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Caterham Domiciliary Care Agency

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Caterham Domiciliary Care Agency provides personal care and support to people living in their own homes and to 15 people living in four properties owned by the provider. Services are provided to older people, people with mental health issues, physical and learning disabilities and sensory impairment. At the time of the inspection 61 people were receiving care in their own homes.

People's experience of using this service:

Staff were not always ensuring that the risks to people were assessed. Care plans did not always have guidance on how to reduce the risks to people. The management of medicines was not always undertaken in a safe way and there was no evidence that staff were competently assessed in relation to medicines administration. There was no formal recording of accidents and incidents and no evidence that they were being analysed for trends.

People's rights were not always being protected as staff were not working within the principles of MCA. Staff required more detailed training and supervisions to ensure that they were providing the most appropriate care.

People and their representatives were not always informed of the choices around the care delivery. There was not always detailed guidance for staff around the specific needs of people. Daily notes were task focused and did not provide detail on the person's care. Quality assurance systems were not robust and the provider and registered manager lacked understanding of the requirements of the regulations.

People and their relatives were complimentary about the caring nature of staff. People were supported to access health care when they needed. Staff always turned up to the call and stayed for the duration of the call. People said that staff treated them with dignity and respect. Staff said they felt supported and valued by the management team. People fed back positively about the leadership of the service.

Rating at last inspection: Good. The last report was published on the 12 August 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Caterham Domiciliary Care Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

Our inspection was completed by three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about personal care of adults using this type of service.

Service and service type:

Caterham Domiciliary Care Agency provides personal care and support to people living in their own homes and to 15 people living in four properties owned by the provider. Services are provided to older people, people with mental health issues, physical and learning disabilities and sensory impairment.

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. The registered manager was present on the day of the inspection.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 27 February 2019 to see the manager and office staff; and to review care records and policies and procedures. With permission we visited people in their own homes to observe care

and we also called people to gain their views.

What we did:

Our inspection was informed by information we already held about the service including notifications that the service sent us. We checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We called and spoke with six people who used the service and three relatives. We spoke with the registered manager and nine members of staff. We reviewed 13 people's care records, four recruitment files for staff, medicine records, audits and other records about the management of the service.

We requested additional evidence to be sent to us after our inspection that related to training, staff supervisions and surveys for people and staff meetings. Part of this information received and used as part of our inspection.

After the inspection we spoke with four relatives of people using the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong:

- The risks to people's care was not always appropriately assessed which put them at risk. At the start of the inspection we observed a member of staff double park outside the service half parked on the main road which was busy. They left two people in the car whilst they went in to the office leaving them at risk. We raised this with the registered manager who had also observed this. They told us that this was not appropriate and called the member of staff to address this with them.
- There was one person that required particular hand care. The care plan stated that the person disliked the hand care and that this caused them agitation. There was no risk assessment in place or detailed guidance for staff on how best to approach this.
- There were people that were at risk of developing pressure sores. One person's care plan stated that to reduce this risk the person needed to be encouraged to move regularly. However, when we visited the supported living home, during a period of 90 minutes we observed that the person was not encouraged to move by staff. There was a re-positioning chart in place for the person for when they were in bed however staff were not always completing this. We found that there were no pressure sore assessments in place for any person that may have been at risk.
- There was conflicting information in one person's care plan around the risks to them. For example, each care plan had a 'Risk Assessment Checklist'. One risk assessment stated in relation to smoking that this was not applicable to them. However, the care plan then went on to state that the person was a, 'Fire risk' due to smoking and that staff were not to bring any smoking paraphernalia into the home.
- Medicines were not always being managed in a safe way. We reviewed people's Medicine Administration Records (MAR) that had been brought to the office and scanned onto people's electronic care plans. We found that many of these MAR contained gaps so it was not clear whether people had been given their medicines. There were no 'as and when' protocols in place that gave guidance to staff in the event people required pain relief. Where entries had been handwritten on the MAR these had not been signed by staff. The allergy information on the MAR had not always been completed.
- We asked to see evidence that staff has been competency assessed in relation to administering medicines and to date these have not been provided. We were told by a member of staff that they reviewed the MARs however there was no record of this. A member of staff told us, "We check MAR charts and then scan them on but don't necessarily record the audit."
- Accidents and incidents were not always formally recorded or analysed by the provider or the registered manager. A member of staff told us that if a person had a fall or an injury then a form would be completed in the person's home. Staff were not required to bring a copy of the form into the office to be held centrally. Any other incidents would only be recorded on the care notes of the person. The provider told us, "We don't

have an overall accident and incident folder." This was despite the service accident policy stating, "The accident book will be reviewed regularly by senior management to ascertain the nature of the incidents that have occurred."

As medicines and risks were not always being managed in a safe way this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were aspects to the risks around care that were managed appropriately. There were care plans that contained risk assessments with guidance in place for staff. For example, one person was visually impaired. The guidance stated that staff were to ensure that their home environment was kept clear and for staff to leave out different shaped pots dependant on the time of day the medicine was to be taken. We also saw other risk assessments that related to moving and handling the risk of choking.
- People that we spoke with said that they received their medicine when needed. One told us, "They [staff] help me, it is all in a blister pack. I take a lot they just take it out of the box for me and I take them."

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with care staff. One person said, "I always feel safe." A relative told us, "The carers are fine, he feels safe with them."
- Care staff had received training in how to safeguard people from abuse. One told us, "If I saw abuse happening then I would report it to the office." Another told us, "I would report any abuse I saw to the office. I would contact social services if the office didn't do enough in response to the abuse." We saw that there was a policy in place but this needed to be more detailed around the local authority that needed to be contacted in the event of an alleged incident.

Staffing and recruitment:

- There were appropriate numbers of staff to deliver care to people. People told us that when two staff were required to attend a call this always took place. One person told us, "[Staff are] Always on time and if there is an emergency they ring and tell you."
- The provider ensured that staff were sent their rotas in advance. Any last minute sickness or staff absence were covered by other staff or the team leaders in the office. Staff fed back that there were always sufficient staff. One told us, "There are enough staff. I know that as we aren't rushed and we stay for the full length of the call and we can sit and chat with people."
- Appropriate checks were made before staff started work. This included gaining references, details of staff work history, evidence of ID and DBS checks. We did raise with the provider that they had not recorded on one member of staff's file the risk assessment associated with the member of staff having a criminal conviction. They told us that the risk had been considered but they had not recorded this but would now address this.

Preventing and controlling infection:

- People told us that staff always wore protective equipment when delivering personal care. Comments included, "They shower me and wear protective aprons and gloves" and "They were wearing gloves when they carried out the care."
- Staff were able to come to the office to pick up additional supplies of gloves and aprons when needed. Staff were of the need to use protective equipment. One told us, "We wear gloves and aprons to control the risk of spreading infections. We don't want to pass things on to other people."

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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

- Where decisions were being made for people there was no evidence that their capacity had been assessed. For example, one person disliked having hand care. The registered manager told us that they, at times, administered a sedative to the person prior to the hand care being given. There was no capacity assessment that related to this or evidence of any best interest discussion to determine that this was the least restrictive option.
- Another person was being restricted in relation to smoking. Staff were advised that the person was only able to smoke when staff visited their home. However, there was no evidence that the person lacked capacity to understand the risks associated with their smoking. Staff told us that the person had varying capacity and did not understand the risks however there was no evidence that this had been assessed. Although each care plan had a sticker on them indicating whether the person had capacity or not there was no evidence to show how the provider had arrived at this conclusion. A member of staff told us that they would ask the local authority about the capacity of people but they also said that they would not always agree with the local authority's assessment of this.
- The service policy stated, "Cdca (the service name) will take decisions on behalf of a service user only if there is evidence that they cannot take the decision because of mental incapacity. Will only take a decision for service users after it has exhausted every means of enabling to take it of their own accord." They were not following their own policy as there was no evidence that people's capacity had been assessed before decisions were made on people's behalf.
- The provider and registered manager told us that there were people at the service whose relatives were relied upon to make decisions on their behalf as they had power of attorney (this is a legal agreement that enables a person to appoint a trusted person - or people - to make decisions on their behalf). However, the provider had not always obtained any evidence that the relatives had power of attorney for their family members. The registered manager told us, "If we have seen the LPA [lasting power of attorney] I don't take copies. I've been a bit lapse with that".
- There was no evidence that people that lived in the supported living service or their representatives

consented to their contract of care. We asked to see the care contracts that people or their representatives had signed. The registered manager told us that they did not have any. Relatives told us that they did not recall signing any contracts of care.

- The provider, registered manager and staff lacked understanding of the principles of MCA. One member of staff when asked their understanding of MCA told us, "To ensure they [people] were fine." Another said, "I don't think we have had training. If a person refuses care we will try and work on it."

As the requirement of MCA and consent to care and treatment was not followed this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that senior staff undertook a detailed assessment of people's care needs before they started at the service. This was to ensure that they could meet their needs.

Staff support: induction, training, skills and experience:

- Training and supervision was not effective in ensuring that staff were competent in all aspects of care delivery. According to the training matrix staff were up to date with mandatory training however the four senior staff members delivering this had not received any updated training for a number of years. There was also no evidence that the registered manager and the provider had received any mandatory training despite them supporting people with their care.

- Staff were not able to describe to us the principles of MCA and we found shortfalls in their practice around this. There were people at the service that were at risk of developing pressure sores however there was no evidence that training had been provided to staff on how best to manage this. Staff told us that they would like to have additional training around dementia care to gain a better understanding. One told us, "I get confused with the types of dementia. It could be useful to go into this deeper."

- There were people at the service that had complex mental health needs with behaviours that challenged however staff had not received any training around this. We saw that on day five of staff induction they had a training event that included MCA, Mental health, dementia, epilepsy, diabetes and learning disability. No challenging behaviour training had been provided to staff.

- The supervision policy stated, "Cdca is committed to providing its care staff with formal supervision at least six times a year (the minimum would be four)." It goes on to state that each supervision should be recorded and signed. However, when we reviewed the supervision matrix we saw that every other supervision was recorded as a telephone call. We asked the provider about this and they said, "We call staff whilst they are on duty and they sometimes call then they are not on duty. But we do talk to our staff often and go over lots of different subjects." There was no formal recording of this. Out of 41 staff only 37 were recorded as having had any supervisions.

The lack of effective training and competency checks is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were aspects of the delivery of care that people told us good. One person said, "I can't praise them [staff] highly enough they are great." Another told us, "Sometimes I have one in training and the other one is doing the work."

- Staff told us that before they started work they shadowed another member of staff to ensure that they understood the role. One member of staff said, "I had a good induction and also did shadowing."

- The provider told us, "All new staff undergo an intensive practical training program, and complete an initial period of shadowing with experienced members of staff so we can evaluate their performance." We saw evidence that staff practice was being monitored when they first started work to ensure that

appropriate care was being delivered.

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

- People told us that staff supported them with their meals when needed. One told us, "They [staff] do some and I do some, I eat healthily." Another said, "They will help with shopping and make sure I have enough to eat."
- Staff reported back to the office where they identified that people were not eating and drinking sufficiently. If necessary they would place them on food and fluid charts to record their daily intake. We observed in the supported living house that people were offered drinks and snacks throughout our time there. During the meal staff supported people to eat if they needed this.

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

- People were supported with their health care needs. One person said, "I have been very ill and their [staff] help has been invaluable." Another said, "If I am not well the carers get the doctor or the ambulance" and another said, "They help with medical appointments and they keep me cheerful."
- We saw from records that staff consulted health care professionals if they had any concerns about people. This included community nurses, GPs, occupational therapists, palliative care team and the mental health team.

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

People and their representatives were not always involved in decisions around their care.

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

- There were people that were living in the supported living accommodations where the provider and registered manager were also the landlords. There was no information provided to people or their families that, if they chose to, they could use an alternative care agency whilst still living at the home. The provider and registered manager told us that they did discuss this with people and relatives however this was not reflected in the conversations we had with relatives. Relatives told us that although they were happy with the care being delivered they were not aware that they could use a different care provider. The MCA policy stated, "Will ensure that every service user who receives our service has positively opted to use our agency." They were not adhering to their own policy in relation to the this.
- Relatives fed back that they were not always consulted in their family members care. One told us, "I have never seen a care plan. Nobody ever calls us, there is no communication at all."

As people were not always made aware of their choices around care this is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other aspects of care people fed back that they were involved in their planning. For example, they made decisions on when they wanted staff to attend their call. One person said, "I get up and go to bed when I want and choose my own meals."

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

- People told us that staff were caring and attentive towards them. Comments included, "They are always smiling", "They are friendly and lovely people", "They are wonderful, kind and caring."
- We observed some kind and caring interactions between staff and people.
- Care plans contained information about people's backgrounds and preferences. This helped staff get to know people and develop positive relationships. One person said, "They [staff] are like friends. Another said, "They are more like friends than carers."
- Staff ensured that if they had completed their main tasks they stayed with the person to talk with them. A relative said, "They make her [their family member] a cup of tea and have a chat with her, they take the time that is the main thing." A member of staff said, "We like to sit and chat with people."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said that staff treated them with dignity and respect. One person said, "They [staff] are all very nice and professional and conscientious." Another said, "They are patient all the time."

- We observed that when personal care was being delivered staff did this behind closed doors. On person said, "They shower me in private." We observed when one person was supported to the toilet the staff member stayed outside to give them privacy. They talked to them and maintained contact so that they knew when the person needed support.
- People were supported to remain as independent as they could be. A person said, "They [staff] enable me to cook meals for myself." A relative said, "The carers help her as much as possible to be as independent as possible."

Is the service responsive?

Our findings

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

People's care plans did not always reflect their current needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support:

- There was not always sufficient guidance in the care plans around the specific needs of people. One person had epilepsy, although this was mentioned in the care plan there was no information on whether the person had regular seizures or what staff needed to do should this happen. Another person had Parkinsons, there was no information on how this physically impacted on the person and how staff should support them. There were other people with complex mental health needs and their care plans lacked specific guidance in relation to this.
- People's daily notes were task focused rather than person centred. In one person's daily notes we found entries that said, "[Person] ok, all care given, jobs done" and Person well on visit. Heated lunch, applied cream and completed lunch routine." These lacked person-centred information such as what was that person ate, how they felt throughout the day and what conversation topics were spoken about. This information can help provide responsive and personalised care to a person.
- The PIR states, "All staff must sign to confirm they have read and understood the care plan." However, the care plans in the office were stored on the computer and were not easy to navigate. There was no evidence that staff had read these care plans before they first visited the person. A member of staff said, "We are told what the care is over the phone and then we read the care plans in the home."
- There were people at the service that were being provided with end of life care however their preferences and choices around their end of life care were not always recorded. We noted in one care plan that the person was, "Now on palliative care and [person] continues to decline daily. There was no additional information for staff about how best to support the person.

Care and treatment was not planned to meet people's individual and most current needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were aspects of the care planning that were more detailed around people's needs. For example, we saw that one care plan referred to a syndrome. There was detail on what this syndrome was and how this impacted on the person.
- Other care plans contained detail on people's preferred routines. For example, there was detail on how the person mobilised, what equipment needed to be used to support them mobilise and how this should be done. There was also information on how support a person with their stoma care.
- Care staff were familiar with the needs of people that they visited regularly. One member of staff described in detail how one person had their morning support and the person's medical diagnosis.
- There was positive feedback from relatives about the caring nature of staff when their family member was at the end of their life. One wrote, "Thank you all for everything you did for my mum."

Improving care quality in response to complaints or concerns

- People and relatives told us that they knew how to make a complaint if they needed to. Comments included, "It is in the handbook so I know how to but wouldn't have to" and "She is very happy with them and she never has any complaint about them."
- We reviewed the complaints folder and saw that the last formal complaint was in April 2018. This complaint was long standing and still in the process of being investigated. We were aware of this complaint.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- During the inspection we identified shortfalls in the care provision. This included the lack of MCA capacity assessments, poor record keeping in relation to MAR charts and daily notes not being completed in a meaningful way. However, there was no evidence that these had been picked up by any audits or quality assurance at the service.
- Staff meetings took place but there were not always used as an opportunity to discuss policies or training. For example, in a domiciliary care staff meeting in February 2019 the conversation was purely around the needs of one person. A staff meeting in February 2019 for the supported living staff centred around the pay rates for sleep in staff. We did ask the provider for previous months staff meetings but these were not provided.
- There was a culture amongst the staff that did not promote respect or a caring attitude. For example, from the minutes of a staff meeting one member of staff complained about doing the 'sleeping' night shift at one of the supported living services. They said, "There is more...tenants disturbing the sleep of staff." There was no evidence in the minutes that this inappropriate comment was addressed by senior staff.
- The provider and registered manager did not fully understand the requirements of their registration with the CQC. We asked them if they had read and understood the Key Lines of Enquiry (KLOEs) and they told us that they did not know what these were. They told us that they did not understand the regulation that related to MCA. The PIR stated, "We ensure our service is up to date with changes in Policies & Procedures, Legislations, Regulations and best practices by regularly receiving updates and getting updates from CQC." However, we found that this was not always the case.
- The majority of people and relatives that we spoke with told us that they were not asked to complete a survey. One person said, "I got a phone call this morning about you ringing me but nothing except that." A relative said, "We have never been sent a survey. We would absolutely want to give feedback." Although we saw that some people completed surveys we were not provided with any other evidence of how people and their representatives were asked for feedback.
- When we discussed the feedback with the provider, registered manager and senior staff the provider told us, "We always welcome feedback and work towards it. Everything will be done over next few weeks."

Comments from the senior staff included, "It's good that you have found these" and "We have found it very useful."

As systems and processes were not established and operated effectively this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives had positive feedback about service and the leadership. One person said, "I speak to them on the phone, the people who run it are nice very homely", "They are all really nice and kind."
- Staff were also complimentary about the leadership and felt supported and valued. Comments included, "Its fine working for Caterham DCA. If you have a problem they will listen to you and sort it out. The team is good at supporting you", "He [the registered manager] is very helpful and good at solving things when they go wrong. They are all great in the office" and "I enjoy my job. [registered manager] is a great manager. He is caring and he cares for his staff."
- There was a system in place that ensured that office staff knew when staff had arrived at a call and how long they had stayed. When staff arrived at each call they would scan a code on the person's care plan. If a member of staff had not turned up this would alert staff at the office. The provider told us that they had not had a single missed call. The provider also had a fleet of cars in the event that staff were without their cars.

Continuous learning and improving care; Working in partnership with others:

- There had been 13 surveys completed and that from these actions had been taken to make improvements. For example, one person had commented they would like their hair washed more often. There was evidence staff had been spoken to about this. Another had issues with a particular carer. We saw that the member of staff had been changed and records that the person was 'much happier' since the change. There were positive responses from people and the relatives.
- The provider informed us that they were moving to online care planning. They told us that each member of staff would get tablets to use that would allow them to update information on care plan which goes straight to office to update their copy.
- The service worked closely with other agencies outside of the organisation. The service liaised with other organisations such as the local authority with the aim of providing effective care. The registered manager had worked in partnership with mental health commissioners to ensure a smooth transition of care for people when they left more secure locations.

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 The provider had not ensured that care and treatment was planned to meet people's individual and most current needs.
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured that people were always made aware of their choices around care.
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that the requirements of MCA and consent to care and treatment was followed.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that medicines and risks were always being managed in a safe way.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good

governance

The provider had not ensured that systems and processes were established and operated effectively.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured that staff had effective training and appropriate competency checks.