

Grace Care/Training Limited

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Inspection report

Basildon Enterprise Centre
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Essex
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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

We undertook an announced inspection on 5 May 2016 with one inspector. The provider was given 24 hours' notice of our intention to visit because the location provided a domiciliary care service and we needed to be sure that someone would be in. We had also received information of concern about the service.

A registered manager was in place but was not available on the date of the inspection as they had resigned two days before the inspection took place. 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 service did not have appropriate systems in place to protect people from harm. Staff recruitment processes were not robust and the necessary checks had not been undertaken to ensure staff had been recruited safely.

Risks to people's health and wellbeing were not appropriately assessed and reviewed. Care plans were not sufficiently detailed to provide an accurate description of people's care and support needs.

The safe management of medicines was not in place with the required checks about the competence of staff skills and abilities. People were at risk as they did not consent to their medicines being given. People were not supported to meet their nutritional needs to keep them well.

Staff did not receive the required induction, training, supervision and support to undertake their role. There were staff working at the service without the knowledge and skills to provide people with safe care and treatment.

Staff did not always treat people with respect, were not always attentive to people's needs or maintained their dignity in the way they provided care and support.

There was no overall leadership of the service in place. Quality assurance and management systems were not in place to monitor the care provided to people who used the service.

People's views were not taken into account and used to make improvements to the service. Processes were not in place to deal with people's complaints and concerns.

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

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

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

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.

Staff had not been recruited safely.

Risk assessments were not robust to protect people from harm.

The safe management of medicines was not in place.

Is the service effective?

Inadequate ●

The service was not effective.

Staff did not receive the support and training they needed to carry out their role effectively.

Supervision and checks on staff were not in place to monitor their capability and understanding of the tasks they were required to undertake.

People's health, social and nutritional needs were not met by staff in a timely way to meet their needs.

Consent from people or their relatives was not always obtained before support and care was provided.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not involved in making decisions about their care and the support they received.

Staff did not always treat people with respect and were not always attentive to people's needs.

Staff did not maintain people's dignity in the way they provided

care and support.

Is the service responsive?

Inadequate ●

The service was not responsive.

People's needs were not met as they were not assessed and recorded appropriately.

People's choices were not respected and their preferences were not taken into account by staff providing care and support.

Processes were not in place to deal with people's complaints and concerns.

Is the service well-led?

Inadequate ●

The service was not well led.

There was no overall leadership of the service.

People's views were not taken into account and used to make improvements to the service.

Quality assurance systems were not in place to monitor the care provided to people who used the service.

Grace Care/Training 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.

We undertook an announced inspection on 5 May 2016 with one inspector. The provider was given 24 hours' notice of our intention to visit because the location provided a domiciliary care service and we needed to be sure that someone would be in. We had also received information of concern about the service.

Grace Care/Training Limited provides a domiciliary care service and is registered to deliver personal care to people in their own homes. On the day of our inspection, there were 30 people using the service, 27 care staff and four management staff supporting them.

Before the inspection, we looked at relevant information as to the provider's activities since their registration with the Commission. We reviewed any complaints, safeguarding concerns and intelligence provided to us about the service.

On the day of the inspection visit we spoke with the recruitment manager, the training manager and the care coordinator at the office location. We reviewed five people's care records, seven staff recruitment and training files and looked at quality audit records such as policy and procedures and the office log book. After the inspection, we undertook phone calls to three people who used the service and four relatives. We spoke with five care staff.

We also spoke with colleagues in Essex Local Authority and in the NHS Basildon and Brentwood Clinical Commissioning Group (CCG) about the service.

Is the service safe?

Our findings

We looked at the recruitment process for employing staff to work at Grace Care. We found that the required checks were not in place to ensure that people employed were suitable and safe to work with people who used the service.

Employment application forms had not been completed appropriately. Evidence of previous employment or education history or any gaps recorded in their employment were missing in all seven of the recruitment files we looked at. Therefore, staff employed may not have the relevant skills, experience and knowledge to provide the safe care and support to people.

Four staff were working without up to date Disclosure and Barring Service (DBS) checks being undertaken by the service. Two DBS checks showed positive returns for offences. None had declared the convictions on their application forms. We did not see any evidence that risk assessments had been completed or a record of any discussion about the relevance of the offences to the work being undertaken with vulnerable people in their own homes.

The references that we saw had been completed electronically which did not ensure they were authentic. References to ascertain proof of a person's identity and their conduct had not been checked and verified prior to employment being offered and work commencing. This was in direct contravention of Grace Care's recruitment policy which stated 'This reference is invalid if no official company stamp or compliment slip were provided.'

We found that people were in a vulnerable and unsafe position because the required checks had not been completed. We could not be assured that staff providing care to people in their own homes were fit and proper to do so.

This is a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We were shown a standard safeguarding policy and procedure which was not on the companies headed paper and not dated. A flow chart showing the process of how a safeguard is raised was on the wall in the office for staff to refer to but it did not provide any contact numbers of where a safeguarding should be raised. The procedure only provided information about one local authority when the majority of people who used the service were from another local authority area.

Some staff we spoke with were unfamiliar with the service's policy and procedure and what they would do if they suspected harm had taken place. However, other staff we spoke with were able to demonstrate knowledge and understanding of their role and responsibilities and protecting people from harm.

We had received information of concern regarding the safeguarding of people who used Grace Care. These were being investigated at the time of our inspection.

In the five care files we looked at, three did not contain any risk assessments despite information being recorded that people were prone to falls, used aids and equipment around the home and needed two staff to move and reposition them comfortably. In two care files, no risk assessment had been completed for the people who required two people to move and reposition them.

Where assessments had been completed, there was some information about the person's mobility, medicines, skin care and the equipment they used. However, there was insufficient and unclear information about the risks to their health and safety. For example, in one care file there was a lack of clear and readable information about a person who was diabetic. The risk had not been identified about what this meant for the person in relation to their medicines being given at specific times to keep them well. In another file, it was very difficult to read the hand writing in the assessment and to understand what action was needed to be taken to safeguard the person.

Infection control equipment, such as protective gloves and aprons, were available at people's homes but staff told us that little guidance was available about when and where to use them.

Basic information about risks within the environment were recorded in one person's care file but not in others. Emergency arrangements and who to contact in the event of this being necessary were recorded in two people's files but not the others we saw. We could not be assured that people were being kept safe as the risks to their health and well-being were not being assessed, recorded or reviewed.

The recruitment manager we spoke with told us that the medicine policy and procedure was in need of updating. Again, this policy was a standard one and was not on the companies headed paper identifying that it was indeed the companies agreed policy and procedure. The policy said that staff with the appropriate level of training could administer medicines to people. The staff we spoke with could not remember receiving or seeing a copy of this and three staff told us they had not received any training in administering medicines.

The recording of what medicines people were required to take on a day on a day to day basis was inconsistent or not recorded at all. It was not clear in people's care plans if people self-administered their medicine, were prompted by staff or if staff administered the medicine for them.

We found that the lack of appropriate systems to administer and record medicines given to people was putting them at risk of harm. We saw that a sheet was available for staff to complete for one person. This sheet had not been completed correctly as no details were included as to what medicine they had been given and at what time. For another person, the only recording about the person's medicines was in the daily notes, where minimal information was available as to the medicine given and at what time.

People we spoke with and their relatives told us that sometime their medicines were late in being taken as the staff did not arrive at the allocated time. Sometimes they were missed completely as the staff member had not turned up at all. For example, in the complaints folder it was noted that on five occasions missed or late calls had been recorded in relation to staff not attending and medicines being missed.

In the office communication book, we noted two other incidents of missed medicines because of staff running late or not arriving at all. No notes of action taken had been recorded. People were at risk of harm of not receiving their medicines appropriately and in a timely way because they had not received agreed visits from staff to provide them with the care they needed within the appropriate time-frame. A family member told us, "I spoke with the carers about missing [relative's] medicine and that it may have had an effect on her health."

The recruitment manager told us that they did not have a system in place for recording medicine errors but that a process to issue staff with a medicine administration record to adequately record the medicine, time given, amount and signature was in the process of being introduced and we saw a draft copy of this.

This is a breach of Regulation 12 (1) (2) (a) (b) (g) of the HSCA 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Is the service effective?

Our findings

The service did not have a system for supporting and training its staff. We talked with the recruitment manager and the training manager about how many staff had received training to work with disabled and older people in the community. They were unable to tell us how many staff had received training in for example safeguarding people from abuse, moving and repositioning people, medicine administration or health and safety.

We looked at seven staff files and from these only two had an authentic college stamped certificate of a qualification in health and social care. In two of the seven files, there was no information about any training at all. In three other files, we saw a photocopy of a certificate of training in 'healthcare' dated September 2015 and January 2016. This did not give a date or dates on which the training took place.

A list of subjects including moving and positioning people, safeguarding of people from abuse, medicine management, infection control, food hygiene and health and safety was included in the file but not attached to the photocopied certificate so we were unsure of what these related to.

We were told by the recruitment manager that staff had attended a course run by Grace Care in January 2016 and that this was what the training had covered. They could not tell us which staff had attended or how long the course had taken to complete. Two staff members we spoke with confirmed that they had attended a course around this time but could not remember how long the course was or what it had covered. We could not be assured that the training provided was effective and that people were putting their learning into practice.

The training manager found on the computer that two staff were completing online training in the Care Certificate (The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life) but no other details were available to clarify this process for those involved. We were not assured that all staff had the relevant skills and knowledge to meet people's needs.

The care and office based staff we spoke with told us they had an induction to the service which had been minimal and consisted of a discussion with the director/registered manager about the service and their role and responsibilities. They had spent usually one day shadowing another staff member on their visits to people to gain an understanding of the work and the people they would be working with.

Staff told us that no training or guidance was offered to them before they went to support people in the community. One staff member said, "I got the job one day and then I was working with people the next day. I was not on my own so I just copied what the other staff member was doing." Consequently, there was the potential for staff to develop poor care practices from staff that had not been assessed as competent.

The process for supervising, supporting or checking the competence of staff was not in place. The only one supervision session conducted and recorded for a staff member was for a disciplinary hearing. This was managed by the registered manager. No follow up records about performance were found.

We saw no evidence of checks on the competence of staff to administer medicines, move and position people or to use infection control equipment. The recruitment manager confirmed that there was not a process in place for supervising or checking the competence of staff. We were not satisfied that staff were sufficiently trained and supported to provide an effective service to people in carrying out their duty in an effective way to keep people safe from harm.

This is a breach of Regulation 18 (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

No care or management staff had undertaken training in understanding the MCA and how this affects people's capacity to make choices and decisions for themselves.

We did not see any assessments in place in the care files we looked at in relation to a person's capacity to make their own decisions. The recruitment manager told us that most people were able to make choices and decisions themselves or they lived with someone who helped them with making choices. Some people did not have a care plan in place. Where one was in place, the person or their representative had signed to say they had consented to their care and support arrangements.

Some staff, but not all, were able to give us an example of their understanding of capacity, consent and making decisions, for example, one staff member said, "I would ask if they had finished before going into the bathroom so to respect the person's dignity even if they had dementia." Whilst another staff member said, "One person I go to tells lies about taking their tablets, so I tell them they have got to take them whether they like it or not."

We had received information of concern relating to a person not consenting to their medicines being given to them. One staff member had given a person their medicine without their involvement, in a way they did not know, and without their permission because they refused to take it. This went against the person's right and wishes to make decisions about their care and treatment.

This is a breach of Regulation 11 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014, Need for consent.

Very little information about people's nutritional and dietary needs was contained in any of the care plans we saw. From the limited training records, no staff had undertaken training in food hygiene.

People told us that where they required assistance with food and drink, snacks and meals of their choice were usually prepared as they wanted them. One person said, "They prepare some toast for me and I like porridge." And another person who was not so happy said, "They [staff] get my meals but never ask my permission to get their own breakfast, usually egg on toast. They just help themselves." This did not show that the person or their home was respected or that the service was providing effective care.

Missed and late calls had resulted in people missing their meals or having them at times not of their choosing but when the staff arrived. One family member told us, "The carer didn't turn up at 08.30 as agreed

to give [relative] their breakfast which meant that they did not get their vital antibiotics for the pneumonia." Another said, "My [relative's] tea time call can sometimes be 8.15pm as it was the other evening and by that time they are not hungry anymore."

We could not be assured that the service was effective in meeting the nutritional or hydration needs of people who used the service as part of the arrangements made for the provision of their care.

This is a breach of Regulation 14 (1) (b) of the HSCA 2008 (Regulated Activities) Regulations 2014, Meeting nutritional and hydration needs.

Is the service caring?

Our findings

There was a mixture of views from people and/or their relatives we spoke with about the service. Most people were positive about the caring attitude of the staff and that they were thoughtful and kind. One relative said, "The girls work hard, are caring and kind, but overworked."

People and their relatives told us that their service had been put in quickly usually after a stay in hospital or ill health. Some people using the service had been involved in the planning of their care. The approach for some people had been a visit from the manager at the service to complete an assessment of their needs and arrange for the care and support to be set up appropriately. One relative said, "We were treated very respectfully and sensitively when they came to the house."

However, other examples showed the lack of involvement of the person and/or their family. Staff had turned up to visit the person without any introduction or planned approach. We were told by the recruitment manager that information about people's needs was given to staff via text message on their mobile phones. The staff also told us that people's personal details and any changes to the visits were usually given via text message. People could not be assured that information about them was kept confidential.

Staff generally listened to people and acted on their views. Staff were flexible in their approach but sometimes they were running late so the time they spent with people was compromised. Staff told us that, "We seem to always be late getting from one person to another. People complain, which I would do too if I was in their shoes." Some people said that whilst late calls could not be avoided it would be courteous for staff to call and let them know. One relative said, "The times we wanted were not available so we get the times that they could offer us – it seems the wrong way round."

Most people were treated with dignity and respect at home. However, some people told us that staff were not always considerate about them or showed respect for their home. One person said, "They are not very nice, they start mucking around together and giggling." A family member said "My [relative] has one carer, but two usually turn up at the house as one is a driver. The driver just comes in and uses the toilet, sometimes without asking, this upsets my [relative]."

This is a breach of Regulation 10 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014 Dignity and respect.

Is the service responsive?

Our findings

The assessment process and planning of people's care varied considerably and care files we saw were very inconsistent in the content and quality of the assessments undertaken.

If people were funded via social services or health, we saw that a pre-assessment of their needs had been completed by a social worker and this provided comprehensive information about the person's needs and requirements. However, the service did not always use this information and include it in the person's plan of care.

In some care files, we saw that a visit had been undertaken to complete an assessment of need. This included activities of daily living, the details of the personal care required, duties and tasks to be undertaken, how the person preferred to be moved and repositioned, pressure ulcer care, use of equipment and the times and frequency of the calls.

In other care files, the information provided about the person's needs and arrangements was minimal. We did not see sufficient information to gain an understanding of the person's physical or health needs, medicines, risks, likes, dislikes, choices and preferences. Staff would therefore find it difficult to understand and follow a person's medicine routine or the way they preferred to have their personal care delivered.

Reviews of people's care arrangements had not taken place to ascertain if their personal care or health needs or wishes and preferences had changed. Staff may not be able to respond appropriately to people's needs without relevant and up to date information.

In one care file, the service had not undertaken an assessment of need despite a social service assessment being available. No written documentation was available to the staff at the person's home. We were told by the recruitment manager that information about the person's personal care needs was passed to staff via text messages on their mobile phones. People were at risk of not receiving a responsive service as information about them was given to the staff inappropriately, where it could be altered, changed and misinterpreted resulting in the care not meeting their needs.

Most of the care plans we saw were not written in a style and language which was respectful and person centred. For example, we saw written, "She can communicate and hear speak." Also, "Suffers from mixed dementia."

The care plans were hand written and some were very difficult to read and to decipher the handwriting. When we asked if these care plans had been typed up, for ease of reference for staff caring for the person, we were told that the hand written copy was also the copy which was used at the person's home to inform staff about the person's needs and circumstances. Staff we spoke with said, "There is information in the folder at their home but we get to know people well so we don't look at it, just fill in the notes." Another said, "Every day is the same so things don't change that much."

There was little information about people's ethnicity, faith or religion, sexual orientation or choice about gender specific care identified in any of the care files we saw. No life history was included so that staff knew something about the person's life and interests.

A daily notes book was used to record the tasks and activities undertaken for the person and to share any information of importance such as changes to the care plan. We saw a copy of some of the completed daily notes and the information provided gave a basic understanding of what tasks had been completed. Most people who used the service were not aware of what had been written in the daily notes and did not tend to look at them.

Staff we spoke with said that they were aware that the information about people's needs and the agreed plan of care was provided for them in the person's home. One staff said, "We get to know them so we don't usually bother with that we just write up what we have done that day for them."

This is a breach of Regulation 9 (1) (b) (c) (3) (a) (b) of the HSCA 2008 (Regulated Activities) Regulations 2014, Person-centred care.

The service had developed guidance on how to make a complaint, however not everyone we had contact with had received it. Some people were unsure of who they would contact should they have any concerns or a complaint to make whilst others had contacted the service directly either by phone or by email. One person said, "I have no complaints, all is OK for me and I would get right on the phone if it wasn't." A family member said, "If I have any concerns or worries about [relative] I usually speak to the carers directly."

Other people were not so happy with the service provided. "One person told us, "There is no point complaining as nothing gets done." One relative said, "I did speak to the carers but didn't hear anything back about it."

A log of five complaints dating from August 2015 showed that the service was recording the complaints received. However, the communication in response to two recent complaints was not dated, no heading on the correspondence, either email or headed paper, and had no details of what situation or who it was connected to.

The commission had received information of concern regarding missed and late calls and medicine errors which were in the process of being investigated. One relative said, "I have personally complained to the manager, who has been very pleasant but has not resolved any of the issues."

This is a breach of Regulation 16 of the HSCA 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

Is the service well-led?

Our findings

The service did not have in place a quality assurance monitoring system. The service's policies and procedures were not maintained or utilised in managing the service effectively.

The views of people who used the service had not been regularly sought either by an on-going review of their care arrangements or via a satisfaction survey process. The service had not been developed with people's input or involvement or learning from their complaints or compliments.

No audits of the care plans, health and safety and risks in the home, medicine administration and management, competency checks on the ability of staff to undertaking their role had been completed to ensure that people were receiving safe high quality care. No actions were in place to deal with the catalogue of missed and late calls and the harmful effect this had on people who used the service. People were not provided with a personalised service that was responsive to their needs and which supported and maintained their autonomy and independence.

The management of the service was in turmoil at the time of our inspection with no visible leadership in place. The registered manager had resigned two days previously and the recruitment manager had been asked to act in their place. An established care coordinator was on sick leave and two new staff members, a training manager and a care coordinator had been in post for three weeks. The staff we met at the office were open and honest about their knowledge of the systems in place at the service and of the difficulty in finding and producing records and information we requested.

Systems were not in place to recruit, induct, train and supervise the staff safely and effectively. Some care staff told us they were listened to by the managers and that when they had raised issues these had been resolved satisfactorily. Others felt that there was room for improvement in areas such as communication, rotas, time allowed getting to calls and getting paid in a timely way.

The system for the storing and retrieval of information and records was in disarray with records being of a poor quality. The new computerised management system had been purchased which would record and maintain information in relation to staffing levels, numbers of visits, recruitment, time sheets and missed calls. The training manager was positive that this would make a difference to managing the service more efficiently.

We asked to see the rota to understand which staff were providing care to each person on a day to day basis. There was not one available to cover the whole service. The recruitment manager told us, from her memory, some of the staff who were on visits with which person. We were provided with the rotas for two people who used the service, which had been prepared using the new computer programme recently installed. The training manager told us it would improve the system of allocating and managing staff visits.

However, one of these rotas had staff members working on four calls a day seven days a week with one person. When we asked if this was correct we were told that staff did have days off in the week and that

other staff were slotted in as and when necessary. This meant that the rota we saw were incorrect and did not show which staff were working for which person at any given day or time.

People who used the service and their families could not be assured that the service was safe, effective, caring, responsive or well led.

This is a breach of Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) of the HSCA 2008 (Regulated Activities) Regulations 2014, Good governance.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was not meeting this regulation as people's needs were not being assessments and they were not receiving a person centred service. This is a breach of Regulation 9 (1) (b) (c) (3) (a) (b) (i) of the HSCA 2008 (Regulated Activities) Regulations 2014, Person centred care.</p>

The enforcement action we took:

NOD positive condition

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider was not meeting this regulation as people were sometimes not treated with dignity and their confidentiality respected. This is a breach of Regulation 10 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014, Dignity and respect.</p>

The enforcement action we took:

NOD positive conditions

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not meeting this regulation as people had not consented to their medicine being given without their permission. This is a breach of Regulation 11(1) of the HSCA 2008 (Regulated Activities) Regulations 2014, Need for consent</p>

The enforcement action we took:

NOD positive conditions

Regulated activity	Regulation
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Personal care

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

The regulation was not being met because the provider had not assessed the risks to people who used the service or looked at how they could be avoided. This is a breach of Regulation 12 (1)(2)(a)(b) of the HSCA 2008 (Regulated Activities) Regulations 2014, Safe care and treatment

The enforcement action we took:

NOD restrictive conditions

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not meeting this regulation as they do not have an induction, training, supervision or support system in place for the staff to carry out their duties effectively. Regulation 12 (2) (c) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p>

The enforcement action we took:

NOD restrictive conditions

Regulated activity	Regulation
Personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The regulation was not being met because people were not getting their nutrition and hydration needs met. This is a breach of Regulation 14(1)(b) of the HSCA 2008 (Regulated Activities) Regulations 2014, Meeting nutritional and hydration needs</p>

The enforcement action we took:

NOD positive conditions

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider was not meeting this regulation because they were not receiving and acting on complaints appropriately. Regulation 16 (1) (2) of the HSCA 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.</p>

The enforcement action we took:

NOD positive condition

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not meeting this regulation because they were not managing the day to day service and providing good governance for people who used the service and the staff. Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) of the HSCA 2008 (Regulated Activities) Regulations 2014 Good governance</p>

The enforcement action we took:

NOD positive condition

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was not meeting this regulation as the staff were not recruited safely and in line with current requirements. Regulation 19 (1) (a) (3) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed</p>

The enforcement action we took:

NOD positive conditions

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider was not meeting this regulation as staff did not have the skills and abilities to care for people safely. Regulation 18 (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014 Staffing</p>

The enforcement action we took:

NOD positive conditions