

The Roof Support Services UK Ltd

# The Roof Support Services UK Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

The Roof Support Services UK Ltd is a domiciliary care agency. It provides care and support to people in their own homes in the London Borough of Brent. The provider supports people living with mental health needs, dementia or who have physical disabilities. At the time of our inspection the service was providing care and support to 80 people although only 12 people received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People and relatives spoke positively about their experience of the service. They told us they found the support staff and managers to be caring, friendly and treated people well. One relative said, "They're a breath of fresh of air, I would recommend them to anyone."

However, systems in place to monitor the quality of the service and make improvements when required had not always been effective. Medicines support was not always managed safely. Some people's care plans had not been updated to provide personalised information about their preferences for how they liked to be supported or how to meet their communication needs.

People told us they felt safe. People and relatives felt staff were caring and treated them with dignity and respect. People said staff respected their privacy and promoted their independence.

There were arrangements in place for preventing and controlling infection.

Staff received supervision and training. They told us they felt supported by managers who were always available to them. There were procedures in place to ensure the provider only employed fit and proper people to provide care and support.

People were supported to maintain their health and access healthcare services. Staff worked with other agencies to provide people with joined up care.

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

We have made recommendations about people's risk management and care plans.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to managing medicines, person-centred care and having effective systems in place to monitor and improve the quality of the service. You can see the CQC's regulatory response to these concerns at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# The Roof Support Services UK Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 April 2021 and ended on 6 May 2021. We visited the office location on 22 and 23 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We visited the office where the service was managed. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke also with the office manager, care coordinator and human resources officer. We looked at a variety of records related to the running of the service. These included the care and risk management plans of four people using the service, the staff files for three care workers and records the managers kept for monitoring the quality of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and service management records. We spoke with two people who use the service and two relatives. We also spoke with three staff and three health and adult social care professionals who regularly work with the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe or there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection we found that medicines support was not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but the provider was still in breach of regulation 12 with regard to medicines support.

- Medicines support was not always managed in a safe manner. The provider had implemented the use medicines administration records (MARs) since our last inspection. These set out information for staff to support people with their prescribed medicines safely and to record this. While most MARs we saw had been completed appropriately, some staff had not always recorded when one person had not taken or refused their medicines. This meant their MARs did not always provide assurance staff had tried to support the person with their medicines.
- The provider had not updated another person's MARs to reflect a change in dose to a prescribed supplement. This meant the MARs did not always provide accurate information about the person's medicines.
- The registered manager completed periodic audits of the MARs and acted in response to any findings to make sure they were safe and effective. However, these audits had either not identified or addressed the issues we found.
- Staff had received medicines support training. However, the provider had not assessed staff to ensure they were competent to give the medicines support being asked of them. This was not in line with National Institute for Health and Care Excellence (NICE) guidance. We discussed all these issues with the registered manager so they could address them.

We found no evidence that people had been harmed. However, these issues indicated medicines were not always managed in a safe way and to help ensure people always receive their medicines as prescribed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not always assessed and managed risks to people's safety and wellbeing so they were supported to stay safe. Staff were not always given comprehensive information

about risks to people's safety and how to support them to avoid harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While we found some improvement was still required, the provider had made enough improvements to no longer be in breach of regulation 12 with regard to risk management.

- There were improvements to the management of risks to people's safety. However, we have made a recommendation about reviewing people's risk management plans as we found a person's plan did not include guidance on how to recognise if they were becoming unwell due to their identified health condition.

We recommend the provider consider current guidance on reviewing and updating people's care and risk management plans so as to assess and support people to manage risks to their safety and well-being.

- One person's care and risk management plans noted they lived with diabetes. We found no evidence the person was at risk of harm, but there was little guidance for staff on how to recognise the person was becoming unwell due to this condition and what staff should do in that event. We discussed this with the registered manager so they could address this. Daily care records indicated staff encouraged the person to eat healthily. Two staff attended to the person for each care visit and staff training records showed at least one support worker had completed diabetes awareness training.
- Other people's care and risk management plans included information for staff about their conditions, such as how a person's mental health difficulties presented.
- The provider assessed people's home environment for risks to the person and staff. These considered hazards such as cleanliness, safe access, gas and water points, and fire safety. Some assessments had not been reviewed for over two years, although the provider had reviewed people's care arrangements regularly. We discussed this with the registered manager so they could address this.
- Staff records indicated they had completed first aid training so they could help support people in case of a medical emergency.

### Staffing and recruitment

At our last inspection we found the provider had not always operated suitable recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had recruitment procedures in place to ensure it only employed fit and appropriate applicants. These included pre-employment checks concerning applicants' previous work histories, gathering references from their previous employers and obtaining criminal records checks with the Disclosure and Barring Service. The provider had recently introduced a new digital service monitoring system. This enabled them to record and track the recruitment of new staff to ensure procedures were effective.
- The provider made sure sufficient numbers of staff were deployed to meet people's needs safely. Staff told us they had enough time both to support people without rushing and to travel between their care visits.
- People were visited consistently by the same staff. People we spoke with, records of daily care and staffing rosters confirmed this. This meant people could develop trusting relationships with the staff supporting them. One person said this meant they felt there was, "Someone to talk to when I need to talk and express my feelings."

### Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.



- Staff were provided with information and training on infection prevention and control, including about COVID-19. The provider supplied suitable personal protective equipment (PPE) to staff so they could support people safely. This included gloves, aprons, face masks, hand sanitisers and shoe covers. Staff told us they always had adequate supplies of these. Managers told us they would sometimes deliver these to staff, which staff confirmed. People also told us staff wore their PPE.
- Records showed the provider conducted regular checks of staff to see if they were wearing their PPE as required and took action if this was not always the case.
- Staff completed regular COVID-19 tests and were accessing COVID-19 vaccinations at the time of our inspection. The provider maintained detailed records to monitor staff completion of these.
- Staff maintained a safe office environment during the COVID-19 pandemic.

#### Learning lessons when things go wrong

- There were systems in place for responding to and learning from incident and accidents.
- The provider maintained a record of incidents, such as if a person was not in when staff attended, and the actions taken. This included lessons learnt from these events and how they were responded to.
- The provider had recently reviewed its incident recording system and implemented a new online recording system. This enabled the provider to better monitor and identify trends or patterns in incidents for improvement action.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people using the service from the risk of abuse. People, relatives and adult social care professionals told us they felt people were safe.
- We saw the provider had recently raised a safeguarding concern regarding a person's well-being to the local authority and was working with adult social care professionals around this.
- Staff had completed safeguarding awareness training. Staff and managers we spoke with knew how to respond to safeguarding issues and raise concerns to their seniors and statutory agencies. Staff felt confident the managers would listen to them and respond to concerns promptly.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider could not demonstrate staff always had the skills and experience or support needed to provide effective care and support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider gave staff training and support to enable them to support people safely.
- Staff records indicated they had completed a variety of training to be able to support people competently. This included moving and handling, health and safety awareness, diabetes support, and mental health awareness. Staff said they found training and refreshers useful for their role and one commented, "[The training courses] were helpful, a helpful reminder." Managers described how they had also supported some staff to develop their computer skills during the COVID-19 pandemic so they could complete their refresher training online. An adult social care professional said, "I find them to be very helpful, very skilled; their ability to provide care and support for our clients is great."
- New staff completed an induction process which included shadowing care visits with other staff before supporting people themselves. Staff received regular supervisions with a manager to discuss issues such as their performance, well-being, use of PPE, training and the people they supported. Staff said their supervisions were beneficial for them.
- Support staff we spoke with described the provider's office staff and managers as "very supportive." One support worker said, "I feel I can tell them the difficulties and they try their best to fix it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's care and support needs before beginning to provide a service. An adult social care professional told us the managers would also do this when a person needed support at short notice, stating, "They will go the extra mile to try to meet that client that day and start the care package."
- People's care and risk management plans were informed by their assessments. Assessments recorded people's ethnicity, religious beliefs and marital status and included basic information about people's medical history, known allergies, mobility issues, continence needs, and medicines support needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their meals and drinks when this was part of their planned care

arrangements. People's care plans indicated when people would make decisions about the food and drinks they wanted and for staff to respect this. For example, when people made choices about their breakfast or lunch.

- People we spoke with said staff supported them to eat appropriately. A relative remarked they found staff were patient and attentive in helping their family member to eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to maintain their health and access other health and support services.
- The provider contacted and liaised with other agencies to promote people's health and care. For example, we saw the provider made referrals to statutory agencies requesting re-assessments of people's care needs or living situations. Staff supported people and professionals with these, such as assessments for mobility equipment or continence aids. Adult social care professionals told us they appreciated this support as it helped them to work with people who were otherwise likely to refuse their involvement.
- Adult social care professionals also told us the service kept them regularly informed about people's health and well-being. Professionals told us staff and managers always appeared informed about people's well-being and appropriately shared information about this in a timely manner.
- People's care plans set out when staff needed to help a person to brush their teeth and manage their oral hygiene.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were being supported in line with the principles of the MCA.
- Managers told us people had the mental capacity to understand their care and support. We saw some people had signed their care plans to indicate they consented to their care arrangements. People and relatives told us staff respected their choices.
- One person's care planning documentation was not clear if their relative had a lasting power of attorney so as to act legally on the person's behalf when they lost capacity. We discussed this with the registered manager so they could address this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they found the support staff and managers to be caring, friendly and treated people well. Their comments included, "They really do care" and "They're very lovely, nice people."
- People's care plans recorded information about their personal characteristics, such as their marital status, cultural background and if they were practicing a religion. This meant staff were provided with personalised information to help them know and understand people's needs. The registered manager told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans and records of care plan reviews indicated they were involved in planning and making decisions about their care and support. These reviews and records, such as regular spot-checks conducted by senior staff, showed people were given opportunities to comment on and make decisions about their care. For example, one person explained how they could change their planned care visits to enable them to attend health appointments.
- People's relatives also said they felt involved in and consulted about their family members' care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. For example, one person explained how staff do this while providing their personal care. Adult social care professionals also reported this to be the case.
- Staff supported people to promote their independence. An adult social care professional told us they thought staff helped people "to be independent and recover." A relative said they appreciated the registered manager's suggestions for re-arranging their family member's home environment to promote their independence and not be socially excluded.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met in a planned way.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found the provider had not always ensured people received care and support in a planned way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made but the provider was still in breach of regulation 9.

- The provider did not make sure people received care and support in a planned way that recognised and reflected their individual needs and personal preferences.
- Care records showed and managers confirmed that a person had very particular dietary preferences that were important to their daily living. This information and how to support the person with this were not recorded in their care plan. This was also a concern we found at our last inspection that the provider had not addressed.
- A person's care records showed staff supported them to use a continence aid on a daily basis, which managers confirmed to us. This care was not set out in the person's care plan, which meant staff may not have had relevant information to provide appropriate care.
- The provider had arranged with another person that staff would receive and handle some of their correspondence, to help the person be aware of and attend health appointments. This agreed arrangement was not set out in the person's plan.

The above issues indicated people did not always receive care and support in a planned way that recognised and reflected their individual needs and personal preferences. There was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the managers who acknowledged some people's plans needed to document the support being provided to them and said they would update these.
- The provider had improved most people's care plans so they gave information to staff about the care tasks a person needed support with for each care visit.
- Some people received care that met their preferences. For example, the provider had arranged for staff of a similar background as a person to support them to prepare meals that reflected their cultural preferences. Another person's care plan set out how the person preferred to be supported with their personal grooming.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection we found the provider did not always record and plan how to meet people's communication needs. This was also a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this continued to be the case.

- Two people's care planning documents indicated they lived with visual impairments. One also lived with a hearing impairment. There was no recorded information in their care plans for staff on how to support and communicate effectively with these people. We discussed this with the managers who said they would update the plans to recognise how to meet the people's communication needs.

This also indicated people did not always receive care and support in a planned way that recognised and reflected their individual needs. This was also continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Improving care quality in response to complaints or concerns

- The provider had processes in place for handling complaints. The registered manager reported they had not received any formal complaints for over two years.
- People and relatives told us they knew how to make a complaint and the provider had given them information about this.

### End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- People's care planning records included information about their end of life preferences when they had chosen to share this with the provider.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found the provider's audit systems for monitoring the quality and safety of the service were not operated effectively to identify and address improvements to the quality of care provision. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made but the provider was still in breach of Regulation 17.

- The provider carried out a range of checks and audits to monitor safety and quality and make improvements when needed. However, this system of checks had not been consistently effective as it had not addressed the issues we found at both this and the previous inspections.
- Medicines auditing systems had not identified or addressed that people's medicines support was not always managed in a safe way and that the provider had not assessed staff competency to provide medicines support.
- The provider's systems had not ensured that people's care plans were updated to reflect the care they received and did not always provide information regarding their care preferences and communication needs.
- The provider had raised a safeguarding concern to the local authority over a month before our inspection visit. The provider had not notified the CQC of this allegation of abuse as it is legally required to do. They did so after our visit. The CQC is still considering what action it needs to take in relation to this matter.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers and care co-ordinators conducted regular spot-checks on staff. These monitored staff punctuality, how they presented themselves, if they treated people with dignity and respect, used their PPE as required, and followed people's care plans.

- The provider had recently introduced a new digital system to record and track actions for managers to maintain and improve the service. This included improved monitoring of staff recruitment, care plan reviews, staff meetings, staff training requirements, spot-checks and supervisions. This enabled the provider to ensure these took place when required. The registered manager told us these systems were helping them to work in a more structured manner and as a result they felt more supported in their role.
- The provider displayed the previous inspection ratings at the agency's office and on their website. This helped people to find out about the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke very positively about the care and support people received. One person stated, "From the manager to the staff they're very good." A relative commented, "I would give them a Bafta Award, they're that good."
- Staff described working in a supportive, motivating culture. One member of staff said, "I'm proud to be working with The Roof. They help if we need anything, they respect us." Another told us, "The [service has] a superb way of encouraging and engaging with people around them."
- Adult social care professionals felt the service helped people achieve good outcomes. They told us, "They are performing well; they are very, very supportive to clients," and that they had received positive feedback about staff from people who use the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to be involved in and influence their service. These included regular staff spot-checks, care reviews and calls to people and their relatives to see if they were still happy with their service.
- The provider held team meetings with staff in person and online to discuss the service and performance issues. Managers described how they arranged these at times that would fit in with staff's other commitments so as to promote attendance. The provider had started to use their new monitoring system to track the completion of actions that these meetings identified.
- At the time of our inspection the provider was preparing to send out annual questionnaires to people and their relatives so they could provide feedback on their service.

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as social workers, occupational therapists and housing services to help to provide people with joined-up care. For example, staff had worked collaboratively with a number of agencies to help a person access advice, assessments and referrals regarding improving their accommodation setting.



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always ensure the safe and proper management of medicines</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity</p>

### **The enforcement action we took:**

Warning Notice