

Cheviot Care Limited

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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

This inspection took place on 19 December 2016 and was announced because the service provides support to people in their own homes and we wanted to ensure there would be someone at the service office when we called.

Cheviot Care Limited provides home support and personal care to people living within the local community in Wooler. At the time of the inspection 26 people were being provided with services, although this figure will fluctuate due to the nature of the service.

The service had a registered manager in post who had been registered with the CQC since July 2011. 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.

We found issues with the management of medicines and medicines records at the service. There were several unexplained gaps in the recording of medicines and some medicines detailed on the medicine administration records (MARs) were not complete or sufficiently detailed. Care plans to support people with their medicines were not specific and lacked detail.

The service had recruited one additional member of staff since the last inspection. Whilst there was evidence of an application and interview process the provider had failed to follow and secure references for the staff member. A Disclosure and Barring Service (DBS) check was in place. People told us they were well supported by staff and there were never any missed calls.

People told us they felt safe when receiving care. They told us they trusted the care workers who supported them and looked forward to them visiting. The registered manager told us there had been no safeguarding events in the last 12 months. Not all care records contained an up to date risk assessment.

There was limited evidence staff had received recent training or refreshing of skills. The registered manager told us the service had recently contracted with Sunderland College to provide future training. She told us supervisions and appraisals had been undertaken but documentation was not immediately available as it was being assessed as part of her own management training.

The registered manager was aware of the Mental Capacity Act (2005). She said no one using the service was subject to any restrictions placed on them by the Court of Protection. She was aware of one relative having formal Lasting Power of Attorney on behalf of a person who used the service.

People were also supported to maintain their well-being, as staff supported people to contact their general practitioner or other services, when necessary. People told us staff supported them to access sufficient meals

and drinks throughout the day. Staff also supported people with shopping.

People told us they found staff caring and supportive and praised the staff highly. They said their privacy and dignity was respected during the delivery of personal care and support. People told us they felt involved in their care and said the service kept their relatives up to date with any issues.

Copies of the local authority assessment documents were available in people's care records, although there was limited documentary evidence that the service had carried out its own assessment of needs. Daily living plans contained some highly personal and individual information to help staff to support people. However, there was a lack of detail in other areas, such as the support people required with medicines. Care plans were not always formally reviewed. Although there was evidence in staff meeting minutes that changes to people's care needs were discussed.

The registered manager told us there had been no formal complaints within the previous 12 months. People we spoke with told us they had not raised any complaints and were happy with the service.

The registered manager told us she did not carry out any regular audits or checks on the quality of the service. She said she would check details of care records and MARs as she went around people's homes. These checks had not identified the shortfalls found at this inspection.

Some quality questionnaires were available and were overwhelmingly positive. However, the responses were not always dated to show they were the most recent questionnaires returned.

Care records were not always securely stored and daily records of care delivery were sometimes limited and repetitive.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, good governance and staffing. You can see what action we told 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?

Requires Improvement ●

The service was not safe.

Medicine records were not complete and some medicines had not been recorded accurately. Care plans to support people with their medicines were limited in detail.

References for a new member of staff had not been taken up, although a full DBS check had been undertaken. People said there were never any missed appointments.

People told us they felt safe whilst being supported by staff. There had been no recent safeguarding concerns regarding the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The registered manager told us there was no formal system for monitoring and reviewing staff training needs. There was limited evidence recent training had taken place.

People were supported to give day to day consent for their care. No one using the service had any restrictions placed on them by the Court of Protection.

People said they were supported to access appropriate levels of food and drink.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and considerate. They said staff involved them in making decisions about their care.

People told us staff treated them with dignity and respected their privacy at all times. Confidentiality was maintained within the service.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive.

Daily care plans contained good individualised detail to help staff support people, although assessment details were not always recorded. Reviews of care were not carried out formally, although there was some evidence changes in needs were discussed at team meetings.

The registered manager told us there had been no formal complaints in the previous 12 months. People said they had not raised any complaints and were happy with the service.

Is the service well-led?

The service was not well led.

No formal quality checks or audits were undertaken. The manager did not undertake spot checks to ensure care was being delivered appropriately.

The registered manager continued to deliver direct care and said management time was often limited.

Questionnaires sent to people who used the service were overwhelmingly positive, although not all documents were dated. Records were not always stored securely and daily records were often limited in detail.

Requires Improvement 

Cheviot Care Limited

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

This inspection took place on 19 December 2016 and was announced. 48 hours notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure there would be someone at the office to access records.

The inspection was carried out by one inspector.

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. We used this information to support our inspection.

We reviewed other information we held about the service, including any notifications we had received from the provider about significant events such as serious injuries. We also contacted the local authority commissioners for the service and local authority safeguarding team for any information they held about the service. Neither organisation raised any current issues or concerns.

We spoke with two people who used the service and one relative of a person who used the service. We also spoke with the registered manager and a member of staff who delivered direct care but is also a director of the provider company. We looked at a range of records which included the care and medicine records for four people who used the service, one staff personnel file and other documents related to the management of the service and delivery of care.

Is the service safe?

Our findings

At the previous inspection of the service in May 2015 we made a recommendation to the provider about improving the safe handling of medicines. In particular we had recommended the provider follow best practice in relation to "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief.

At this inspection we looked at how the service was supporting people with their medicines. We found a number of issues with regard to the safe management of medicines by the service. We examined medicine administration records (MARs) for the previous month, which had been returned to the office for storage. We found several gaps in the MARs records where there were no signatures or no code recorded to indicate the action by staff. We also saw there were several instances where the code 'O' was recorded – meaning 'Other' action, with no indication what this action had been. We asked the registered manager about the gaps in the MARs. She told us she was unsure why the MARs had not been completed and agreed they did not give an accurate record of medicines administration. She told us staff had been advised that they should not leave any gaps and she was unsure why this had occurred.

Some of the MARs contained hand written entries. The space for the items to be written was small and the entries were difficult to read. There was no signature to say who had written the entries and no second signature to ensure the instructions had been transcribed correctly. Some entries did not contain sufficient detail. For example, one entry stated "ear drops" without specifying the type of ear drops to be used. Another entry for an aperient, a medicine used to help people manage their bowels, did not state how often the item should be administered. A third entry stated that tablets from a dosette (pre-prepared measured dosage system) had been given, but there was no subsequent list of what medicines were contained in the dosette.

We looked in people's care records. Whilst there was mention in the activities plans that people should be supported with medicines there was frequent use of general phrases such as, "Administer medicines with glass of water." Despite the recommendation in our previous inspection report there were no specific care plans for "as required" medicines. We looked at the provider's medicines policy. This stated accurate records should be made of any medicines not taken, records should be clear, complete and legible and that any hand written records should be checked and verified by a second member of staff.

We asked the manager if checks were made on the MARs that were returned to the office to monitor any gaps or highlight any anomalies. She said there were no regular checks. She told us, "I sometimes read through the daily records, but it is finding the time. It's the same for medicines charts. But they know they have to be done." We asked the registered manager if staff had their competencies checked to ensure they followed safe procedures when dealing with medicines. She told us all staff had received training on the safe handling of medicines but there was no regular competency checks undertaken. This meant we could not be sure medicines were managed safely and staff were following appropriate and safe guidelines when administering medicines. Staff were not conforming to the provider's own policies on the safe handling of medicines.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

We asked the registered manager if the service had recruited any new staff since the previous inspection. She told us they had only recruited one new staff member. We looked at this staff member's personnel file. We saw there was an application, with full employment history, identity checks with copies of the person's passport and other key documents and a recent Disclosure and Barring Service check (DBS). We were unable to find copies of up to date references for this staff member, who had been employed in April 2016, and asked the registered manager to locate them for us. The registered manager said she was unable to find them. She said she thought the staff member was going to provide them but this had obviously not been followed up and possibly no references had been checked. The registered manager told us she would immediately follow this up and ensure appropriate references were taken up and filed. We looked at the provider's own safeguarding policy, which stated references for new staff should be taken up. This meant we could not be sure appropriate management oversight of staff checks had been made to ensure staff employed by the service were suitably qualified and experienced.

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

People we spoke with told us they felt safe with staff and with the care that was offered. Comments from people included, "I just feel really safe; very, very safe" and "I feel very safe. If not, for any reason, I would not let them into the house." A relative told us, "I know them well. I'm quite happy and am perfectly confident to leave them." The registered manager told us there had been no safeguarding concerns in the last 12 months. She told us staff had undertaken safeguarding training and this was due for updating.

We saw some care plans contained assessments highlighting any risks linked to providing care in people's own homes. However, we noted other care records did not always have risk assessments recorded. The registered manager told us she was aware there were some gaps in these assessments and was working to address them. She told us plans were in place to ensure people were supported in the event of bad weather. She said both the people they supported and staff all lived locally and in the event of bad weather staff could reach everyone who required support on foot. One staff member told us, "In bad weather you just pull on your wellies and you get out and walk to people's homes." We asked if checks were made on staff cars to ensure they had the correct insurance and all cars were roadworthy. She told us all staff had insurance to cover them for business use. She said staff all had relatively new cars that did not currently require MOT certificates.

The registered manager told us there had been no accidents or incidents to people who used the service or staff within the previous 12 months. She said any accidents that did occur would be formally recorded.

The registered manager told us the service was a small local service which employed three full time members of staff, all of whom were directors of the company, and two part time staff. All staff, including herself as the registered manager, delivered direct care and support. At the time of the inspection the service was supporting 26 people, 19 of who were supported with some aspect of their personal care. People we spoke with told us they were aware the service was only small. They said they knew most of the staff and there were never any missed appointments. They felt that, although a small service, there were sufficient staff to support them. They told us they were mainly supported by one or two staff members but anyone of the staff could call. They told us all staff knew their care needs and were able to support them. One person told us, "I know them all very well. I get a mixture of three or four. They all know what to do."

Is the service effective?

Our findings

The registered manager told us the service had just signed up with Sunderland College to provide training for all staff in the new year. We looked at staff files and could see no significant training had been undertaken since 2013, although one member of staff had completed safe handling of medicines training in January 2016. The manager told us all staff had completed a course on safeguarding at the beginning of the year. She said the service was also signed up with the local Learning and Development Unit (LDU) to access on-line training. She said she was certain staff had completed a range of on-line training but had not received or printed off the relevant certificates. A staff member told us they had completed a range of training in the past including first aid and food hygiene. They said this was "a couple of years ago", but that the training was valid for two or three years. They said they were aware that on-line training was a possibility but they had not completed any such training to date.

The registered manager told us she had completed her National Vocational Qualification (NVQ) level 4 in management last year and was in the process of undertaking her NVQ level 5 in management this year. We asked if she maintained a training matrix to monitor what training staff had completed and whether it required refreshing or updating. She said she did not keep this type of record and the new contract with Sunderland College would also include such a monitoring function. This meant there was not consistent system to ensure staff training was up to date and monitored. We could not be sure staff had completed all relevant training to ensure they delivered care safely.

We asked the registered manager about supervisions and appraisals. She told us these had been undertaken recently. However, she said she was unable to show us the documentation as she was currently undertaking her NVQ level 5 and had been required to submit actual supervision and appraisal documentation as part of her evidence portfolio. The staff member we spoke with told us the registered manager dealt with supervision and appraisals. They said the registered manager would, "give them a paper" and they would try and fill it in and return it. They said they tried to keep up to date with these things. This meant documentation was not immediately available to the time of the inspection and we could not be sure appropriate supervisions and appraisals had been undertaken.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18. Staffing.

The registered manager told us any new staff always worked with an experienced member of staff as part of the induction process. She said she always introduced new staff members to people before they provided care or support on their own, to ensure they knew the people and their needs and people were familiar and comfortable with the staff member.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us the majority of people being supported by the service had capacity and were able to make day to day decisions. She was not aware of anyone having any restrictions imposed on them by the Court of Protection (CoP). The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. She told us one person had a relative who held legal Lasting Power of Attorney (LPA). LPA is a legal application authorised by the Office of the Public Guardian which gives permission to certain authorised individuals to make decisions where people do not have the capacity to do so themselves. She said the service was aware this was in place, but did not have a copy of the documents on file. She said she would request a copy of the LPA to ensure they were working within the limits of the LPA and any decisions were made within legal requirements. People we spoke with told us staff always sought permissions before they supported them with care, and regularly checked they were happy with the activity.

The registered manager told us they supported people to attend general practitioner or hospital appointments, as necessary. She said that if they were concerned about people they visited they would encourage them to request a GP visit or ring the surgery, with their permission. People we spoke with confirmed they were supported to contact health professionals, if they needed to. A member of the care staff talked us through a recent event where it had been necessary to contact the on call doctors service and then the ambulance service, following advice from the doctor. They said it had taken a number of hours to deal with the matter and support the person to get to hospital, but they had stayed with the individual until they were safely in the ambulance.

People told us staff supported them to have sufficient to eat and drink. Care records indicated where staff were to support people with their nutrition, through the preparation of meals or snacks. For example, one care plan included the instruction, "Ask what they would like for lunch, prepare and cover with cling film." People told us staff also supported them to go shopping or went to the local shops for them, with a shopping list. One person told us, "If it's a bit icy or wet they will do the shopping." We saw copies of receipts and details of transactions for these visits were maintained in people's care files. This meant people were supported to have access to sufficient food and drinks throughout the day.

Is the service caring?

Our findings

At the previous inspection in May 2015 people told us they were extremely happy with the care they received from the service. At this inspection people we spoke with told us they continued to be very happy with the care they received and the approach of the staff. Comments from people included, "They are a really sensible lot. My family are very pleased. They think it is great that I am so well looked after"; "They are good girls and have a bit of fun and are pleasant"; "I would say outstanding as far as I'm concerned. They are good and are sort of friends and are really helpful"; "Oh my goodness they are very good; very much so – Brilliant" and "I would recommend them to anyone." A relative told us they felt all the care staff were very supportive. They told us, "I know them all; I'm quite happy and (relative) is quite happy with them."

At the previous inspection people told us they were fully involved in their care. At this inspection we were told people were asked about their care and were supported to be involved and make decisions about their care. Comments from people included, "They keep my family up to date" and "They sat down with me and wrote it all in the book." We found people had signed to say they had received copies of the service user hand book and understood the contents and had also signed a staff supply agreement.

The manager talked about how the service was small and that in a small community everyone was very friendly. She said many of the people they supported were known to care staff through other connections and local links to services and businesses. People and relatives we spoke with told us they often knew the care staff prior to using the service. The registered manager said one of the things people enjoyed about the visits was the opportunity to talk about what was going on locally, changes in the town or what was in the local paper. One person told us, "They come and sit in the bedroom. I'm fine with that. We chat about what is going on in the village."

People told us that, although the service was small and although the village community was very close, staff always maintained confidentiality. One person told us, "I'm very impressed by the way they don't tittle tattle. They visit a neighbour a few doors down and I never found out, not until they told me themselves."

People also told us staff supported their privacy and dignity. They told us staff knocked when they were coming in, or shouted, so they knew they had arrived. One person told us, "They help me with my shower and I'm alright with that. They'll let me get on with it and just come in to do my back or something." One of the care staff talked with us about ways they ensured people's dignity was supported during personal care. They told us they talked with people to offer some distraction from the personal nature of the care. They also described how they ensured that people were covered with towels as much as possible when getting in or out of the bath. They said one person had told them they had been anxious at first about having someone to help them have a bath, but that now they enjoyed the process and described it as, "The best thing they had done."

With the exception of the individual who had a relative with LPA the registered manager told us that no one was formally supported by an advocate. People we spoke with told us they had regular contact with their relatives and they supported them with any matters that needed addressing, although said these did not

include any issues about the care delivery.

Is the service responsive?

Our findings

At the previous inspection in May 2015 we had found that care plans were not always detailed. We had rated this domain as requires improvement and recommended the provider follow best practice guidance in detailing care plans.

At this inspection we found that whilst care plans contained some good person centred detail they remained minimal in detail in other areas. The registered manager told us, "A couple have been updated because there has been an increase in care." She told us copies of the local authority assessments were also kept in people's care records for staff to reference. It was not always possible from documentation to see that a full assessment of people's need had been undertaken by the service, prior to the care plan being developed. A relative told us that before care and support started the registered manager had come out to discuss what they wanted. They commented, "(Registered manager) came. She sat down and talked with us one afternoon." They also told us that staff were very flexible in support and described how they had taken extra care with their relative when they were having temporary difficulties with managing stairs in their home.

The registered manager told us that for each person they supported they developed a daily living plan. In most instances this plan contained some good personalise detail, although there was limited information to support the administration of medicines. The plans identified the time and duration of the calls and what staff should do to support the person, including their personal preferences. For example, in one care plan the details highlighted the individual usually liked white tea with bread and marmalade for breakfast. However, the plan also supported people's choice as it stated that staff should always ask the person, as they sometimes chose to have cereal instead. Plans also supported people's individuality and psychological needs. For a tea time visit the care instructions included, "Enter using key safe. Have a chat."

Another care plan also contained personalised information and helped support personal choice. We found the morning daily living plans stated, "Wears hearing aids in both ears, so need to speak slowly. Help her choose what she wants to wear." A third care plan stated, "(Person's name) will be in bed. Go and ask how she is." This meant care plans contained some very personalised and individual detail about the person and their preferences.

People told us the service was very reliable and staff always turned up. Comments from people included, "They have never been late or let me down. Or if they are stuck they always 'phone and say they are on their way"; "They are very good at turning up on time" and "If it wasn't for those girls I wouldn't be able to live in this house." They said the care workers and the organisation were very flexible and fitted in with their family or other commitments. Comments included, "Flexible? They are very flexible." One person told us, "I've given them Christmas day off. I'll manage. But I could always call on the girls if I got stuck and someone would come." Another person told us how a friend had visited them and taken them out. They said they had told the service at lunchtime they would not require the tea time visit and this had been cancelled without any fuss or problems.

The registered manager told us there were no formal reviews of care. She said because the service was small she knew most of the people who were supported and was aware of their changing needs. She said she would often review people's care as she went about her care tasks or as she visited people as part of her other duties. She told us, "If they ask for an increase or if we think there should be an increase we would do a review." We saw copies of the service's weekly team meeting. We saw that although not formally reviewing care plans, staff raised any care issues in these meetings. We saw evidence people's changing care needs were discussed, whether they had improved or seemed to be requiring additional support. The registered manager told us that if they did have any concerns about the level of care needed they would immediately speak with the family or the person's care manager.

The registered manager told us there had been no formal complaints in the previous 12 months. People we spoke with told us they knew who to make a complaint or raise a concern, but had not had cause to do so. Comments included, "I've never had to make a complaint" and "Definitely not complained. Everything is fine and everything is perfect, whatever they do." A relative told us they had not had cause to raise a complaint. They said they knew staff so well that if they did have any concerns they would just speak to the staff or the registered manager. The service had received a number of letters and cards with compliments about the support and care they had provided. However, these were not always dated, so we could not be sure how recent these comments were.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since July 2011. She told us she had helped set the service up with a number of colleagues. The registered manager assisted us with the inspection.

At the last inspection in May 2015 we had found that systems were in place to effectively manage the service and had rated the service as good. At this inspection we found concerns about the overall management and oversight of the service. The registered manager told us that as the service was small she was aware of all of the clients and knew most of them personally, through her care delivery duties. She said she had taken on the role of registered manager when first setting up the service, but her real love was the actual care delivery. She said all three colleagues who were directors had set up the service to provide a small and really local and personal service.

We asked the registered manager if she undertook spot checks on care delivery to ensure staff were carrying out care correctly and adhering to the care delivery plans. She told us she did not routinely carry out spot checks, but did speak with people as she carried out her care visits or popped in to see them. She told us one of the main issues was finding time to carry out management tasks. She said she was highly involved in care delivery and so the time to undertake management duties was limited. She told us, "I'm still doing care as well. This makes it difficult." She said she did not regularly carry out formal audits, but did check daily record sheets when they were returned to the office or when out. However, these checks had failed to highlight the gaps and errors in the MARs identified at this inspection. The registered manager had also failed to ensure appropriate processes were followed during the recruitment of staff. This meant there were no formal reviews of care or on the quality of the service and appropriate management oversight of the service was not being undertaken. We spoke with the manager about management time within the service and she agreed this needed discussing with the other directors of the service.

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

The registered manager told us the service now undertook client questionnaires three times a year. We were shown copies of questionnaire responses. There were copies of returned questionnaires dated April 2016 and also ten undated responses. The registered manager told us these were from the most recent review in October 2016. There was limited detail on the responses as the format was largely tick box, although all were overwhelmingly positive about the service and as were any additional comments. However, because the documents were undated we could not be sure how recently they had been returned. One person told us they had been asked to complete a questionnaire, but could not recall exactly when. They told us, "I don't think the service could be improved."

The registered manager told us there were weekly team meetings when the five staff all got together to discuss both business issues and any changes in care. We saw copies of notes from these meetings. We saw discussions took place to ensure all shifts and care commitments were covered and any holidays or

absences were covered. We also noted people's care needs were considered and any changes or concerns highlighted. Where necessary other agencies were contacted for review or advice.

The service was co-ordinated from a small office in the registered manager's own home. The office space was crowded and some care records and other documents were stored on open shelves. We noted there was no immediate lock on the office door, meaning records may not always be secured.

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

Daily records were regularly completed, although the detail contained in each entry was limited at times, focussing on tasks completed rather than the individual. People we spoke with told us the care staff regularly wrote in the care records and they were happy with the comments care staff had made in the notes. One person told us, "They always write in the book before they go,"

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>Systems were not in place to ensure the proper and safe management of medicines within the service. Appropriate measures were not followed to ensure that risks were consistently assessed and action taken to mitigate such risks. Regulation 12(1)(2)(a)(b)(g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place or operated effectively to assess and monitor the quality of the service and mitigate risks associated with the delivery of care. Records were not always stored securely or maintained effectively. Regulation 17 (1)(2)(a)(b)(c)(d).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>System were not in place to ensure staff had received appropriate training and development. Regulation 18(1)(2)(a).</p>