Westcroft Care Limited

Westcroft Nursing Home and Domiciliary Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of Westcroft Nursing Home and Domiciliary Care on 14 December 2015. Following this inspection, we served a Warning Notice for a breach of Regulation 12 of the Health and Social Care Act 2008 relating to Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). Safe care and treatment. In addition to this, we also found an additional six breaches of six other regulations of the Health and Social Care Act 2008 during that inspection. Many of the breaches related to the nursing home part of the service.

Following the inspection the service was placed into 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. 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 at its next comprehensive inspection and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can read the report for previous inspections, by selecting the 'All reports' link for ' Westcroft Nursing Home and Domiciliary Care' on our website at www.cqc.org.uk

Following the inspection in December 2015 the provider wrote to us to say what they would do to meet the legal requirements. We undertook another comprehensive inspection on 6 October 2016 to check the provider was meeting the legal requirements for the regulations which they had breached. At this inspection the provider had made sufficient improvements to be removed from special measures.

Westcroft Nursing Home and Domiciliary Care is registered to provide nursing and personal care for up to 21 people and also to provide personal care to people who live in their own homes. At the time of our most recent inspection the nursing home had been closed since March 2016 and the provider had applied to de-register the home. The provider continued to run the domiciliary care service and at the time of our October 2016 inspection the service was providing personal care to 14 people in the local community.

There was a registered manager in post for the domiciliary care service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The quality and safety monitoring systems were not fully effective in identifying and directing the service in ensuring the quality of records and service provision. Three of the regulatory breaches identified at the last inspection in December 2015 been not been remedied.

The provider's staff recruitment process was not robust. The poor operation of the system meant that records relating to recruitment were incomplete and risk assessments had not been undertaken and recorded when the provider was unable to obtain satisfactory references.

People's needs were regularly assessed however care plans were not personalised and did not contain individual information and references to people's daily lives.

Staff told us they had received training to support people to be safe and respond to their care needs. We found however that records demonstrated that some staff had not completed suitable training before undertaking their role.
Medicines were managed safely and staff were aware of the service's safeguarding and whistle-blowing policy and procedures.

There were enough staff to meet people's needs. Staff demonstrated a detailed knowledge of people's needs.

Training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had been provided to staff. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Staff had variable knowledge about the protection of people's rights.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care. We also received positive feedback from people's relatives. Staff respected people's privacy and people said that staff worked with them in a kind and compassionate way when responding to their needs.

People had access to healthcare professionals when required, and records demonstrated the service had made referrals when there were concerns.

The provider had a complaints procedure, and people told us they could approach staff if they had concerns.

The provider had made appropriate notifications to the Commission; notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

We found three breaches of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe.

The service did not have safe and effective recruitment systems in place.

People were protected from the risk of abuse. The service had provided staff with safeguarding training. They also had a policy and procedure which advised staff what to do in the event of any concerns.

Medicines were managed safely.

There were enough staff to meet people's needs and people received continuity of care from regular staff.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

Is the service effective?

Requires Improvement

The service was mostly effective.

Records showed that not all staff had received training which enabled them to have the skills to undertake their role.

Staff received regular supervisions and felt well supported.

People were supported to access health care services.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring.

Staff understood people's needs and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans were not fully personalised with individual information and references to people's daily lives.

The service had involved people and their relatives in care plan review meetings.

The service had a robust complaints procedure.

Is the service well-led?

Requires Improvement

The service was mostly well led.

Although the provider and manager had put quality assurance systems in place these were not yet fully effective.

People told us staff were approachable. Relatives said they could speak with the registered manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

Westcroft Nursing Home and Domiciliary Care

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 between on 6 October 2016 and was unannounced. The inspection was undertaken by one inspector and a specialist advisor. Specialist Advisors are senior clinicians and professionals who assist us with inspections.

Prior to the inspection, we viewed information we held about the service, including information of concern and statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

We spoke with four people that used the service, four relatives and three members of staff. We also spoke with the registered manager and the provider.

We reviewed the care plans and associated records of six people who used the service. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Requires Improvement

Is the service safe?

Our findings

We found the provider had not ensured that there were effective recruitment and selection processes in place; new staff were not subject to suitable recruitment procedures.

At this inspection we found that not all of the required pre-employment checks had been completed and recorded. The standards put in place by the provider to ensure suitable staff were to be employed were not adhered to. We saw that various parts of recruitment records such as application forms and interview records were left blank or incomplete for example a criminal record declaration was left incomplete. In one staff file we found that two references were requested from a new member of staff; one had been received from a friend of the applicant and the other had not yet been returned. The member of staff had started working despite this and a significantly low training score, as assessed through the service's processes. There was not an effective risk assessment in place to ensure that the member of staff was competent and safe to be working in the role. We were told by administrative staff that the relevant checks had been undertaken but not recorded effectively.

These failings amounted to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

When we last inspected Westcroft Nursing Home and Domiciliary Care on 14 December 2015 we found that medicines were not managed in a safe way within the nursing home. At this inspection as the nursing home had closed we were unable to follow up on the previous breaches of regulations in relation to medicines in the nursing home.

At this inspection we found that the service managed medicines safely for people receiving care in their own home. None of the people using the service needed staff to administer their medicines; instead staff were required to 'prompt' people and check they had taken what was due. Notes stored in people's homes showed that staff documented when they prompted people. When people needed topical creams or lotions applied, the care plans we looked at named the prescribed cream and where it needed to be applied. Again, staff had documented in these notes to indicate they had applied the creams as prescribed.

The service had a policy and procedure regarding the safeguarding of people and guidance was available in the office area and online for staff to follow. Staff told us that they would report any issues of concern to the registered manager. Staff also knew that they could speak to the local authority safeguarding team directly if they felt this was appropriate.

When we last inspected Westcroft Nursing Home and Domiciliary Care on 14 December 2015 we found the provider had not followed the Department of Health code of practice on the prevention and control of infections. People were not cared for in a clean and hygienic environment within the nursing home and

infection control audits were not being routinely undertaken. At this inspection as the nursing home had closed we were unable to follow up on the previous breaches of regulations in relation to the nursing home environment.

When we last inspected Westcroft Nursing Home and Domiciliary Care we found there were not sufficient numbers of staff to support people safely within the nursing home. At this inspection as the nursing home had closed and therefore we were unable to follow up on the previous breaches of regulations in relation to staffing in the nursing home.

At this inspection, we found there were sufficient numbers of domiciliary care staff to support people safely and meet their care appointments. People using the service said there was always enough staff to meet their needs. One person said "They always turn up on time, give or take ten minutes" and another said "We always know what time the staff are coming. A few times they've been late, but they always let you know and it's usually because of traffic". All of the people we spoke with said they had never had a missed visit.

The service used a computerised scheduling system to ensure all visits were covered and that staff had enough time to travel between visits. We saw that requested visit times had been recorded within the system and the scheduled length of each visit. It was easy to view past visits and see if visits had taken the scheduled amount of time. We looked at the visits for the last two weeks; no visits had been scheduled for less than 30 minutes and there had been no missed visits or any that were excessively late

All of the people we spoke with said they received continuity of care. One person said "I have two staff that come on different days" and another said "I have one carer who comes most days." One person said "We always have the same two staff visit; it's so nice to have continuity." Staff also confirmed they felt there were enough staff to ensure that people's care appointments were unhurried and met on time.

Some people had key safes in place and the codes for the key safe were kept within the electronic system the provider used, which was password protected. This meant that only staff who needed to have this information were able to access it. People using the service said they felt safe. Comments included "Oh, yes, I feel very safe".

Accidents and incidents were reported. Copies of these were held within people's care plans. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated if required.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Risks were managed and people were supported to be safe. Care plans contained risk assessments, including ones for moving and handling and the risks associated with the home environment. When risks had been identified, the care plan provided details for staff on how to reduce the risks. For example, one person required the use of a mechanical hoist to move them safely. The care plan contained details of the hoist and which type of sling. When issues had been raised regarding the condition of the sling, a request had been made to the Occupational Therapy team for reassessment. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. Staff were able to describe the guidelines for people to keep them safe.

There were arrangements in place to deal with foreseeable emergencies. The registered manager told us

that the service had a business continuity plan. We saw the provider business continuity policy which included emergency planning for events such as staff shortages and IT failure.

Requires Improvement

Is the service effective?

Our findings

When we last inspected we found that staff were not consistently supported through an effective training programme.

At this inspection we found that although the registered manager had improved on ensuring training was undertaken, records showed that some new staff had not completed the provider's training programme before working unsupervised. We found for example one person had yet to complete 11 training subjects including infection control, first aid and food hygiene, there was also no record of any competency checks to ensure the member of staff was suitably skilled.

We looked at the training records in relation to medicines and found some staff that were prompting medicines had not received medicine training or had competency checks recorded. When we asked about this the registered manager said "I would have checked during induction but wouldn't have written it down. We were told by the provider post inspection that staff received basic medicine training during their induction training we found however recorded competency checks had not been undertaken as per the provider's medication policy. The provider could not be assured from records that staff prompting medicines were competent and were aware of the risks associated with prompting medicines. We have made further comment about the standard of record keeping in the 'Well Led' section of this report. People using the service said that staff were well trained and knowledgeable. Comments included "The staff know [person's name] needs really well. They know how to use the equipment and we don't have to tell them what to do" and "My carer knows me really well." One person said "I'm not really sure what they're supposed to do when they visit, but they always do whatever I ask them."

All staff we spoke with said they had been supported with supervisions recently. Records we saw demonstrated that supervisions had been undertaken but not as often as directed by the provider's supervision policy. This position was reflected in the staff records. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. We also found the notes of supervision conversations were very brief and did not detail what had been spoken about. Staff told us they felt well supported by the management team. The registered manager assured us that regular supervisions were being planned.

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.

When we last inspected we found the provider had not acted in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS): Code of Practice and the Mental Capacity Act 2005 Code of Practice. Providers must at all times act in accordance with these Codes. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care

and need protecting from harm.

At this inspection as the nursing home had closed we were unable to follow up on the previous breaches of regulations in relation to the MCA for people residing in the nursing home. At this inspection we checked whether the provider was working within the principles of the MCA for people using the domiciliary care service. We found that people's capacity to make decisions had been assessed.

Although people using the service said that staff always asked them before they did anything for them, formal consent to care was not always sought. Two of the care plans we looked at contained a signed "Consent to care" document and the person had signed to indicate they agreed to have care provided. However, the other four plans did not contain a signed consent form. The provider's Service User Care Planning Policy and Procedure stated 'Service user consent to care treatment and support detailed in the care plan must be formally obtained before the care plan is implemented'.

We saw from the training records that some staff had received training on the MCA and DoLS since the last inspection. The staff who had received training had basic knowledge of the act when they were asked about the principles of the MCA and DoLS.

When people had 'Do not resuscitate' orders in place, this was documented within the electronic recording system.

People were supported to have access to ongoing healthcare services. Records showed when referrals had been made to services such as the Occupational Therapist.

Good

Is the service caring?

Our findings

When we last inspected we found people's dignity and respect were not always protected. We observed several examples of people's dignity being compromised within the nursing home. At this inspection as the nursing home had closed we were only able to speak with people who had received domiciliary care from the service.

People told us that staff treated them with dignity and respect. People told us that staff were respectful when undertaking their personal care. People said their dignity was maintained, for example one person who said their main carer was male, said "He always makes sure I'm covered up" and "He [staff member] always treats me with respect".

People using the service said that staff treated them with kindness and compassion. They said "They are lovely, it's a jolly good service" and "The staff are so nice, they really make a difference. They take [person's name] out into the garden and will stop and show things to her, pick some flowers; they're wonderful". Another person said "My carer is very good, very polite and nothing is too much trouble".

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. People confirmed that staff knew them well and often spent time talking with them about their individual interests. All of the people we spoke with felt that the staff knew them well and knew how to support them.

We looked at a compliments folder and saw letters and cards from people who had used the service. Comments included "Superb team of carers that have shown nothing but affection and kindness to my mother", "Thank you for the brilliant care" and "(staff name) was very reliable, kind and helpful."

Requires Improvement

Is the service responsive?

Our findings

When we last inspected the quality of person centred information was not consistent within the care plans. The provider did not maintain accurate, complete and detailed records in respect of each person using the nursing home and domiciliary care service. Care plans were not personalised and did not contain unique individual information and references to people's daily lives. This meant there was a risk of people not receiving person centred care, because staff did not have the information available in relation to all of the people they were caring for.

At this inspection we found that although people said they received the care they needed, there was a consistent lack of detail within the care plans we looked at. This meant there was a risk that staff who were unfamiliar with people's needs would not have access to the necessary information. The registered manager said that people had care plans in place at their homes, but copies of these were not available for all of the service users. For example, two people had commenced on the service on 09/09/2016 and 15/09/2016. The only information available was a list of bullet points of tasks that staff needed to undertake. In one person's plan, staff had documented 'Check he is sitting on pressure cushion', there was no detail in relation to why the cushion was needed, or the current skin condition of the person. We had to ask the registered manager in order to get this information. In another person's plan, the list of tasks for staff to undertake was clear and detailed, but the local authority assessment of needs identified associated risks of self-neglect. This information had not been added to the care plan, despite it being of relevance to staff that were providing the person's care. Other essential information in relation to another person was not available in the care plan we looked at, but was also within the local authority assessment.

There was not guidance in place within care plans for supporting people with behaviour that may be challenging. Two of the plans we looked at contained documentation in relation to people's behaviours. In one plan, it had been documented that the person 'can sometimes swear and hit out' and 'has been known to hit out'. The plan did not provide any detail for staff on what might trigger the person to hit out, or on what they should do if it happened. In another person's plan, it had been documented 'has mental health issues', there was no further detail on what this meant. Although staff were informed to 'reassure' and to document any injuries, there was no further information available in the records held within the care plan or at the office on how the person may act or how staff should protect the person and themselves from harm. We discussed this with the registered manager during the inspection. They explained that the information was considered too sensitive to be documented in the care plan held at the person's home; however, whilst this showed sensitivity towards the person's feelings, the information should have been documented somewhere in order that staff can be informed on how to meet the person's needs safely.

The provider's Service User Care Planning Policy and Procedure stated 'Individual care plans should state in clear and factual language the detailed care treatment and support instructions required to instruct staff to meet the individual service user's needs'. In addition the procedure and policy also stated that 'Care plans should be designed to manage service users accommodation, physical, psychological and social health needs'. However, the plans we looked at did not provide the level of detail described in the provider's policy.

Although some of the plans provided person centred detail, this was not seen consistently. For example, in one plan the person's preferred time of getting up was documented alongside that they preferred their pillows in a 'special' position, but the pillow position was not described. There was limited detail available in relation to people's personal history, or other preferences. In another person's plan it was detailed how staff should enter the house and what they should call out to the person on arrival; however, there was limited information in relation to the person's other personal preferences.

Where possible people were involved in three monthly care plan reviews. Records showed that people were asked if they were happy with the care being provided. Some of the reviews showed that people's relatives were also involved and their feedback was also gained. However, the documentation within the reviews was minimal. For example we looked at two care plan reviews for one person. In one of the reviews staff had documented that the person would prefer their morning visit to take place before 9.30am. In the other the review staff had documented 'No issues [peoples names] are happy with the care they receive', but there was no evidence of the discussions that had taken place in order to reach that conclusion. The same person's records showed that they were due a care plan review on 01/08/2016, but there was nothing recorded to show if this had taken place. We were provided with this review post inspection by the provider. The third review was undertaken on 17/09/2016 and stated '[person's name] is happy with care but does not like late visits'. Further to this the outcome in relation to this review states '[person's name] to have her visits at her preferred times.' There was not however any record or discussion recorded of the preferred time on the review document.

Another person had a care plan review form signed 10/05/2016, but there was nothing documented to show that a review of the person's care had been discussed; it had been documented that the person's relative had called the office in relation to the previous inspection report. The lack of documentation meant it was unclear if a discussion in relation to the planned care had taken place to ensure the care provided continued to meet people's needs.

We discussed our findings with the registered manager and the provider. The provider said the service had recently been visited by Wiltshire Council for a quality assurance visit. Wiltshire council had reported that 'Care plans were quite basic and could benefit from more detail and being more person centred'. They said they were in the process of reviewing how care plans were developed

These failings amounted to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The standard of care documentation was generally poor. We saw records that had not been signed or dated. When dates had been documented the year had not always been written. We also saw some records that had been written in pencil rather than pen. Clear and accurate record keeping is an essential element of care delivery because it provides evidence to show how people's needs are assessed, how care is planned and how it is subsequently delivered. We have made further comment about the standard of record keeping in the 'Well Led' section of this report.

There were systems in place to respond to people's complaints. Complaints had been logged and investigated, but the details associated with investigations and how resolutions had been reached was lacking. For example, we saw four complaints that had been dealt with but the associated documentation had not been signed off to indicate the complaint had been "closed". On one of the complaint records it had been documented 'fed back to complainant', but no copy of this feedback was filed alongside the original complaint. In addition, there was no evidence of any communication with any of the complainants, including acknowledgements of the complaints, or details of actions taken. We have made further comment

about the standard of record keeping in the 'Well Led' section of this report.

People we spoke with said they had never had cause to complain. None were familiar with the provider's complaints procedure, but all said they would feel comfortable speaking to the registered manager about any concerns they had.

Requires Improvement

Is the service well-led?

Our findings

When we last inspected there were seven breaches of regulations. We found that the systems in place to monitor quality and safety and the provider's quality assurance processes had not ensured that the premises and equipment used by the service were safe for their intended purpose. We also found that the provider did not have an effective system to monitor the quality of people's care records and ensure the service held current and accurate records about people.

Since the last comprehensive inspection the nursing home had closed and the provider and registered manager had focused the service on delivering domiciliary care on a small scale. The provider had also looked at rectifying the issues related to the previous breaches of regulations in relation to the current domiciliary care service. The provider had introduced additional quality monitoring systems for the service. The service used a mock inspection toolkit to review the service in alignment with the commission's inspection domains; safe, effective, caring, responsive and well led. The provider and registered manager reviewed a different domain every two months. We saw evidence of these checks and some of the actions taken to improve standards. We saw however that some actions being noted for follow up were not always clearly marked as completed.

To promote continuous improvement the registered manager conducted monthly spot checks on staff care delivery and reviewed issues such as medicines. We found however that the checks were not always recorded. We asked for the last three months of spot check records and were told they had not been written down or recorded. We also found that documentation throughout the service such as staff supervision records, care documentation records, complaints records etc. training and induction records were not maintained to the standards required to evidence good practice.

At this inspection we found two breaches of regulations which were continuing breaches from our last inspection. This demonstrated that despite making improvements the provider had not yet taken sufficient action in response to shortfalls previously identified.

Our findings from previous inspections of this service had shown a history that improvements were not always sustained. Whilst we recognised that improvements were being made to the service's systems and processes for maintaining standards and improving the service, many of the changes were still a work in progress and were not yet fully embedded in practice

These failings amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last inspected the provider had failed to seek and act on feedback from people and staff for the purposes of continually evaluating and improving the home. At this inspection we found that people who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

Customer satisfaction surveys were sent out to people using the service and their family and professionals involved in people's care every quarter these were aligned to the commission's inspection domains. We looked at the surveys; they had received a good response and the responses were complimentary about the care and staff.

People told us the registered manager and staff were approachable and they could talk with them at any time. The registered manager was confident relatives and staff would talk with them if they had any concerns. We also saw records that demonstrated that relatives and other people were communicated with through phone calls and emails if there was anything urgent that they needed to know although the notes did not always clarify what was discussed.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who used the service. We saw records that demonstrated that staff had opportunities to give their views through staff surveys and regular staff meetings. We saw from the records relating to staff meetings that the provider encouraged staff to provide constructive feedback about the running of the service and the provision of care to people via the staff meeting and staff supervision processes.

People and their relatives said they had a good relationship with the staff and registered manager who they found to be accessible and, approachable. People said "My [relative] does the reviews but I still see [registered manager] she pops in to make sure I'm alright." A relative said "I have quite regular contact with [registered manager] and can tell her about issues we have, though there really aren't any."

Staff felt well supported by the registered manager and provider and felt confident to approach the registered manager with any concerns. All staff we spoke with told us they knew how to report any concerns about the delivery of care and would not hesitate to do so. Staff members said "I feel supported by the manager, whenever I have any doubts I can ring her "and "I have a supervision every month but I can call her if I have any problems."

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

When we last inspected we found that the provider had failed to make appropriate notifications. At this inspection we found that the registered manager was aware of their responsibilities under the notification process.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans were not personalised and did not contain unique individual information and references to people's daily lives.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system to monitor the quality of people's care records and other records related to the service. The provider had not yet taken sufficient action in response to shortfalls identified at the last inspection.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Not all of the required pre-employment checks had been completed and recorded