

Austen Allen Healthcare Limited

Austen Allen Homecare – Gravesham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Austen Allen Homecare Ltd on 11 January 2017. The inspection was announced so that we could ensure people and records we would need to see were available. Austen Allen Homecare Limited is a domiciliary care agency registered to provide personal care for people who required support in their own home.

At the time of our inspection, Austen Allen Homecare Ltd was providing care to 53 people and there were 22 care staff.

At the time of our inspection, there was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection at Austen Allen Homecare Ltd was the first inspection under our new methodology since its new registration in October 2015.

Medicines were not being effectively managed. The registered provider had not ensured that accurate information on people's medicines was included in their care plan. There were not appropriate recording methods in place to ensure that people were taking their medicines. The registered provider had identified a new method but this had not been embedded into the service.

Risk assessments had been carried out but care plans did not give consistent guidance to staff to fully mitigate risks, for example with moving and handling.

The registered provider had not ensured that staff were deployed consistently to meet people's needs. Staff were not given travel time and records showed incidents of staff being double booked.

There were systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns.

The registered provider had effective recruitment practices that ensured that staff were safe to work with vulnerable adults.

People's capacity was not being assessed in accordance of the Mental Capacity Act (2005) when giving consent to care and treatment. The registered provider identified that they were aware of this and new forms had been sourced but these had not been fully embedded within the service.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. Staff spoke positively about the training and their training was being monitored to identify when training needed to be renewed.

People were supported to have adequate food and drink. Where appropriate the registered provider used food and fluid charts to monitor how much people were eating and drinking.

People were being referred to health and social care professionals when required. Records showed the involvement of other health care professionals.

People told us they were satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff understood the importance of communicating appropriately with people. Staff had built positive relationships with people to fully understand their needs.

People and their relatives told us they were involved with the planning and reviews of their care. Records showed that people were receiving reviews.

Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

Care plans were not consistently person centred when providing staff with detailed information on how people like to be supported.

The provider had ensured that there were effective processes in place to fully investigate any complaints and outcomes of the investigations were communicated to relevant people.

The registered provider had not ensured that a fully robust auditing and quality management system was in place to identify shortfalls within the service.

The registered manager was approachable and took an active role in the day to day running of the service. Staff were able to discuss concerns with the registered manager at any time and felt they would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service.

We found breaches of the health and social care act. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not consistently managed in a safe way.

People's risk assessments were not fully robust and lacked guidance on how to mitigate risk.

Staff were not effectively deployed at the service.

People were protected against abuse and harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act 2005 were not applied in practice.

Staff received appropriate training that was monitored by the registered provider. The registered manager carried out spot checks of staff.

People were supported with their nutrition and hydration needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People spoke positively about the staff they received care from.

Staff demonstrated good knowledge of the people they supported.

People were encouraged to maintain their independence. People told us their privacy and dignity was always maintained by staff.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not always person centred. Care plans gave guidance to staff but did not consistently refer to people's preferences, likes and dislikes.

People told us they were encouraged to make choices by staff when providing care.

The manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

Is the service well-led?

The service was not always well-led.

The registered provider had not ensured that there was a full and robust auditing system in place to identify any shortfalls within the service.

People were taking part in surveys on a regular basis.

People and staff spoke positively about the registered manager.

Requires Improvement ●

Austen Allen Homecare – Gravesham

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.

The inspection took place 11 January 2017 and was announced to ensure that the people we needed to speak to and all documents we needed to see were available at the time of inspection. The inspection team consisted of one inspector 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events, which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection, we spoke to the registered manager, the director, five care staff, four people using the service and nine people's relatives. We looked at six care plans, three staff files, staff training records and quality assurance documentation.

Is the service safe?

Our findings

People and their relatives told us they felt safe when receiving support from staff provided by Austen Allen. One person told us, "I always feel safe when the staff are here." One relative told us, "It is safer here with them now than before when my relative was alone." Another relative told us, "We feel very safe with the staff. One thing I have noticed is that they will lock the doors and windows when they leave."

The registered provider had not ensured that sufficient numbers of staff were deployed to meet people's needs. People had a level of care agreed between them, the registered provider and the local authority if this was the source of funding. Records showed that people were receiving the level of care that was being funded. People, relatives and staff told us they never felt rushed to complete a call. However, staff, people and relatives told us that the registered provider did not allocate travel time between calls and that calls would be double booked. One person told us, "Double bookings happen a lot and it does stress out the staff. I also do not understand why there is no allowance for travel between jobs." Another person told us, "They are often late." One relative told us, "I know they do not have enough time between jobs and this makes them later and later as the day goes on." A member of staff told us, "I do not like it when there are double bookings as we only tend to realise on the day." Another member of staff told us, "We have to start early to try and fit everything in." A third member of staff told us, "There is no travelling time. The coordination team make it so the journey time is as short as possible. I think we need to include travel time into the schedule." Staff rotas showed that there was no travel time between calls and we saw evidence to show that a double booking had taken place a week prior to our inspection. We reported our concerns to the registered manager who told us, "We tell staff to start 30 minutes early. We tell people that use the service about our 30 minutes flexibility time. However, we have had problems with timings. We do try to coordinate people within certain geographical areas to limit the time travelling. We have also refused to provide a service as the distance required would have put us outside our 30 minute flexibility time frame." People we spoke to were aware of the 30 minute flexibility time. However, one person told us, "My evening calls vary considerably. They can come anytime between 5pm and 7:30pm."

The registered provider did not ensure suitable deployment of staff. This is a breach of Regulation 18 of the Health and Social Care Act Regulations 2014.

The registered provider had systems in place to identify risk but risk assessments were not consistent with the information provided to reduce risk. The registered provider had a needs risk assessment that was completed by the registered manager prior to a person receiving support. The needs risk assessment included mental condition, weight, appetite to eat, drink, and pressure areas. The registered manager also completed a general risk assessment that included internal and external risks such as, risk of staff falling due to uneven pavement, lighting, environment, electrical appliances and kitchen. Records showed that people had manual handling and pressure sore risk assessments when needed. However, the information provided to staff was not consistent. One person's manual handling risk assessment identified that staff should ensure that the person was in bed before leaving the call and that the person had a history of falls and required the support of two members of staff. However, the assessment did not give staff information on how this should be completed safely. No evidence was seen to show that this person had a mobility risk

assessment in place to identify to staff the risks and how these should be mitigated. The moving and handling risk assessments identified if people were using mobility aids, such as hoists, but did not have any guidance in the care plans to identify what specific type of equipment and how it should be used. Records showed that staff received manual handling training and all staff we spoke to had a good understanding of how to safely support people to move around their homes.

The registered provider did not ensure that people were completely safe from risks or avoidable harm. This is a breach of Regulation 12 of the Health and Social Care Act Regulations 2014.

The registered provider had not ensured that medicines were being safely managed. The provider's medicine policy told us that staff should only assist people with their medicines that are prepared by a pharmacist in a monitored dosage system (blister packs). All staff we spoke to were aware of this policy and understood that they should only assist people with medicines in a blister pack. However, there was no use of a medication administration record (MAR) to identify that people had taken their medicines and no list of medicines was available in people's care plans to identify what they were taking. People's daily records showed that when people had taken their medicine staff were signing a medication section that a 'dosette' was taken. However, staff were not recording what medicines were being taken as part of the dosette. There were no protocols in place for medicines that were prescribed to be taken as when required (PRN). We reported our concerns the registered manager who told us, "We have already identified this as an area we need to improve and we will be putting into place new forms that clearly identify the name of the medication, the time it has to be taken and that information is available for all the medication a person takes. We will also be introducing MAR sheets for staff to sign." We were shown a copy of the new forms that also included areas for topical creams, PRN and anti-biotics. There was also an appropriate MAR sheet for staff to sign to show if a person had taken their medicines and if not, why not. However, this new approach had not been embedded into the service.

The registered provider had not ensured that medicines were managed safely or in accordance with best practice. This is a breach of Regulation 12 of the Health and Social Care Act Regulations 2014.

People were protected against abuse by staff that had received appropriate training and could identify the forms of abuse. Records confirmed that all care staff received safeguarding training. Staff told us how they would react if they were to identify possible abuse. One member of staff told us, "Safeguarding is to protect people from abuse such as physical, financial and neglect. If I had any concerns I would contact the registered manager straight away." All staff we spoke with had a good understanding of safeguarding and how they should report their concerns. Information was available to staff in the office that included up to date guidance and who they can contact. The registered manager kept a safeguarding folder that documented all alerts that had been made to the local authority. Records also showed any further correspondence with the local authority and any action taken by the registered manager.

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People and their relatives told us that staff provided them with the care that they needed. One person told us, "I cannot speak highly enough of the staff; they are excellent at what they do." A relative told us, "They all know what they are doing and are able to get on with the job without me having to explain things over and over again." Another relative told us, "They understand my relative's condition and how to manage it."

The principles of the Mental Capacity Act 2005 (MCA) were not applied in practice. 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 people 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's care plans only identified if people had capacity to make decisions with a simple yes or no answer. There was no evidence to show that mental capacity assessments were taking place along with best interest meetings to identify the least restrictive option for that person. Staff received mental capacity training and identified to us a good understanding of the core principles of the mental capacity act. However, this was not being fully embedded into practice. People who had capacity to sign consent forms were doing so. Where people lacked capacity, these were being signed by their next of kin without appropriate mental capacity assessments in place. We reported our concerns to the registered manager who told us, "We have identified this as an area where we need to improve and have identified the appropriate forms that we need to roll out across the service." We were shown appropriate forms but these had not been put into practice at the time of our inspection.

The registered provider had not ensured that staff were acting in accordance with the requirements on the Mental Capacity Act 2005 where a person lacks capacity to make an informed decision or give consent. This is a breach of Regulation 11 of the Health and Social Care Act Regulations 2014.

Staff told us they were well supported and had received the training they needed to be effective in their role. For new staff an induction programme was in place to ensure new starters received the appropriate training, support and guidance to enable them to provide safe and effective care to meet people's needs. New staff members had a three day induction that covered core training that included moving and handling, safeguarding and the Mental Capacity Act 2005. As part of the induction, process new members of staff would start to work through the care certificate. The care certificate is based on an identified set of standards that health and social care workers adhere to in their daily working life. Staff would have a 3 month probationary period that would include time to complete the care certificate and undertake shadowing with experienced members of staff. New staff were able to shadow a current staff member until they were deemed competent and confident to provide care. One new member of staff told us, "I had three days intensive training to cover core training and we had to complete a competency test for moving and handling. There had been no pressure put on me and I can work at a pace that I like. If I need more help I just ask the manager and it is given to me." The registered manager kept a training schedule on the computer system that flagged when people were due refresher courses in training. The registered manager also undertook regular supervisions, appraisals and spot checks with staff to identify if there were any areas for

improvement or if staff would like any additional training. Spot checks ensured that staff were working with people in line with the providers policies. Records from spot checks showed any areas for improvement. For example, one spot check showed that a member of staff had not fully grasped how to appropriately assist people to move around their home. An action from this was to provide more training. A follow up spot check was carried out that identified no concerns.

People were supported to have access to sufficient food and drink. People and relatives we spoke with had no concerns and told us they were fully supported. One person told us, "They always leave me my preferred snack and drink before they leave." Care records showed that people's nutrition and hydration levels were being monitored if required. If people required support this was being clearly recorded by staff in the person's daily notes. There was guidance available to staff for those on specific diets that included diabetics. Staff had good knowledge of people who were diabetic and how this should be managed such as through diet or through medicine. Staff received training on how to support people with their nutrition and hydration needs. The training schedule also included training for those that needed to be fed through a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure where a tube is passed through into a person's stomach to provide a safe method of feeding.

People had access to health and social care professionals and were supported by staff when needed. People's records showed when other medical professionals were involved that included GP's, district nurses, occupational therapists, physiotherapists and social services. Relatives we spoke to told us that staff were quick to identify and report to them if people need further support. One relative told us, "They will advise me if my relative is not their usual self and I will contact the doctor." Another relative told us, "Any time they see anything out of character they let me know straight away." Records showed that staff had referred a person to the relevant health professionals to try and obtain the person a wet room." Other records showed that referrals had been made to social services where people's health had deteriorated and they now required more support.

Is the service caring?

Our findings

All people and relatives we spoke with spoke highly of the staff and their caring approach. One person told us, "These are the best set of carers I have ever had. They are brilliant." Another person told us, "The care staff are lovely." A third person told us, "The staff have such a caring attitude. Nothing is too much trouble." One relative told us, "All the carers are very helpful and caring. They will do anything that is needed." Another relative told us, "The carers are all wonderful."

Staff communicated with people in a kind and caring way. One relative told us, "They speak to her with great respect." Another relative told us, "I can always hear them chatting. It is clear from this that they know her well and they all get along." One person who uses the service told us, "All the staff speak to me as a person. Sometimes I do not realise they are providing me with my personal care as we are so involved with a good chat." Staff demonstrated the importance of communicating with people in a kind and caring way. One member of staff told us, "The people we support have feelings and it is important we all understand this." Another member of staff told us, "It is important to communicate in a way that people understand and let them know what I am doing when I do it. This creates trust between us." A third member of staff told us, "It is important that we get to know the people we support so that we can have the enjoyable chats whilst providing essential care."

People and their relatives told us they were involved with the planning and reviews of their care. One person told us, "They contact me to go through changes and get my opinion." One relative told us, "We get kept up to date with the care. They contact us to go through anything new. We always discuss it and they always discuss everything with her (relative receiving care)." The registered manager told us, "We carry out reviews every three months over the telephone and when required. We will also carry out face to face meetings once a year with all people using the service, their families and social services if required." Records showed that people were being contacted regarding their care within the periods specified. There had been no face to face reviews carried out by the management team but this was because the service started to operate from the office in February 2016 and so were not due to start until the month following inspection.

Staff demonstrated good knowledge of the people they supported and were sensitive to their needs. One member of staff told us, "I always make sure I read the notes of any new people using the service before I start." All people and relatives we spoke with told us that staff had a good understanding of people's needs and how to provide appropriate care. One relative told us, "They know her ever so well. They treat her with great compassion and are always joking around in ways that are fully understood." One member of staff told us, "One person has a complicated life history and it is important that we know this so that we can provide appropriate support." This was recorded in the person's care plan.

People were treated with dignity and respect at all times. One person told us, "All the staff treat me with dignity and respect." Another person told us, "They always make sure my privacy and dignity are respected." All staff we spoke with told us the importance of providing care that treated people with dignity, respect and maintained their privacy. One relative told us, "They always shut the door when she is getting changed." One member of staff told us, "I use a towel to cover people's laps. I will not stand there in a room whilst a person

washes themselves." Another member of staff told us, "I like to treat the people I provide support to as members of my own family." Staff told us that it is important that people retain their independence as much as possible. One member of staff told us, "I will always encourage people to wash themselves and when they need a little help they ask and then I provide support." Another member of staff told us, "I try to get people to do as much as they can do by themselves. I will always assist but let them take the lead." One person using the service told us, "They get me to do all the things I can do by myself. I am always reassured because I know they are just the other side of the door. When I need help I just ask and they come in."

Is the service responsive?

Our findings

People's care plans lacked a full pre-admission assessment and did not consistently contain personalised information to assist carers to provide complete person centred care. One member of staff told us, "Sometimes it feels like you go in blind for someone that is new." The registered manager told us, "The local authority gives us the basic information but sometimes this is very limited and we have to develop the care plan from this." People's care plans did not consistently contain detailed personalised information on preferences, likes and dislikes and there was a reliance on staff getting to know people well through regular contact. However, this knowledge of the people was not being reflected in care plans. For example, one care plan told staff to assist the person to undress and have a full body wash and give a choice of breakfast. The care plan did not give staff guidance on how the person likes to have a full body wash, such as, areas where the person wants to wash themselves or any preferred methods or products. Another care plan told staff to make a full dinner but there was no evidence to show what the person liked or disliked. Care plans contained statements on privacy and dignity but did not give personalised guidance on how this would be achieved. For example, one care plan told staff, "Please ensure I am shown dignity and respect while care is taking place within my home." No further guidance was given to staff on how this was to be achieved. Staff we spoke to demonstrated good knowledge of people and told us how they ensure that dignity of each individual is respected but this was not reflected in the care plans. This means that new members of staff would be at risk of being unaware of people's personal preferences when they start working with them.

The registered provider could not ensure that care was consistently delivered in a person centred way. This is a breach of Regulation 9 of the Health and Social Care Act Regulations 2014.

Care plans contained a detailed personal history for each person. This information included where a person was born, family life, where they went to school, where they worked, when they got married and any significant events that may have had an impact on their lives. For example, some care plans identified if a person was evacuated during World War Two and where they went. People's care plans also showed if they were part of the armed forces during the war and where they were stationed. One member of staff told us, "I love to read the life history section in people's care plans. I use that when I meet people for the first time so we have things to talk about."

People's records showed that care plans were being updated when people's needs changed. One care plan showed that staff had identified that a person required extra support due to a decline in mobility. The registered manager told us, "We will always review a care plan when there is an identified change in need of a person." All the staff we spoke with told us that they would report any noticed changes to the management team. Records showed that staff were reporting changes to the manager and these would lead to referrals to social services to review care packages.

People told us that staff would give them choices when receiving care. One person told us, "They always give me an option of what I would like to eat." Another person told us, "There is always an option of what I like to eat or wear." One member of staff told us, "It is important that we give people choices all the time." Another member of staff told us, "I enjoy giving people choices especially over what they like to wear as this is more

of an activity and we have discussions over what goes with what."

The registered provider had in place a robust complaints policy that ensured that people who needed to complain would receive an initial response followed with an investigation and an outcome. The registered manager had in place a record of logged complaints. One complaint was regarding a change in staff and records showed that appropriate measures were put in place to resolve the issue. People and relatives we spoke to told us that they knew how to complain.

Is the service well-led?

Our findings

People spoke positively about the registered manager and the service they received. One person told us, "The registered manager is very understanding." Another person told us, "I feel that everyone involved is like part of an extended family." A third person told us, "This service has helped me to stay living at home." Staff spoke highly of the registered manager and the organisation they worked for. One member of staff told us, "I do enjoy working here and I do get on very well with the manager. She always listens and acts on what we have to discuss." Another member of staff told us, "It is brilliant working here. The people we support are lovely."

The registered provider had not ensured that formal auditing had been fully embedded into the service. The service registered with the Care Quality Commission in October 2015 but did not become operational at the location until February 2016. The company's policy is that a full audit of the service should take place annually at a senior management level and this had not been completed. This full audit was due to take place in February 2017. The registered manager told us, "We have learnt from this and I and a manager at another service will be carrying out full manager audits every three months." From an audit carried out at another service, it was identified that a new position was to be created at this location for quality monitoring and should be in place by January 2017. At time of inspection, this position had been put in place. The registered manager was carrying out audits to monitor late calls and ensure that the daily record sheets were being completed. The registered manager was also monitoring staff performance through spot checks and regular supervision. However, due to a lack of regular auditing the registered manager had failed to identify shortfalls within the service.

The registered provider had not ensured that robust auditing and quality monitoring systems were in place to identify shortfalls within the service. This is a breach of Regulation 17 of the Health and Social Care Act Regulations 2014.

Surveys of the service provision were being carried out with the care plan reviews every three months. People and relatives we spoke with told us they were involved with surveys as part of their reviews. We looked at a sample of completed responses from people and relatives who took the survey. Surveys showed that people were happy with the level of care they received from staff. One person told us, "They ask questions about the service when they contact just to make sure everything is going okay, and right now it is." One relative told us, "They ask us questions about the service when they contact. We have not had any problems."

The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were being made to the Care Quality Commission. The registered provider had ensured that all policies were up to date and these were communicated to staff. Staff demonstrated good knowledge of provider policies such as, safeguarding and lone working.

The registered manager had ensured that there was an open door policy so that people, relatives and staff could approach the registered manager at any time. All people we spoke to knew who the registered

manager was and how they could contact her. People were given packs when they started the service that had guidance on who they could contact if required. One person told us, "If I have any concerns I can always speak to the manager as I have done in the past." Staff we spoke with told us that they knew they could approach the registered manager with any problem they may have. One member of staff told us, "I get on very well with the manager. If there are any problems, I just tell the manager. It does not matter what, it can be work or personal and she finds a way to help out."

The culture of the service was to put people first, be supportive and have a positive teamwork ethic. The registered manager told us, "We are here to be supportive and take a person centred approach to our care. We have a really good team working here." One member of staff told us, "I try to go over and above to provide a person centred approach." Another member of staff told us, "The people we support come first. If we need more time on a call we just contact the manager and it is never a problem." Staff told us there was a positive teamwork ethic that created a good environment to work in. One member of staff told us, "We are a very positive team." Another member of staff told us, "This is a really good team and I am happy to be part of it." One person told us, "It is good that the staff seem to get along and it is clear that they communicate to each other."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had not ensured that people that use the service receive person-centred care that is appropriate, meets their needs and reflects their personal preferences.</p> <p>Regulation 9(1)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had not ensured that the principles of the Mental Capacity Act 2005 were put into practice when obtaining consent.</p> <p>Regulation 11(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not done all that is reasonably practicable to mitigate risks.</p> <p>Regulation 12(2)(b)</p> <p>The registered provider had not ensured the proper and safe management of medicines.</p> <p>Regulation 12(2)(g)</p>
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had not ensured that there were systems and processes in place to assess, monitor and improve the quality and safety of the service.

Regulation 17(2)(a)

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had not ensured that suitable numbers of suitably qualified staff were deployed throughout the service.

Regulation 18(1)