

Baobab Social Care Ltd

Baobab Social Care Ltd - Somerset

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Baobab Social Care Ltd is a domiciliary service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with physical disabilities. Not everyone who used the service 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. At the time of our inspection there were 20 people using the service receiving support with personal care.

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

Risks to people being supported had not been identified and assessed appropriately. People did not have personal risk assessments relevant to their particular needs. Potential risks and hazards within people's homes had not been identified and no risk assessments were in place.

Care planning needed significant improvement. Some plans had not been completed at all, despite care having started. Others were partially completed but still did not contain all of the important information for staff to be able to provide care and support the way each individual wished for.

The service was relatively new and management systems and structures were still being developed or had been planned but not yet started. The quality assurance process was still in its infancy. There were no regular, planned checks or formal audits being carried out, other than an infection control audit.

People were protected from the risk of abuse by staff who knew what to look out for and how to report concerns. Safeguarding alerts had been raised appropriately and relevant professionals consulted when required.

People, and their relatives, told us staff treated people with compassion and respect. Staff arrived on time, stayed the duration expected, and had built good relationships with people.

People were supported by staff who had been recruited safely and were appropriately trained.

Staff made sure people were eating and drinking enough; they encouraged people to have a balanced diet, but respected the choices people made.

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.

People told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint. Any issues were usually dealt with informally and resolved quickly.

People and their relatives were positive about the service and the positive impact on people's lives.

Staff told us they felt valued and supported by the provider and staff were happy working for the service.

The registered manager and care manager were both honest and open throughout the inspection process. They were keen to learn and very receptive to any advice or guidance given.

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

Rating at last inspection

This service was registered with us on 14 December 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

The provider had taken action to mitigate some risks. People could tell staff what care they needed. Staff knew people well and understood what care they needed, despite a lack of care plans. A care manager had been recruited to create a 'management team'; they had already started to review and improve the service. The provider's oversight of the service was being improved to ensure people received safe and effective care and staff were well supported.

Enforcement and Recommendations

We have identified breaches in relation to risk management, care planning and governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Baobab Social Care Ltd - Somerset

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available and there would be people at home to speak with us. Inspection activity started on 24 May 2023 and ended on 6 June 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the location's office on 31 May 2023 where we spoke with the registered manager and the care manager. One person asked us to visit them at home, which we did on the same day as the office visit. During the other dates, we spoke on the phone with 6 people using the service and with 2 relatives. We also gained feedback from 10 staff members and from 1 social care professional. We reviewed 5 people's care plans and associated records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included the current plans for service improvements, lessons learnt, complaints records, safeguarding records, staff training, staff meeting minutes, infection control audits and associated policies.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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

- Risks to people being supported had not been identified and assessed appropriately. People did not have personal risk assessments relevant to their particular needs. For example, when people used continence aids which placed them at risk of infections, there was no plan in place to reduce the risk. Similarly, when staff used mobility aids to support people's care, there was no plan in place to reduce the risks to the person or to staff.
- People and staff were not protected from environmental risks. Potential risks and hazards within people's homes had not been identified and no risk assessments were in place.
- The registered manager and care manager told us formal risk assessments had not been completed in relation to people's care or for staff. They said, "Most care plans do not have risk assessments as yet. We have a plan to look at those, to look at risks to people and to our staff." This was noted as an action on the service's current improvement plan.
- Risks were mitigated slightly as people could tell staff about any risks they faced. Staff knew people well and told us they believed they cared for people safely. However, there was no formal system in place or specific plans to follow. This placed people and care staff at risk.

The provider had failed to assess the risks to the health and safety of people and staff or do all that is reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Most people looked after their own medicines. Staff supported 4 people with their medicines. People told us they received their prescribed medicines on time and in a safe way. Policies and procedures were in place and staff demonstrated knowledge of people's needs relating to medicine support.
- Medicine administration records were used to record whether people had taken or refused their prescribed medicines. At present, these were not audited to ensure records were accurate and that there had been no medicines errors or omissions. There was a plan to introduce audits; this was included in the service's current improvement plan.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competencies were not formally assessed by the provider, but these assessments were planned and included on the service's current improvement plan.

Systems and processes to safeguard people from the risk of abuse

- People, and their relatives, told us they were protected from the risk of harm and abuse. One person said,

"I had never been mistreated or any reason to be annoyed with them [staff]. All of the carers are lovely and all of the carers are very careful with me." Another person told us, "With regards to feeling safe, oh yes, I always feel safe with the staff that come." A relative told us, "I have never had a problem with any of them, nothing at all like that. Everyone [meaning care staff and managers] is lovely."

- Staff knew the signs of abuse to look out for and told us they would report these to one of the managers to ensure action was taken to keep people safe. One staff member said, "To ensure safety for both staff and clients, management train workers on all forms of abuse and encourage abuse to be reported to management."
- There were appropriate policies and procedures in place to protect people from the risk of abuse.
- Safeguarding concerns had been reported to the local authority teams correctly and the provider knew what actions were needed to keep people safe.

Staffing and recruitment

- People, and their relatives, told us they received care from staff who arrived on time, stayed the duration expected, and had built good relationships with them. One person said, "I've got to be honest, they're all very good. They are very nice staff."
- People were supported by staff who had been recruited safely. Full employment histories had been checked, and any gaps were discussed and recorded. References obtained were appropriate and helped the provider to ensure new staff were of good character and safe to support people in their own homes.
- All staff had appropriate right to work checks, health checks and relevant checks about any convictions and cautions. This information helped the provider make safer recruitment decisions.
- The provider had been successful in hiring staff from overseas. They had the relevant licence to sponsor these staff and provided accommodation and ongoing support for them. One staff member said, "[The registered manager] has always been helpful in assisting me to adjust to life in the UK. It has been a good experience so far. They also ensure we have good accommodation and good mental wellness. This has allowed us to work diligently, knowing we are well catered for."

Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves, aprons and face coverings when supporting them with personal care.
- The provider had an up to date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the provider when required.

Learning lessons when things go wrong

- The provider and staff understood their responsibilities to record and report any accidents and incidents or near misses. One staff member told us, "Teamwork and commitment allows the care team to handle accidents and incidents with due diligence. From time to time, management organises staff development sessions where safety responsive measures are emphasised."
- Incidents where things had gone wrong were reported by staff and correctly recorded and investigated.
- Incidents were discussed with staff to enable them to understand what had gone wrong and what needed to be changed to ensure they did not happen again.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager obtained details of the care people required and completed an initial assessments of people's care needs before providing care. This helped to ensure people's needs could be met. One relative told us, "They [the registered manager] did assess [their family member] and knew what care she needed. Since this care package started, I have been here so have seen the care. I am very happy with the care."
- Should people have needs relating to protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, gender and religion, these needs would be identified as part of the assessment process.
- People's care plans and risk assessments were in the process of being implemented and developed. This needed to be completed to ensure staff had the most current and relevant information needed to be able to provide safe and effective care and support.

Staff support, induction, training, skills and experience

- People, and their relatives, told us they were cared for by staff who were appropriately trained. One person said, "I do feel they train all of the staff well." A relative told us, "They all seem to know what they are doing, so seem well trained from what I can see."
- Staff completed an induction and the Care Certificate to ensure they had the knowledge to care for people in an effective way. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt well trained. One staff member told us, "Management have been supportive to us through a vast amount of training which equipped us with knowledge and experience to work with the people we support." Most staff also had previous experience of working in the care sector. Staff training records showed staff had completed training in areas such as health and safety, first aid, safe manual handling techniques, how to care for people who were living with dementia and those with diabetes.
- Formal supervision meetings with staff had been introduced by the care manager earlier this month; 4 care staff (out of a total of 20) had been supervised by the time of our visit. Records of meetings showed a range of discussions, including any support staff required and any further development or training requirements. The provider did not currently complete any competency checks on care staff. These were being planned and were included on the service's current improvement plan.

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

- People told us they were supported to eat and drink enough. They chose what they wanted to eat or drink, and this was respected by staff. One person said, "They [staff] make sure I have enough to eat, and they

know I should drink lots of water, which I do. I have another carer who does my shopping every week; that's a local charity, a community thing."

- Staff made sure people were eating and drinking enough; they encouraged people to have a balanced diet, but respected the choices people made. One staff member said, "We support healthy eating and drinking habits and ensure that clients [have regular] meals and mealtimes."
- Staff recorded what had been drunk, eaten or offered, so intake could be monitored to ensure people were eating and drinking enough. This information would also be shared with healthcare professionals when necessary.

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

- People told us they had the right healthcare professionals involved in their care, such as GPs, dentists and district nurses. Care staff supported people to contact them if people needed help. One person said, "I have dressings which the nurses come in to change twice a week. I have a hospital appointment next month and have been trying to sort out transport. I'm getting nowhere. [The registered manager] is kind and said she will sort it out for me. That's over what she should do really."
- One social care professional told us the service had been, "Responsive and helped me problem solve with a particular client who needed [urgent care]. [They] sorted this out with minimal fuss and, without prompt, I received valued feedback. The family and the client also fed back to me that the staff member was also kind, efficient and very considerate of the client's needs."
- The provider had clear systems and processes in place for referring people to external services, such as their GP or district nurses, to ensure any changes in their health or care needs were identified quickly and action taken.
- People's care records did not always include guidance for staff to follow about health related needs. These details were being added to care plans as part of the improvements in care planning.

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 MCA 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 told us they made their own decisions about their care. Staff asked for consent before providing care. Staff also consulted professionals involved in people's care, and their family members, when necessary and only if people agreed. One person said, "With the care that I need, they just ask me. They're brilliant with that."
- Details of others involved in people's care, who could support with decision making or advocate on their behalf, were present in care records. One relative told us, "When the carers were new I would wait up for them to make sure they knew what to do. They always listen to me."
- None of the people currently being cared for lacked capacity to make their own decisions or had any need

to be deprived of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 their relatives, told us staff treated people with compassion and respect. Staff were caring and supported people in a kind way, respecting their choices.
- Comments from people included: "The carers are lovely and they always treat me with respect", "All of the staff are very good, very nice people. They are polite and seem keen to help" and "The staff are fine, the girl I have now is lovely."
- A relative told us, "The carers are lovely. Never had a problem with them."
- Staff felt they treated people with kindness and consideration. Each person was seen as an individual and treated as such. One staff member said, "The staff team promotes kindness, respect and compassion towards clients and strives to cater for the diversity of people's needs."
- One social care professional told us, "I have been made aware by individuals, whom I support, that they consider the care staff to be kind, considerate, extremely polite, diligent in their job but importantly, ensure that their personal dignity remains intact and above all compassionate in their approach."

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

- People said they made decisions about their care and these were respected. Relatives told us their family members were always listened to.
- People were able to contact the registered manager or the care manager when they needed to discuss their care and support. One person told us, "I rang [the registered manager] and spoke to her about my appointment. She helps me and is easy to get hold of." Another person said, "I have spoken to [the registered manager] but, to be honest, she has more contact with my daughter really rather than me. That's better for me really."
- People's relatives knew who the managers were and how to contact them. One relative said, "I have spoken to [the registered manager] quite a few times. She is very nice and always easy to get hold of if I need to speak to her."
- Staff told us they encouraged and supported people to make their own decisions. One staff member said, "Our care company supports people to express their views and further promotes people to be actively involved in making decisions about their care."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and promoted their independence. People did as much for themselves as they could, and staff did not try to take over or intervene. One person said, "I do a lot of things for myself really. I can wash myself, my body and under my arms. I sort out all of my tablets and know what to take and when. The main thing they [staff] do is look after my [continence aid] as I

can't do that." One staff member told us, "We also consider people's independence. For instance, some clients prefer to cook for themselves, so in such cases we help them in every possible way we can."

- People's care records were stored securely on the provider's electronic care planning system. Staff had to log in with an individual code. This ensured people's information was kept confidential and in line with regulations.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans needed significant improvement. Some plans had not been completed at all, despite care having started. Others were partially completed but still did not contain all of the important information for staff to be able to provide care and support the way each individual wished for.
- One person we spoke with described the care they needed and confirmed staff were providing it. We reviewed their care plan; none of their plan had been completed. Another person said they had not seen a care plan and had not been involved in writing one. We looked at their care plan, which was incomplete and there were no plans in place to either assess risks to the person or how to reduce them.
- Staff told us they respected people as individuals. Staff felt they knew what care people required. No staff said they relied on or followed a care plan. Some of the risk of not having care plans was reduced as people receiving care were able to say what care they needed and made sure staff provided it. One staff member said, "We are able to provide person centred care as we listen to our clients."
- Both the registered manager and care manager agreed care planning was poor. This is an area they were currently focusing on and work to develop care plans was ongoing. They told us, "The biggest focus is care plans. Some are empty, some have parts missing, some are sparse, but staff do have the knowledge [to care for people]."

The provider had failed to develop a clear and up to date care plan for each person they provided care for. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed initially and would therefore be recorded in care plans when these were put in place. None of the people currently receiving care used adapted communication, however, some people had issues with memory, speech, sight and/or hearing which would need to be carefully considered and reflected in their care plan.
- The provider understood the Accessible Information Standards. They had already produced an 'easy read' guide to the service (in plain English and contained pictures/picture symbols) and an easy read 'service user

survey' form which had just been sent to people using the service. Information could be adapted for any future people that required information in a more accessible form such as Braille or large print.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint. One person said, "If I did have any complaints, I would certainly be able to tell them. I'm very happy with the care; I have nothing to complain about at all."
- People and relatives told us they knew how to complain but had not felt the need to. Any issues had been dealt with informally and resolved quickly. One person told us, "I've only had 1 minor issue that was sorted out when they [carers] came slightly late. So, that's 1 small grumble [in all these months], so that's not too bad is it."
- The registered manager informed us complaints and concerns were taken seriously and were investigated in an open and honest way. We reviewed the 1 complaint they had received. This had been investigated thoroughly; the local authority had also been involved in this process. There were issues to reflect upon and improvements made. There was also good practice noted. The local authority stated, "Exceptional work has been done spotting [the medication issue]."

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; 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

- The service was relatively new and management systems and structures were still being developed or had been planned but not yet started. The quality assurance process was still in its infancy. The registered manager and care manager visited people informally, often when care staff were providing care, to talk with people about their care. These visits were not recorded, so could not form part of the quality assurance process.
- There were no regular, planned checks or formal audits being carried out, other than an infection control audit. There were no care plan audits, environmental audits, staff competency checks or any other formal system of reviews to monitor the quality and safety of the service. This meant there was no effective system in place to assess the quality of the service and plan improvements.
- The registered manager and care manager both accepted this needed to be improved. The current service improvement plan stated there was a "Lack of auditing and audit awareness leading to issues being missed and issues becoming worse than they should have if an audit was in place." The care manager was developing a range of forms to use during checks they were planning to carry out. These included staff competency checks, medicine audits, fire safety audits, complaints and compliments audits and staff file audits. Once these were in use, they would form a central part of the quality assurance system.

The provider had failed to develop an effective system to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager, care manager and staff demonstrated a clear understanding of their roles and responsibilities when supporting people.
- The registered manager and care manager understood the requirements of notifying the Care Quality Commission (CQC) of important events which had happened in the service. These had been submitted appropriately.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong. Staff explained the reporting structure and felt confident any concerns would be recorded and investigated appropriately. One staff member said, "If there are any accidents or incidents, we fill out the forms and record everything that happened and inform the management. The management will then take it upon themselves if there is need for further investigations."

- The provider had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were positive about the service and the positive impact on their lives. Comments included: "The care they've got off to a tee. I'm very happy with the care", "They are quite a happy lot of staff, cheerful, a happy bunch. We are very happy with them all" and "Everyone is lovely. I am very happy with the care."
- People and their relatives were encouraged to be involved in the care and support provided. We were told staff supported them in the way they wished and also adapted the support when required.
- There was a positive culture at the service and staff were well-motivated. A member of staff said, "[Everyone] provides a quality care service and is championed by a team which is very eager to serve."
- The provider held staff meetings, where issues or concerns identified were discussed. Records of meetings showed these were well attended and a variety of topics were discussed.
- Feedback was starting to be sought from people, relatives and staff. Staff told us they asked people and their relatives about their care every time they visited them or spoke with them. One staff member said, "We have testimonies of some clients saying we have made a difference in their lives, bringing hope and emotional support. They look forward to seeing us every day."

Continuous learning and improving care; Working in partnership with others

- The registered manager, care manager and care staff worked closely with health and social care professionals to provide effective and joined up care and support. One social care professional said, "My dealing with [the registered manager and care manager] are always positive and both represent Baobab's utmost professionalism. They are earning a sound and respected reputation within social care."
- The registered manager emphasised they were always learning and wanting to improve. They had recently recruited the current care manager to help them develop and improve the service. If they were unsure about something, or a need, they would request support from professionals to ensure they were equipped to manage this.
- The registered manager and care manager were both honest and open throughout the inspection process. They were keen to learn and very receptive to any advice or guidance given.
- The registered manager had kept up to date with changes in legislation and best practice. They had developed relationships with the local authority and the local community teams.

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 provider had failed to develop a clear and up to date care plan for each person they provided care for.</p> <p>This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people and staff or do all that is reasonably practicable to mitigate any such risks.</p> <p>This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to develop an effective system to assess, monitor and improve the</p> |

quality of the service.

This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.