

Eleanor Nursing and Social Care Limited

Ealing Office

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

About the service:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, some living with the experience of dementia, people with learning disabilities and people with mental health needs. The majority of people had their care funded by either LB of Ealing or LB of Hounslow. At the time of our inspection 137 people were using the service. Ealing Office is a branch of Eleanor Nursing and Social Care Limited, a private organisation which has five domiciliary care agency locations and also operates two care homes.

People's experience of using this service:

The inspection was brought forward due to information of concern that we received around care workers missing or being late for home calls to people. We received information that there had been a number of late or missed calls to people using the service. However, prior to the inspection, the provider had identified the problem and had begun to take action to minimise the risk of this happening in the future. Actions included new staff being recruited, restructuring, implementing an electronic system to monitor home visit times and an operation manager providing onsite support until a manager for the Ealing location only was employed. After the inspection, the provider made an application to CQC to register a second location, so they would have one in Ealing and one in Hounslow with their own separate managers.

During the inspection, we found risk assessments were not always robust or in place. Some were generic and therefore did not always address risks in a person centred way. This meant the provider was not always assessing, monitoring and mitigating risks to people to help minimise their exposure to the risk of harm.

Medicines were not always managed safely, and audits did not always identify discrepancies to help ensure people received their medicines in a safe way. For example, we saw incomplete medicines administration records (MAR) with gaps which meant we could not be sure people had received their medicines safely.

The provider did not always follow safe recruitment practices to make sure new staff were suitable to care for people using the service. The provider's audit did not identify this so remedial action took place.

The provider had not sent notifications to the Commission in a timely manner as required by the Regulations. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

People's needs were not always fully assessed prior to beginning their package of care which meant care plans that would provide guidance to staff, were not completed in a timely manner at the start of their support.

People's wishes, views and thoughts about end of life care had not been considered as part of the care planning process.

There were quality assurance systems in place, but the provider had not followed their own procedures to ensure their systems effectively monitored and managed service delivery to improve the care and support provided to people. For example, during the inspection we did not see any audits for the care files of people using the service or staff files to ensure the correct information was present and up to date and medicine audits had not been used effectively to improve delivery.

People using the service and their relatives gave us mixed views about their interaction with office staff. Some people's experience was that the service did not communicate effectively with them, while other people told us staff in the office responded appropriately to their concerns.

The principles of the Mental Capacity Act 2015 were generally followed.

The provider had an infection control policy in place to help protect people from the risk of infection.

Staff had up to date training, supervision and annual appraisals to develop the necessary skills to support people using the service.

People's nutritional needs were recorded in their care plan and they were supported to have access to appropriate healthcare.

Most people we spoke with and their relatives told us they were involved in planning people's care.

Rating at last inspection:

The last comprehensive inspection was 22 and 23 February 2018. We rated the service 'good' overall.

Rating at this inspection:

We have rated the key questions of, 'is the service safe?', 'is the service effective?' and 'is the service well led?' as requires improvement. We have rated the key questions of, 'is the service caring?' and 'is the service responsive?' as good. The overall rating of the service is requires improvement.

We found breaches of four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care, safe care and treatment, good governance and fit and proper persons employed. We found one breach of the Registration Regulations 2009 relating to notifications of other incidents. You can see what action we have asked the provider to take within our table of actions.

Why we inspected:

This inspection was brought forward due to information of concern.

Follow up: We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Ealing Office

Detailed findings

Background to this inspection

The inspection:

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

The inspection was prompted in part by information the Commission received about missed calls to people using the service. This inspection examined that information as part of the overall inspection.

Inspection team:

Two inspectors carried out this inspection. We contacted people who used the service and their relatives by telephone. Some of these telephone calls were made by 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.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, some living with the experience of dementia, people with learning disabilities and people with mental health needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available to assist us during the inspection.

Inspection site visit activity started on 12 March 2019 and ended on 14 March 2019. We visited the office location on both dates to see the operations manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we looked at the information we held on the service including the provider's last inspection, notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's safeguarding and commissioning teams to gather information about their views of the service.

During the inspection we spoke with two operations managers, an operations director and four support workers. We viewed the care records of six people using the service and five staff files that included recruitment. We looked at training, supervision and appraisal records for all staff. We also looked at medicines management for people who used the service and records relating to the management of the service including service checks and audits. After the inspection we spoke with eleven people using the service and four relatives of other people who used the service.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing

- ☐ This inspection was brought forward due to information of concerns around the care workers missing or being late for calls to people who used the service.
- ☐ The service had had a number of recent staff changes both in care staff and office staff. Part of the reason for change was due to the provider being commissioned by a second local authority to undertake care packages from November 2018. This had meant taking on 77 new people using the service, new care workers and more office staff to include two coordinators, two field supervisors and three team leaders.
- ☐ The systems the provider had in place were not always effective in monitoring this increase which meant they were not responding quickly enough when things went wrong, including when care workers were not arriving to scheduled home visits or were late.
- ☐ During the inspection we saw that the logs, which recorded when visits had taken place, did not always match up the time of the visits as detailed in people's care plans. This meant that people might not have received the care they needed in a timely manner. The provider's representatives told us they were aware of the missed and late calls that led to the inspection being brought forward and were seeking to address this by recruiting more office staff and the operations manager providing onsite support. In addition, they had implemented an electronic monitoring system in March 2019, that would enable them to better monitor care calls and to ensure they had appropriate staffing levels to meet people's needs safely.
- ☐ Several people we spoke with told us that care workers could be late but they generally rang the person to let the person know this. One person using the service told us, "Sometimes [I am sent] the same staff. [They are] not usually late, so this is never a problem and they always come. They are always asking me if I have had my medication. They are very strict. Eleanor are always calling me, to check up on their staff all the time".
- ☐ The provider did not always follow safe recruitment procedures. Three staff applications indicated they had previously worked for another care agency, but this was not evidenced through references. One staff member had references requests, but no records of evidence of references received. Another had given the name of a friend they worked with instead of the manager. As safe recruitment practices had not been followed we could not be confident that staff were suitable to care safely for people using the service.
- ☐ This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- ☐ Risk assessments were not always robust enough. For example, one person's local authority assessment indicated the person required assistance with emptying their catheter bag, connecting the night bag to the day bag and cleaning and washing stoma area. There was no risk assessment or management plan around this or personalised information about the person's condition. Therefore, the staff might not have had all the necessary information they needed to keep this person safe when providing care and support.
- ☐ Risk assessments were generic and therefore not always person centred. For example, two service users had Parkinsons disease but there was no information about this, or any other information about how to support the person taking this condition into account. Another service user had swallowing difficulties and used a percutaneous endoscopic gastrostomy (PEG) tube for nutrition but there was no information about it. A PEG tube is a tube surgically placed in the stomach of a person to help with feeding in cases when they cannot eat or swallow food safely. For one person the local authority had identified they were at risk of falling. They normally mobilised with a zimmer frame and were deteriorating physically and cognitively but there was not a risk management plan for falls in place. This meant it was not always clear what staff were required to do to mitigate the identified risks to people.

Using medicines safely

- ☐ Medicines were not always administered or recorded safely. During the inspection we saw incomplete medicines administration records (MARs) with gaps in signing, missing information, for example the person's name not filled in, medicines recorded as 'blister pack' instead of the names of individual medicines being listed and one person had three weeks of a medicine with a blank where the medicine name should have been which had been initialled as administered.
- ☐ Another person's care plan indicated 'Prompt to take his medication'. This was not in line with National Institute for Health and Care Excellence (NICE) guidance which advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.
- ☐ Medicines audits were carried out and the operations manager acknowledged there were issues with the MAR charts and was working to address this.

All of the above six paragraphs show there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- ☐ The provider had systems in place to protect people from abuse, but procedures were not always followed. The operations manager told us there had been a total of four safeguarding incidents raised in the last year.
- ☐ Three of the safeguarding alerts we saw, were as a result of late calls. An operations manager told us all missed and late calls were recorded on the local authority's 'quality alert' forms, which were completed by the local authority to raise concerns, rather than the provider completing their own forms.
- ☐ Alerts were put on the electronic system and a monthly analysis was completed by head office which was emailed to us after the inspection.
- ☐ When we were discussing with staff how to respond to a safeguarding concern, two staff members provided responses which did not follow the agency's safeguarding procedures.

Preventing and controlling infection

- The provider had an infection control policy in place to help protect people from the risk of infection. Staff had attended training on infection control and had access to protective personal equipment such as gloves and aprons. One care worker told us, "I always make sure I wash my hands and I don't use the same gloves. I check dates on food".

Learning lessons when things go wrong

- The provider's representatives acknowledged there had been problems with missed or late calls in February 2019. They advised they had already identified areas of concern and put an action plan in place, which they had shared with the local authority, to address the concerns. This included hiring more staff, implementing an electronic monitoring system and one of the operations manager being on site more often while a registered manager was being recruited.
- After the inspection the provider made an application to CQC to add a second location. This would mean the that the Ealing location which currently supports people using the service who live in both Ealing and Hounslow, would only support people living in Ealing and the new location would only support people living in Hounslow. Each location would then have a registered manager with oversight of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- ☐ People's needs were assessed prior to starting the service to confirm their needs could be met by the provider. This was achieved through assessments from the local authority and the provider's own assessment. However, we saw that two people's assessments had not been completed in a timely manner. The operations manager told us this was because the provider was waiting to involve relatives in the assessments and further assessment dates had been planned.

Ensuring consent to care and treatment in line with law and guidance

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 and found that they did not always follow these principles.

- ☐ We saw mental capacity assessments were appropriately carried out for four people using the service. However, one person whose care plan recorded they had dementia and a deterioration of cognition and stated they lacked capacity did not have a mental capacity assessment in relation to the receipt of care completed by the provider

Staff support; induction, training, skills and experience

- ☐ People using the service were supported by staff with the skills and knowledge to deliver care and support. One person using the service said, "They know how to help me. They do what they have to do" and a relative said, "[Person] is very happy with the care worker. She knows everything".

- ☐ Staff we spoke with said they had one to one supervisions with managers and the operations manager showed us that since coming to the service in February 2019, they were having one to one meetings with staff.

- ☐ New staff shadowed more experienced staff as part of their induction and we saw records that staff had up to date training that included safeguarding adults, moving and handling and infection control. The provider kept a training data base on their electronic system which prompted managers when training was

due. Care workers confirmed that the provider was proactive in promoting training for staff.

- ☐ We saw evidence the provider undertook unannounced observations of care workers in people's homes to assess the care workers' competency and made telephone monitoring calls to people to get feedback about their care workers.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People were supported to maintain good nutrition and care plans recorded people's likes and dislikes and what assistance, if any, they required with preparing their meals. One person said, "I choose what I want to eat but I don't like microwaves, so they cook from scratch."

Staff working with other agencies to provide consistent, effective and timely care

- ☐ Care plans recorded people's individual needs and there was evidence the provider had worked with other agencies including healthcare professionals to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

- ☐ People's health needs were recorded in their care plan and they were supported to have access to healthcare if required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

• ☐ People using the service spoke positively about the support they received from support workers.

Comments included, "They come on time. They are very friendly. They treat me like my own children do.

They do everything I ask them to" and "They are everything we want them to be. They give the care required and understand. They would do more if we needed them to."

• ☐ The provider gave people using the service an information pack with relevant information such as phone numbers for social services and what the person could expect from Eleanor Care. They also had a communication policy to support staff in providing care to people who might not always communicate their needs and wishes verbally.

• ☐ At the time of the inspection the operations manager said they were not supporting anyone who required information in a different or in a more accessible format, but after the inspection emailed us two care plans in an easy read format. These had some generic pictures in the documents but where there was space for pictures that were relevant or meant something to the person using the service. We noted these spaces had not been filled in. This meant these care plans were not necessarily person centred.

• ☐ After the inspection the provider also sent us a complaints procedure that had been translated into another language for people who spoke that language.

• ☐ Care workers also spoke a number of languages that reflected the people they supported and cared for. They were allocated in such a way as to promote effective communication between people using the service and the provider.

• ☐ People's care plans had a specific 'diversity and equal opportunities' section that recorded basic information such as people's ethnicity. Cultural and religious needs or preferences, such as a preference for receiving support from a male or female care worker was also recorded.

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

• ☐ Care plans contained personalised background information about people using the service which included people's routines, culture, hobbies and communication methods.

• ☐ People told us they generally had the same support worker and that they came at a time that suited the person. One person said, "They come on time. They let me know if [they are] going to be late. They are lovely and happy. They come and make me breakfast. They come back and help me at night. I have the same

people all the time".

- A social care professional told us that if a person requested support to access other services such as a hairdresser or chiropodist, the service supported them to do this.

Respecting and promoting people's privacy, dignity and independence

- Care workers told us they respected people's privacy and dignity. Their comments included, "I always inform the client what you are doing, I explain everything" and "Important to ask questions. You ask what they want to be done for that day and when finish you ask again to make sure they are happy". A person using the service said, "Carers knock on my bedroom to say good morning and I tell them what I want for breakfast. They have a good attitude and are very friendly"
- Care workers tried to promote independence and one care worker said, "I let them take decisions and try to encourage them to be independent. For example [they choose] which things people wish to wear."

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ In the records we reviewed, we saw one person who had been supported by the provider since November 2018 and another person since January 2019, did not have completed care plans. This meant care workers were using a basic outline of people's needs and tasks required to provide care instead of having completed a thorough assessment of the person's needs, wishes and preferences in regard to how they wanted to receive their care.

- ☐ A third person had their care plan completed nine days after the person began using the service. This meant that for the first nine days of receiving care the staff did not have guidance or instructions about how to meet this person's needs. There was therefore a risk that people might receive inappropriate and unsafe care and support.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Most people we spoke with and their relatives told us they were involved in planning people's care. Also, where appropriate we saw that people had signed their care plans to indicate they were involved in developing these and had consented to the care being provided.

- ☐ Comments from people about their care plans and the care they received included, "[Support worker] is fine, friendly, knows what to do. I have got a care plan. She writes in the book" and "I think I have a care plan. Carers always ask if anything else needs to be done. They use their initiative to do things."

- ☐ A copy of people's care plans was kept in their home and as was their daily log books which staff recorded the details of their visit in. The provider completed a monthly audit of the daily logs to monitor the support worker's arrival and departure times, any incidents and to check care workers were providing support in line with people's care plans.

End of life care and support

- ☐ At the last inspection we noted people's wishes, views and thoughts about end of life care had not been considered as part of the care planning process. At this inspection, we did not see evidence of staff training in this area and the care records we reviewed still did not contain end of life wishes. Although at the time of the inspection, no one was receiving end of life care we discussed with the operations managers, the need to have people's plans for the future and last wishes reflected in their care plan.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was last reviewed in December 2018 and since the last inspection, they have had one complaint. The complaint was completed on the local authority's complaint form and including findings and actions the provider took as a result of the complaint. Evidence such as support statements were included to support the outcome.
- People using the service told us they could contact the office if they had any concerns. Comments included, "I ask for what I need. If I want to complain I got a number to call. No complaints They call and ask how things are" and "I phone office if there is a problem and they always ring me back."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The provider did not always notify the Commission of notifications in a timely manner. This was demonstrated by a safeguarding incident that CQC were not notified about until 13 March 2019 a month after the incident on 13 February 2019.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager for the service was not present during the two days of inspecting, but the operations managers we spoke with said they were clear about their roles and the process they were required to follow. They acknowledged that a branch manager who had left had not followed procedures, but they were now providing onsite support and training to ensure all staff members understood their roles.

Continuous learning and improving care

- ☐ The provider had quality assurance systems in place, which included a monthly audit by the branch manager and in addition, monthly audits by a quality assurance manager and human resources manager. However, these were not being operated effectively because we found a number of shortfalls during our inspection despite these quality assurance systems being in place.

- ☐ During the inspection we saw people's files and staff files did not always contain the correct and up to date information about them. For example, consent to care forms were not always completed appropriately and employment references from care workers' previous employment were not always in place to show that staff employed by the service were suitable to work with the people they supported.

- ☐ We saw that the provider had audits for medicines and daily logs, but actions from the audits were not effective as at the time of the inspection, for example, MAR charts still had inaccuracies in them. One person's daily log book had gaps in recording including missed visits but this was not identified as part of the quality assurance check at the end of the log book so it was not clear what action had been taken to address the missed visits.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

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

- ☐ People using the service and their relatives gave us mixed views about their interaction with office staff. Comments included, "I phone when I have a problem. Helpful office but sometimes there is a communication problem. Carers have been late and I have rung to see what the problem is and the agency had not been aware as carer had not told them", "... three times no one turned up. It was not the girls it was people giving them the jobs to do. Not a big problem. Office does not ring me and all three times it was me who phoned to tell them", "If I need something I ring the office. I have rung a couple of times and they put things right and then they come in a day or two later to see if all is okay. Nice people in the office" and "Woman heading up local office is lovely and understands [person's] needs".
- ☐ The provider told us they had identified that there were staffing issues in February 2019 which were in part responsible for the high volume of missed or late calls during this time, but they had begun to take action to address this including employing new office staff, undertaking refresher training with staff and identifying three different zones to be managed by individual team leaders.
- ☐ The operations manager reassured us that head office quality assurance team had identified prior to the inspection that there were issues at the Ealing location and they were working from both local and head office positions to rectify the concerns raised. As part of this they showed us an action plan that they had completed for the local authority to address the concerns.
- ☐ At the time of the inspection, the registered manager was managing two services and the provider's intention was to appoint a manager to cover the Ealing location only.
- ☐ They were also aware that MAR charts were not being completed correctly and had identified the need to prioritise the calls of people they were providing medicines support to, to ensure they received their medicines in a safe manner.
- ☐ The staff we spoke with were happy working for the provider and said the office staff were supportive of them. Comments included, "I have the most support from the care coordinators in the office. Whenever I have any problem I can always call them" and "The coordinators answer straight away. They always advise and guide me. Very supportive".
- ☐ The provider had up to date policies and procedures to provide staff with clear guidance.
- ☐ The operations manager told us staff were provided with an employment handbook and a home carers guide to inform them 'about the company's vision and values, employment rights, health and safety and their responsibilities in care sector'.
- ☐ The provider had a contingency plan to manage any emergencies that was dated January 2019 to help ensure business continuity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ We saw evidence of team meetings arranged by the provider to give staff the opportunity to share their views with their team and hear feedback from the provider.

- One care worker told us, "For motivation they do carer of the month and every six months carers get thank you certificates, like best carer of the year. They are concerned about clients and also us as carers. They do understand and take it on board."
- The provider encouraged people to give feedback through surveys. 25% of people using the service submitted a completed questionnaire. These indicated 74% of the people who responded were happy with the service provided. For people who were less than happy with the service, the provider said they would review people's care plans and if necessary support them to contact social services about their needs and wishes.

Working in partnership with others

- In terms of communication, the provider had set up a generic email address so that all managers could access information from stakeholders, and therefore respond to them in a timely manner. They were also meeting monthly with the local authority to discuss progress and concerns with service delivery and how to improve it.

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 person did not always ensure that care was designed for people with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>Regulation 9 (1) (3)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)(2) (a)</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not make sure that recruitment procedures were operated effectively to ensure the suitability of each person employed to care for service users.

Regulation 19(3) (a)