

Monark Limited

Caremark (Harrogate)

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This comprehensive inspection took place between 1, 3 and 15 October 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to predominantly older people living in their own houses and flats in the community.

Not everyone using Caremark Harrogate receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a registered manager who was also the sole director of Monark Limited and the provider's nominated individual. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in July 2017, there was a breach of regulation regarding the governance of the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least 'Good'. We found the provider had failed to achieve this and identified a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the commencement of our inspection the service supported 32 mainly older people. At the end of the inspection 20 people were supported. This was because people found alternative providers or their care needs had changed. The provider acknowledged they did not have the capacity to meet the needs of some people being supported due to staff leaving and asked the local authority to become responsible for supporting them.

People did not have personalised and detailed risk assessments with up to date care plans which had been reviewed. The service was not identifying all the risks which people faced to enable staff to respond and manage these risks.

Staff were not safely recruited. There were gaps in staff recruitment checks and we could not be assured if they were safe to work with vulnerable people. On the first day of our inspection the recently appointed care manager, had developed a matrix which showed where they had identified checks needing to be completed and the action taken already to address them.

The provider lacked systems to ensure the safe management of medicines. People were not always supported by staff who were appropriately trained, competent and skilled. Staff were not provided with regular supervision to do their job effectively. People's care records were not always as per the requirements

of Mental Capacity Act 2005 (MCA). Not all people's care plans were person centred. Care plans to guide staff where people needed support with eating and drinking were not detailed.

Some people had missed and late care visits and the provider did not have sufficient systems in place to manage and prevent this from happening again.

Confidentiality was not always maintained. We recommend the service address this through appropriate training.

Complaints were not being managed in line with the provider's complaints policy. We found complaints were not responded to or in a timely manner and they had not been monitored to identify any trends.

The registered manager was not completing regular quality monitoring checks to review the quality of the service and make plans to make improvements. People were not asked for their feedback about the quality of the service being provided.

People told us the staff who supported them regularly, were kind and caring and respected their privacy and dignity.

The registered manager voluntarily decided not to accept any new care packages and agreed to be supported by the local authority and Caremark's regional development manager to make improvements. Prior to our inspection, a new care manager had been appointed. They had started to identify the shortfalls in the service and had developed plans to address these.

We found six breaches of regulations during the inspection. These were in relation to fit and proper persons employed, safeguarding service users from abuse and improper treatment, safe care and treatment, staffing, receiving and acting on complaints and good governance.

You can see what action we told the provider to take at the back of the full version of the report.

At this inspection we found standards had deteriorated. The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures.'

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

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

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People did not have safe risk assessments in place.

Staff were not suitably recruited to ensure they were safe to work with people at risk.

People were at risk because staff did not safely record medicines that were administered.

Safeguarding concerns were not managed effectively. Staff were knowledgeable about safeguarding procedures.

Care visits were not effectively organised and monitored.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive robust training and support to do their jobs.

The service did not effectively implement the requirements of the Mental Capacity Act 2005.

People told us staff gave them choices and asked their permission before supporting them.

People were confident staff would respond to a change in their health needs.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Rotas were not coordinated and managed to ensure person-centred care was provided.

Staff treated people with dignity and respect and gave them the privacy they needed.

People were supported to be as independent as they wanted to

be.

Is the service responsive?

The service was not consistently responsive.

Complaints were not investigated with action taken to prevent issues from happening again.

Care plans were not always reviewed and updated and were not personalised.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Satisfactory improvements had not been made since the last inspection.

The provider did not have robust auditing, monitoring and evaluating systems to identify gaps, errors and areas of improvement.

The provider acknowledged the service needed to improve and had requested and was accepting of support.

Inadequate ●

Caremark (Harrogate)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit. This was because we wanted to meet people who used the service, staff and the registered manager. We needed to be sure that they were available to speak with us.

Inspection site visit activity started on 1 October 2018 and ended 15 October 2018. It included visits to the office location, telephone calls and home visits. We visited the office location on 01 and 3 October 2018 to see the registered manager and staff and to review care records and policies and procedures. This inspection was carried out by one inspector.

We used information the provider sent us in the provider information return (PIR). 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.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority safeguarding and commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

During the inspection we spoke with two people in their homes and one relative. We spoke with the registered manager, the new care manager, the field supervisor, one senior staff member and four staff members. Following the inspection, we spoke with two people and three relatives on the telephone to gather their feedback about the service

We looked at a range of documents and records related to people's care and the management of the

service. We looked at six care plans, five staff recruitment records, training records, quality assurance audits, complaints records, policies and procedures. We also looked at the audit completed in September 2018 by Caremark's regional development manager.

Is the service safe?

Our findings

At the last inspection in July 2017, we identified recruitment practises were not safe. At this inspection we found the recruitment practices continued to be unsafe. Records did not consistently evidence that relevant checks had been completed before staff started working with people who may be vulnerable.

Disclosure and Barring Service (DBS) checks had not been carried out on seven staff members before they started working at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. The provider's recruitment policy states, 'All offers of employment or agreement to work for Caremark are made on a strictly conditional basis that two satisfactory references are obtained.' Where additional references were required, these had not been obtained. There were gaps in employment histories which had not been questioned.

The care manager provided us with the matrix they had developed. This showed us they had identified the shortfalls in the recruitment process and the actions already taken to address the lack of documentation which was not sufficient.

Following the last inspection, the registered manager provided us with an action plan to address the issues. They said, "All DBS checks and relevant checks and training will have been confirmed and put in place before any care workers go out in to the field. All records will be updated and information filled either in the care worker files or relevant folders such as DBS folders. All folders will be updated by care manager." We found the registered manager had failed to ensure these improvements had been made.

Following the inspection, we asked Caremark's regional development manager for a copy of their audit they had completed in September 2018. This confirmed the shortfalls we identified and also that the registered manager was not compliant with the provider's recruitment procedures.

The above issues were a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have systems and processes to prevent and protect people from abuse. For example, we had to prompt the registered manager to raise a concern with the local safeguarding authority about a person who was at risk of psychological abuse. Prior to the inspection, we received information that people were having missed and late visits and poor care was being provided. We also received information that sometimes only one carer supported people when two carers were needed. This meant sometimes relatives supported carers to move and handle people. The local safeguarding authority was dealing with the concerns raised by relatives of people who used the service. The provider had not raised these as safeguarding concerns and we had not been notified.

The above issues were a breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were completed to ensure risks to people were identified for areas such as environment, moving and handling, eating and drinking, and personal care. However, we found not all people's care files had risk assessments that were specific to individual's needs. For example, one record did not include risk assessments and a corresponding plan which guided staff on how to support the person safely whilst out in the community, to manage a diagnosed medical condition and risks associated with their behaviour. Another care record did not guide staff on the risks associated with a person's diabetes and did not have a corresponding care plan to show how staff were to support them.

People's medicines were not managed safely. For example, a record to show which part of the body a medication patch was to be applied had not been updated. There was also no explanation as to why a patch had been removed six hours later than prescribed and no record to show if staff had sought medical advice about this. When we brought this to the attention of the registered manager the support worker was contacted for an explanation and action taken.

We found gaps on three medicines administration records (MARs) and one had not been correctly completed when new medication had been prescribed. The local authority completed an assessment of the service following our inspection. When we spoke with them, they confirmed they had found errors in medicine records. Caremark's audit also highlighted missed medication was not followed up and MAR charts were inconsistently returned and filed.

The above issues were a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place for managing accidents and incidents. We could see that following an incident, a reporting form had been completed by a staff member. However, this had not been followed up by the registered manager. This meant that areas for improvement were not identified and lessons learnt to reduce the risk of reoccurrence.

People and their relatives told us there was not enough staff and that sometimes they were rushed. One relative said, "Staffing is atrocious at times. They have too many clients for the number of workers. A carer visited to put [Name] to bed too early. We told them to go away. They were rushing because they had a full rota." Another said, "The morale of staff seems low." One person said, "I think there is not enough staff, but I have got to know the regular ones." Another told us, "I never know who is coming. I used to get a schedule."

Without exception, all the support workers we spoke with explained they wanted to do the best they could. They were committed to the people they supported and did not want to let them down. Three told us there was not enough time to travel between visits and told us they felt rushed. When we discussed this with the registered manager they explained that recruiting staff had been difficult and that staff would phone in sick, not turn up or not stay long.

Staff we spoke with could explain the action they would take if they suspected or witnessed abuse. One said, "If I saw anything, I would tell the manager immediately." Another said, "I understand that people we care for are very vulnerable and would report abuse."

Staff we spoke with confirmed that they had access to protective equipment to prevent cross infection such as gloves and aprons.

Is the service effective?

Our findings

Records showed staff had not received regular supervision and appraisals. For example, a support worker who had started working at the service in March 2018, another in April 2018 and another in July 2018 had not received a supervision. A support worker who began working at the service in November 2017 had received only one supervision. Caremark's quality assurance policy (May 2018) regarding supervisions states, 'Supervision meetings must be monitored so that they regularly occur and are evenly spaced over a yearly period. Every staff member's file should contain records of each supervision meeting carried out.' This policy also refers to support workers annual reviews and states, 'The review meeting should be arranged annually for each staff member.' The care manager had identified two annual reviews that were out of out of date. They had developed a matrix to identify when supervisions and appraisals were due to be undertaken.

Staff we spoke with told us that they had inductions. One said they did not have a good induction and did not get many shadowing opportunities. They said, "I was sent on some calls without in-depth knowledge of some clients." Staff we spoke with said they had completed e-learning on topics which included, moving and handling, medication and safeguarding. Certificates displayed in the office showed that some staff had received practical training on topics such as first aid, moving and handling and medicines administration. However, we could not identify from the staff files we looked at if mandatory training had been completed and when refresher training was due. The audit completed by Caremark confirmed there were gaps in mandatory training. The care manager had also identified where there were gaps in training and had produced a matrix. Following the inspection, additional training to manage a specific medical condition had been completed.

The above issues were a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. One care plan we looked at had been signed by a person who did not have the legal authority to do this. Another care plan was not completed fully to evidence if the person had capacity to make their own decisions and was contradictory with regards to if there was a Power of Attorney. The care manager told us they had identified three people who did not have the capacity to consent to their care. They were in the process of developing a plan to show the action needed to address this.

Spot checks and observations for some staff had been completed to ensure they were competent to administer medicines and move and handle people safely. However, records showed these had not been completed consistently for all staff and there was no system in place to indicate when staff required these.

The care manager had developed a matrix to ensure they knew which staff required these checks and when they needed to be completed.

Records were not detailed for people who required support to ensure their nutrition and hydration needs were met. For example, one person was supported to feed due to a medical condition. Their care plan did not contain specific information to guide staff to ensure what to do if difficulties arose. Another care plan showed that a person who had diabetes needed support and prompting to ensure their nutritional needs were met. It did not contain guidance for staff on how this outcome was to be achieved.

The provider had not taken sufficient steps to improve record keeping since our last inspection. This was further evidence of a continued breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that staff asked for their consent and offered choice before supporting them. One person said, "Carers ask me before helping." Another said, "Even if they know what I want because they know me, they still ask if it is alright to help."

People were complementary about the regular staff and felt they supported them effectively. Relatives were also complimentary about individual members of staff who would ensure people's needs were met. Comments included, "Carers are confident" and "The carers are the real assets of the company."

People and relative's, we spoke with told us staff supported them to maintain and promote their health and acted when they felt unwell. One person said, "The carers notice if I'm off it and will suggest the GP." Another said, "I have a good rapport with staff. They will ask if I need the GP." A relative said, "Carers would get the doctor if needed."

Is the service caring?

Our findings

People and relatives told us staff were regularly late, calls were missed and when two carers were needed, often only one carer would arrive. This demonstrated the registered manager did not provide a service that had a caring approach due to the way the rotas were coordinated and managed.

When we brought this to the attention of the registered manager they said they had recognised improvements were needed and had already arranged for a new electronic logging in system to be introduced. Following the inspection, we spoke with the care manager who confirmed this was now in place. They explained that if a support call was late by 15 minutes they would receive an alert and would be able to contact staff to establish if there was a problem.

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

People and their relatives told us that the staff they knew well and who had been supporting them regularly were caring and friendly. People said "I have a laugh with the carers. They are friendly and kind" and "Carers are kind." Relative's told us, "The permanent carers are brilliant, they always try their best" and "There are some really good carers and they do the job well." However, we received mixed feedback from people and relatives about the ability of staff to provide a consistent caring service.

Records showed how people communicated and the support they needed to achieve this. For example, one person's care plan showed they could express their needs verbally, but they needed to wear a hearing aid and glasses. Carers were prompted to check the hearing aid was working and the glasses were clean.

Staff understood the importance of supporting people in a manner sensitive to their cultural or religious needs. One said, "I have no problems in supporting people who have different lifestyles to my own." Another said, "I would absolutely support someone in a sensitive way. I would not want to upset them."

Staff supported people to maintain their privacy and dignity. One person told us, "The carers most definitely look after my dignity." A relative said, "I have no worries about staff and respecting [Name's] dignity." Staff explained how they completed personal care tasks to ensure people felt comfortable and their privacy respected. One told us, "I want people to know I care, so I am always respectful when supporting to wash or dress."

At this inspection we considered if people's private information was being kept securely. We saw that people's records were stored in a secure way. Following the inspection, we received information that some staff were not aware of the importance of maintaining confidentiality. The local authority was aware and managing this through their safeguarding procedures. We recommend that the provider ensured all staff receive training in this area.

Staff supported and encouraged people to remain as independent as they could. Staff told us, "I will let

people do for themselves if they can" and "I like to make sure people can stay independent. It is important for them that they do."

The registered manager was aware of the local advocacy service and how to contact them should a person need this level of support. An advocate is a person who supports the person to understand their rights and express their wishes and views, if they need independent support with this.

Is the service responsive?

Our findings

Relatives told us that when they had spoken with the registered manager to raise a complaint they were not listened to. One said, "When I have tried to complain I'm fobbed off." Another said, "I have complained, but nothing changes."

The provider's PIR indicated there had been no complaints. The provider's complaints policy states, 'If your complaint is made by telephone or in person, Caremark will make a written record of your complaint and will provide you with a copy of the written record within three working days.'

At this inspection, we did not see any evidence that complaints had been recorded, investigated or concluded. This meant the provider was unable to monitor complaints over time to ensure compliance with company policies, look for trends and identify areas of the service that may need to be addressed or improved.

This was a breach of Regulation 16 Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not all care plans were person-centred and only described the tasks that staff were required to carry out to meet people's needs. For example, a person's care plan stated they sometimes needed support with personal care that included showering and eating and drinking. However, the care plan did not give further information to staff on how to provide personalised care.

Care plans were not always reviewed and updated. For example, one person's care plan had not been reviewed in the last year, it was due to be reviewed in March 2018. When we went through the plan with the person they said some of the information was out of date and was not accurate. Another person's plan had not been updated to reflect that their general health had improved and they were no longer receiving end of life care. The provider's written contract with people who use the service states, 'The needs of the customer will be reviewed and reassessed by Caremark from time to time, at least annually, and the customer may request a review at any time.' The care manager told us they had identified care plans that needed to be reviewed and were in the process of completing these.

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

We received mixed feedback about the responsive care staff provided. People and relatives were complimentary about individual members of staff. One person said, "There are some good staff. They always ask if I want anything." Another said, "They don't rush off. They make sure nothing else needs doing, this helps me. [Staff members name's] are lovely. I can talk to them." Relative's comments included, "[Staff member] is brilliant" and "[Staff member] is excellent." There were less complimentary comments about staff members who did not visit people on a regular basis who did not know people well. One relative said, "Some of the carers rush, but [Name] can't be rushed and carers ask me what my relative needs." Another said, "I want certainty. New staff don't know what I like, don't read the care plan."

Staff could explain to us how they cared for people in a person-centred way. One said, "People are central to the care." Another told us, "Everything evolves around the person, I listen to them."

When we visited people in their homes we observed how a staff member communicated with people in a way they understood and reworded questions if they didn't understand. They knew people's needs well and were person-centred in their approach.

Staff we spoke with were clear regarding their responsibilities in ensuring people did not experience discrimination. One said, "I would report it as safeguarding if a person I supported was subjected to racism for example." Another said, "Any form of discrimination I would not accept."

At the time of our inspection, end of life care was not provided. A senior staff member we spoke with wanted to develop their expertise in this area. They understood the importance of recognising that people's wishes were known and respected.

The registered manager was aware of the Accessible Information Standard (AIS) and gave us the example of providing care plans in different languages if required. This standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Is the service well-led?

Our findings

At the last inspection in July 2017 we identified a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the systems and processes in place were not robust enough to effectively monitor the service and ensure compliance with the regulations. At this inspection we found multiple regulations to be breached and the provider were still non-compliant with Regulation 17.

We found the provider continued not to have robust auditing, monitoring and evaluating systems and processes to identify gaps or errors and evidence areas of improvement.

The provider did not regularly collect and audit people's daily care logs and medicines administration record (MAR) to identify gaps and errors. The provider had failed to ensure that records related to the care provided to people were accurate and up to date which meant staff would not be able to provide person-centred care which would keep people safe from avoidable harm or abuse.

Records related to staff employed at the service were not accurate, up to date and fully completed. There were records of some spot checks on staff. However, these were not regular and there was no system in place to monitor staff performance.

The provider's computerised system to check if there were missing or late support visits was not being used correctly. At this inspection, we identified that missed and late visits were not addressed. Staff told us rotas were changed several times a day and there was not enough time between visits to get to the next person.

The registered manager had not completed quality assurance surveys to gather feedback from people who used the service. On the second day of our inspection the registered manager showed us the questionnaires that they were going to post out that day.

The above issues were a continuous breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we discussed our concerns with the registered manager, they accepted there was a lot to improve on and was accepting of support from the local authority and Caremark's regional development manager. They explained they had difficulty in recruiting and staff appointed, were unable to fulfil the demands of the role. However, we found the registered manager lacked understanding about the impact on people when they did not receive the support contracted with the service and had not been proactive in dealing with concerns raised by relatives and staff. The care manager and registered manager were now meeting with the local authority on a regular basis to ensure all actions were addressed to drive improvements.

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law. However, as referred to in the safe domain, we had not been notified about a person alleged to have experienced abuse and missed visits.

The provider's PIR states, 'Caremark support an open culture in their service, allowing staff to feel supported in raising concerns without any fear of recrimination.' Two staff members we spoke with were not confident in how the registered manager would respond when they were worried about their rotas. One said, "I feel supported by the senior carers, but not the manager. I've told them the problems about how the office is organised, nothing changed." Another said, "The manager is not approachable and too distant."

Relatives we spoke with felt the main difficulties centred around how the service was run and organised. Two relatives explained they would have left the service if it had not been for the good support received from the carers who supported them regularly.

One person and one relative we spoke with felt there had been slight improvements since the new care manager had been appointed in relation to time keeping and staff's appearance. One member of staff told us they had confidence in the care manager. They said, "The new care manager knows what they are doing. I really want the service to get back on its feet. I love the clients and the job."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the proper and safe management of medicines. Risk assessments were not specific to individual's needs.</p> <p>Regulation 12 (1)(a)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person failed to ensure service users were protected from abuse and improper treatment. Systems and processes were not followed effectively to prevent abuse of service users, and systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p> <p>Regulation 13(1)(2)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to investigate and act on complaints made and did not have effective systems to identify, record and respond to complaints.</p> <p>Regulation 16 (1)(2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and approve the quality and safety of the service. The provider had not maintained accurate, complete and contemporaneous records.</p> <p>Regulation 17 (2)(a)(b)(c)(e).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider's recruitment procedures were not operated effectively to ensure that new staff were of good character and had the qualifications, competence and skills for the work they were employed to perform.</p> <p>Regulation 19 (1)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff were properly trained and supported to fulfil their roles effectively.</p> <p>Regulation 18 (2)(a)</p>