider had a compliments and complaints policy in place and people were confident that any issues would be addressed by the management team.

Staff and people who used the service provided positive feedback about the management team and found they were approachable and helpful. The provider and registered manager maintained regular contact with people and provided a service which was flexible to people's needs.

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

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying their terms of 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 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.

Recruitment of new staff was not safe and failed to ensure that staff employed were suitable to work with vulnerable people.

People were at risk because appropriate arrangements were not in place to handle and administer medicines safely.

The assessment, monitoring and mitigation of risk was not sufficiently robust to ensure people's well-being and safety.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not received an induction or relevant training to ensure they had the necessary skills and knowledge for their role.

Competency checks of staff performance were not being completed and individual meetings with staff to discuss their work performance were not taking place.

People confirmed staff sought their consent before providing care and people were supported to have a diet of their choosing.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Minimal oversight from the management team and limited recording meant people may not receive the support they needed.

People told us staff were kind and caring and promoted their dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not consistently in place and did not guide staff on how to provide person-centred support.

People told us they felt confident to raise any issues with the management team.

Is the service well-led?

The service was not well-led.

Systems were not in place to check the quality and safety of the service.

Policies and procedures were not in place in relation to the running of the service.

Inadequate ●

Happy2Help

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 was 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 21 and 23 August 2018 and was conducted by an adult social care inspector. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure somebody would be in the office. The inspection included visits to the office location to see the managers and review care records and policies and procedures. We visited people who used the service and their relatives. Following our inspection, the provider contacted us to confirm actions taken since the inspection was completed.

Before our inspection we reviewed information we held about the service, which included any information shared with the CQC. We contacted the local authority and Healthwatch for feedback. Healthwatch is a consumer group who share the views and experiences of people using health and social care services in England.

We also considered the Provider Information Return. This is information we require providers send us at least once annually to give key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan our inspection.

During the inspection we spoke with two people who used the service and three relatives. We also spoke with five members of staff; the provider, the registered manager, a newly appointed care coordinator and two care assistants.

We looked at four people's care records, which included assessments, care plans and daily records. We also reviewed three staff files and considered information in relation to the running of the service such as policies and procedures, compliments and complaints and accidents and incidents.

Is the service safe?

Our findings

Recruitment practices were not safe or in line with provider's policy. Checks had been completed with the Disclosure and Barring Service (DBS). This helps the employer to make safer recruitment decisions and minimises the risk of unsuitable people working with potentially vulnerable people. However, as staff did not have a contract or an agreed start date the provider could not demonstrate checks were completed prior to staff caring for people. When a DBS check had confirmed previous convictions or warnings a risk assessment was not completed to consider people's suitability for their role. This placed people at potential risk of harm from being supported by unsuitable people.

The provider's recruitment policy stated, 'Sourcing of a minimum of two written and verified professional references'. However, the provider had not contacted new staff member's referees before they started to care for people. Shortly before our inspection the provider had recognised this and had made telephone contact with people's referees. Pencil entries were written next to the information about the referees noting whether their initial feedback was positive. The provider told us written requests had also been sent and the telephone calls were an interim measure. Staff files did not contain other important information. Photograph identification had not been consistently attained to confirm the person had legal status to work. Health declarations were not completed to ensure newly recruited staff were fit to work in the community and to assess the level of support they required in their role. Whilst we could not find evidence that the shortfalls in staff recruitment had an adverse impact on people using the service, this did not demonstrate a robust recruitment process.

Failure to establish and effectively operate recruitment procedures is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulation 2014 – Fit and Proper Persons.

During the inspection the provider advised us they had recently employed the services of an independent consultancy firm. This was to assist with and ensure the development of the service's human resources policies, procedures and staff contracts.

Staff supported people to take their medicines and administer creams. However, this was not sufficiently documented or in line with national guidance or the provider's policy. Staff recorded within people's daily records that medicines support had been given however, the records did not record what medicines were administered, the dose and whether this was safe for the person to take. This was despite the provider's policy stating, 'The medication administration record details the current medication, what is to be taken when, and the strength of the medication dispensed.' The level of medicines support people required had not been assessed or recorded within their care plan. When we asked a member of staff how the service could be improved they stated, "They need to put medicine sheets in."

Staff had not completed medicines training. The provider told us some of the staff had completed medicines training within their previous roles, however evidence of this had not been provided or their competency assessed to ensure they had the necessary knowledge and skills for this role.

We discussed our concerns with the provider. They showed us new records for the documentation of medicines and assured us this would be implemented and audited. The provider confirmed a new member of staff had been appointed who could assess people's competency. We found no evidence that people had been negatively affected because of this shortfall however, the lack of recording and training presented a significant risk that people would not receive the medicines support they required.

Risk assessments had not been completed for people who used the service despite there being known risks which required monitoring. For example, a person who used the service had sore skin at times and creams were prescribed to help with this. There was no information about the level of risk, information to guide staff about what actions to take to reduce the risk or how to respond should the person's skin deteriorate. Of the files we reviewed there were two people who sometimes required support to transfer and walk and had equipment in place. Moving and handling risk assessments had not been completed to consider the level of risk to the person and the staff involved in supporting them. The provider acknowledged our concern about the lack of risk assessments and agreed to ensure these were completed.

The failure to assess and mitigate individual risks and to ensure the safe management of medicines is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12: Safe care and treatment.

Despite the identified shortfalls people told us they felt safe with staff. Comments included, "I know that if anything is wrong they would sort it" and "Most agencies are strictly time limited, even in an emergency; none of that with Happy2Help. If you have a crisis, they stay and see it through."

The provider did not have an accident or incident policy to guide staff's actions and to aid their understanding about their responsibilities. There had been no recorded accidents or incidents and of the information reviewed we did not find instances where an accident or incident report should have been completed. Staff told us if there was an accident or incident they would alert the registered manager immediately and expressed their confidence that actions would be taken to support them and the people who used the service.

A whistleblowing policy was in place but had been sourced from another organisation which was not relevant to the organisation or care sector. Staff, however, told us they would have no hesitation in raising concerns and knew who to approach if their concerns weren't being addressed by the management team.

We have provided more information about the provider's policy and procedures and our response to this in the 'well-led' domain of this report.

The safeguarding policy was updated shortly before our inspection and was in line with current guidance. The management team told us they were going to arrange time with each of the staff to discuss the updated policy. The provider advised staff had completed safeguarding training, since they had been employed, but this was completed with another service and they were awaiting certificates from this. During our discussions with staff it was evident they understood potential signs of abuse and knew how and who to report their concerns to. The provider and registered manager understood the safeguarding processes and local referral routes.

People who used the service said they were supported by a small consistent team of staff who were reliable. A person who used the service said, "Everybody I have met in the company has been great. Just nice to not be stressed. We know the staff are going to turn up." A member of staff told us, "The timings of calls are great; we are given travel time. We're given 30 minutes to get to most calls. You've got time to think about

the last call, the next call and to have a drink."

Staff rotas were not in place to confirm which staff were providing support to whom and at what time. The provider advised us that, as people's staff teams were consistent, staff were familiar with the time of the calls and support required and that cover was found if the staff member was delayed or unavailable. We discussed with the provider the importance of having rotas to ensure calls aren't missed and the service continues running in the absence of the management team. The provider agreed to implement these.

Staff had access to Personal Protective Equipment (PPE) in the office to help prevent and control the spread of infection. A person who used the service said, "The carers always wear gloves and aprons, they're mindful of this."

Is the service effective?

Our findings

Staff had not been given training to ensure they had the necessary skills and knowledge to safely carry out their role. Training was not completed in relation to moving and handling, first aid or medicines. The provider had not considered what training they considered mandatory for staff to complete to demonstrate their competence. For staff who had previously been employed in the care sector, evidence of their training had not been provided nor had their competency being assessed.

There was not an agreed programme of induction for new members of staff. A member of staff told us, "When I started I spent about 45 minutes talking with [name of provider] and they let me know about the general running of the place, told me they were a new business, information about the clients and what they needed and safeguarding." Another member of staff told us, "I didn't really have one (an induction)". The provider did not record the discussions they had with new staff and from our discussions with staff, the initial discussions did not cover important information such as role and responsibilities, how to report an accident or incident and the organisation's policies and procedures. The management team advised us they were in the process of devising a programme of induction for new staff.

The provider did not have a structured approach towards the support they provided to staff and to ensure they had the support they needed in their role. Staff had not received supervisions. Supervision is a process, usually by way of a meeting, for a provider to monitor and support the learning, development and well-being of their staff. Despite this, staff told us they felt well-supported in their role. Comments included, "I haven't had one (a supervision) but I can always approach them" and "They (the registered manager and provider) are incredibly supportive." Annual appraisals had not yet been completed as none of the staff had yet been employed for a year.

The failure to provide appropriate supervision and training is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014: Staffing.

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. The provider did not have a policy about the MCA and staff had not completed training.

The provider advised us, at the time of our inspection, that most of the people they supported had the capacity to understand their needs and direct their support. However, there was concern about one person's capacity and an MCA assessment and best interest decision had not been completed to guide staff on how to provide support. This was discussed with the provider who acknowledged this should have been recorded and agreed to ensure this was completed. Through our discussions with the management team and staff they demonstrated an understanding of the principles of the MCA and promoted people's choice.

Staff confirmed to us they always sought people's consent before providing care. A person who used the

service told us, "They (the staff member) always ask is it okay if I do this and will knock on the door and ask to come in." However, signed consent forms were not in place to demonstrate people understood and had consented to the way their support was provided. There was also no agreement in place to share important information with services such as the local authority and health. This was discussed with the provider who agreed to ensure these were implemented.

Prior to commencing support for a person, an assessment was completed to ensure there was the staff capacity to provide support and the person's needs could be met. A relative described meeting the provider for the first time during the assessment visit; "They (the provider) were absolutely wonderful, so grounded, practical, knowledgeable and unflappable and I thought, thank goodness."

Staff completed daily records to document the support provided and any important issues to follow up. These were completed in a respectful manner and demonstrated openness and honesty. For example, one person's records stated, '[The person] felt I was rushing them tonight, I apologised'. There were also entries to apologise when the member of staff had been late to a visit.

People were supported to eat meals of their choice and this was documented within their daily records. A relative told us, "[Staff member] does very beautiful salads. They are not just slapped on a plate and they always look so appetising."

For most people who used the service, they had a relative or representative who liaised with agencies on their behalf. However, when required, staff contacted professionals to seek their advice in relation to the person's health or social care needs. The provider and registered manager were continuing to develop their understanding of local systems and referral processes.

Is the service caring?

Our findings

Although we observed caring interactions and people who used the service gave positive feedback about the staff, the lack of training for staff and oversight from the management team meant improvements were needed to ensure people received a good standard of care. Limited records meant staff did not have the necessary information about people's background, personal histories and preferences prior to providing support. This placed people at potential risk of not receiving the care they needed or in the way they wanted.

Through our discussions with staff it was evident they understood the importance of promoting people's independence and building upon their existing skills. However, people's abilities were not consistently recorded within their care plan. Within one person's care plan it stated, '[The person] is very independent and does like to do things for themselves' but this lacked further detail. The recording around this is important to ensure new members understand and work with people's abilities.

The people who used the service and their relatives said the staff were kind and caring and considered their emotional needs. Comments included, "We feel superbly cared for and loved", "They go over and above. They'll stay if not 100% happy that I have everything I need" and "Without these carers [the person] would have gone downhill. They come every day and make them laugh and smile." A relative told us, "They're kind and I would like them to look after me."

People's dignity and right to privacy were promoted in the way staff supported them. A person who used the service told us, "There is nothing worse than when you're standing in the shower and the carers don't say anything to you. With these carers we talk and laugh all the way through." We asked a relative how the staff promoted the person's dignity to which they said, "Just their manner, they have a good rapport with them. If they talked to [the person] like a twit they would soon get very annoyed and tell me." There was information available to staff in the office about 'The 10 Dignity Do's'. This was an initiative from the 'Dignity in Care' campaign which reminds staff about people's right to express their needs and wants, for staff to ensure they respect people's privacy and support people as they would want their family to be. People's care plans noted the importance of maintaining their dignity. For example, '[The person] is very uncomfortable with a new carer unless they have been introduced prior to their shower visit, as this is very personal to them.' The provider ensured people's care plans and confidential information was securely stored.

People also told us about small acts of kindness where staff had considered what they could do for them, often in their own time. For example, a staff member had bought takeaways on the way to a care visit as they thought the person might need cheering up and had made a blanket for another person. Records showed another member of staff had brought homemade soup to somebody they cared for. These actions meant a lot to the people we spoke with.

Staff spoke about their job and the people they supported with affection and warmth and had become familiar with people's needs. A staff member told us, "I have never had a job like it, I love it. It's very humbling to help people". During our visits to people we observed the provider laughed and talked with

people and they were clearly at ease in one another's company. This demonstrated to us that staff and the provider had developed a rapport with the people they supported.

Through establishing a rapport staff had become familiar with people's preferences and encouraged people to make decisions about their support. People told us staff members offered them choices about what food they wanted to eat, what they wanted to wear and any other tasks they needed assistance to complete. This demonstrated to us that people were encouraged to take an active role in making the day to day decisions about the support they received.

At the time of our inspection there was one person been supported by an advocate. Advocacy organisations provide people with independent advice and support to make important decisions about their lives. The registered manager understood when advocacy support may be required and provided people with contact details for advocacy organisations within the client handbook.

Is the service responsive?

Our findings

Care plans did not consistently contain detailed and person-centred information to guide staff on the support required. For example, one person's care plan consisted of half a page and stated, 'Make sure [the person] eats, drinks and takes medicines.' There was no information about the person's likes or preferences, the level of support needed or what actions to take should the person refuse this support. For one person we reviewed, they did not have a care plan in place. There was no evidence that people had been impacted as a result of the lack of documentation, however this placed people at increased risk of harm.

Where people required support with complex physical or mental health conditions, specialist care plans were not in place. Whilst these needs were identified during the assessment process there was no information about how the condition affected the person, actions for staff to take to ensure they provided the right type of support or what to do should the person's condition deteriorate. For example, a person with Diabetes had been losing weight and neither their condition or the weight loss were referred to within their care plan. Whilst the staff member who regularly supported this person was aware of their needs, for a staff member who was less familiar this lack of recording could have a significant impact.

Reviews of people's support were not being completed. The provider and registered manager directly supported some of the people who used the service, so were aware of how these people were. However, for others they relied on changes being consistently communicated by staff, people who used the service or their relatives. This process did not ensure the service understood and delivered support for people's changing needs, which presented a risk their needs could go unmet.

Failure to keep up to date, accurate, complete and contemporaneous records for each person who uses the service is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance.

End of life support was not being provided to any of the people who used the service at the time of our inspection. The provider did not have documentation in place to detail people's wishes in relation to their end of life care, should this be required.

During the inspection we discussed our concerns about the quality of people's documentation. The management team were aware the documentation required significant improvement and showed us new documentation they intended to start using. Following our inspection, the provider informed us they were in the process of reviewing everybody's care plans to ensure they contained the necessary information.

Despite the significant shortfalls in people's records, people felt they did receive a person-centred service. A relative told us, "The relationship they (the management team) have with [The person] is empathetic and not cold. With other agencies when more support is needed, such as the bedding being soiled, they didn't do anything but you don't get any of that with Happy2Help"

A compliments and complaints policy was in place. One formal complaint had been received since the

service opened and this was responded to appropriately. We saw a series of compliments within people's care files and on the walls of the office to encourage staff. Comments included, 'Thank-you and may I compliment you on your brilliant service' and 'Fantastic service.' People who used the service and their relatives told us they felt able to raise any concerns with the management team and were confident these would be addressed.

At the time of the inspection people were primarily supported with their personal care needs and the staff team were not involved in supporting people to attend or engage with activities in the wider community.

Is the service well-led?

Our findings

The service had a registered manager in place who registered with CQC in September 2017, when the service first opened. The registered manager had worked within the care sector for the last twenty years. The provider had operated a successful private business which expanded, at the customer's request, to include the provision of care. Prior to this, the provider had also worked in the care sector.

The registered manager and provider directly supported people due to staffing issues and had worked hard to ensure people got the support they needed. However, this impacted on the governance and oversight of the service and was not sustainable on a long-term basis. Good practice guidance was not consistently used or topics robustly understood. There were no quality assurance systems in place to ensure the service met people's needs and the regulatory requirements.

The registered manager and provider took sole responsibility for completing people's assessments and care plans. However, as noted throughout this report, the documentation relating to risks, people's needs and how to meet those needs were not sufficiently recorded. The management team relied on the feedback of staff members, people who used the service and their relatives to tell them if something was wrong or had changed, as opposed to completing reviews of people's support. Documentation relating to one person's mental capacity had not been completed and signed consent forms were not in place.

There were no medicine administration records. This meant staff did not have information about people's prescribed medicines to ensure they were taking them correctly. As there were no records, this prevented the provider and registered manager from auditing these to ensure people received their medicines as needed and staff were safely supporting them. Staff had not received medicines training nor had their competency assessed.

During this inspection we also found staff had not been consistently recruited in a safe way and had not received adequate training, induction or supervision to carry out their role.

Whilst the provider had some policies in place, key policies were missing which were essential to the safety and running of the service. These included accident and incident, mental capacity and equality and diversity. The service's whistleblowing policy was not applicable to the care sector and we requested this was reviewed.

The provider did not have a business continuity plan to describe what actions to take in the event of an emergency for the service such as staffing issues, loss of premises or extreme weather conditions. We highlighted this to the provider and requested this was completed as a priority.

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

We discussed our concerns about the running of the service with the provider and the registered manager

during the inspection. They were open and honest with us throughout and acknowledged the significant shortfalls and improvements required. Since our inspection the local authority have provided a high level of oversight and supported the provider and registered manager. Documentation is in the process of being updated and training has been arranged for topics including moving and handling. Shortly before our inspection the provider also employed an experienced care coordinator to assist with the running of the service.

However, despite the issues we found during our inspection, people who used the service and their relatives felt their contact with the management team had been positive. Comments included, "Happy2Help are the benchmark by which others should be measured and they will be found wanting" and "I do bounce things off them and I know they're at the end of the phone or just up the road."

Some of the people who used the service described to us how they had felt let down by other care agencies when staff didn't turn up or by staff's manner towards them but had found the experience of being cared for by Happy2Help as very positive. A relative we spoke with described the service as a 'lifeline' to them.

Staff spoke of feeling valued by the management team who cared for their well-being and the well-being of the people they supported. A member of staff stated, "The managers are working so hard. They are brilliant" and went on to say, "A lot of people have been talking about Happy2Help. The client's feedback is fantastic." Another member of staff stated, "The care is absolutely spot on; the clients all say so. One person has had different care agencies for nearly 30 years and they said we're the best one they've had."

The provider was in the process of seeking people's feedback to establish what they were doing well and where they could improve. Of the feedback received, these were all positive and confirmed they would recommend the services of Happy2Help.

We had not received any statutory notifications since the service had opened. On reviewing information during this inspection, we did not find events that would have required notifying. The registered manager and provider were aware of their responsibility to report accidents, incidents and other events that occurred to CQC.

As the staff team was small, team meetings were not being held. Staff told us important information was relayed to them when they visited the office or through telephone contact.

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 The provider had failed to assess and mitigate the risk to people who used the service. The proper and safe management of medicines had not been followed
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service had not been established and operated effectively. Complete, accurate and contemporaneous records were not kept.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitment procedures were not operated effectively to ensure that new staff were of good character and had the qualifications, competence and skills for the work they were employed to perform.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide appropriate training, support and professional development to enable staff to carry out their duties.

