

Access Care Management Limited

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Inspection report

Barrow Hill Barn
Barrow Hill, Goodworth Clatford
Andover
SP11 7RG

Tel: 01264326505
Website: www.access-care.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Access Care Management Limited (to be referred to as Access Care throughout this report) is a community-based care agency providing self-employed care workers to live-in with people in their own homes. The service is provided nationwide. Access Care currently provide two distinct services. The main part of the business is a recruitment and introductory service only. Access Care do not have an ongoing role in managing the quality and safety of the care being provided. This side of the business is not registered with the Care Quality Commission (CQC) and we do not inspect the care being provided to these people.

A small number of people receive what the service refer to as a 'managed' service. For these people, Access Care are responsible for ensuring that the care being provided continues to meet their needs on an ongoing basis. This managed service is registered with the Care Quality Commission and is therefore required to meet the fundamental standards. These are standards below which the care people receive, should never fall. At the time of our inspection, the managed service was no longer on offer to new clients.

Not everyone receiving the managed service received personal care. CQC also can only inspect where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the registered manager told us 10 people receiving the managed service had personal care needs.

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

This inspection determined that the self-employed care workers being introduced, or matched, to people receiving the managed service were carrying on the regulated activity of personal care in the name of Access Care Management Limited. This meant that Access Care fell within the scope of registration under the Health and Social Care Act 2008 and therefore they were required to operate effective systems and processes to ensure compliance with all of the Regulations under the Health and Social Care Act 2008. It was not possible to operate a business model which meant that some of the Regulations could not be met.

This inspection identified concerns regarding risk management, oversight of incidents and accidents, record keeping and the personal development and oversight of the care workers delivering people's care. The systems and processes to ensure the registered manager was able to assess and monitor the safety and quality of the service against each of the Regulations needed to be further developed.

We have made a recommendation about the provider's infection, prevention and control policies.

Since the inspection, the registered manager has taken action to restructure their business model. They have acted promptly to introduce a number of changes to strengthen the governance arrangements, ensure stronger systems are in place for maintaining records and the professional development of staff. Moving forward, this will help to ensure compliance with all of the Regulations, but these developments will need to be embedded.

People and their relatives spoke positively about the service they received from Access Care Management. They consistently told us that their regular care workers knew them well and treated them with kindness, dignity and respect. People felt their medicines were managed well and were happy with how their care workers managed infection control. Feedback was that the Access Care Team were usually effective at matching clients to care workers who were suitably skilled and knowledgeable. Care workers generally felt well supported and felt that they were provided with all of the information they needed to provide care safely.

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

Rating at last inspection

The last rating for this service was 'Good' (published May 2017).

Why we inspected

The inspection was prompted due to the length of time since we had last inspected the service. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment, good governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Access Care Management Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector and an inspection manager.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 April 2021 and ended on 25 May 2021. We visited the office location on 26 April 2021 and on the 19 May 2021.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We sought feedback from health and

social care professionals. The provider had been asked to complete a provider information return (PIR). A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During our visit to the office we spoke with the registered manager and reviewed a range of records. These included care documentation and care worker records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four people using the service and four relatives. We received written feedback from two care workers and spoke with a further five care workers. We also sought feedback from a local commissioner.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We saw examples where risks were identified but the plan in place to mitigate these needed to be more detailed. For example, care documentation spoke of the need to reposition a person but did not say how often. It was noted that one person was at risk of choking, but there was no detailed care plan or risk assessment to guide staff on how to manage such incidents.
- Access Care had been providing a live-in carer to one person since October 2020, but this person did not have a care plan or any risk assessments to guide the care workers on how to meet their needs safely. Despite the challenges of the COVID-19 pandemic, no alternative measures had been used to ensure this essential information was available for care workers delivering the person's care.
- There was no clear system in place to internally report incidents that affected the health, safety and welfare of people using the service and the systems in place for investigating and learning from these incidents and accidents needed to be more robust. Staff did not have access to an incident form. This limited opportunities for learning and improving safety.
- There was no clear expectation that care workers notify the registered manager of falls or other incidents. This meant their ability to have oversight of new or emerging risks to people was limited. Management oversight is important so that care plans and risks assessments can be updated, discussed with relevant health or social care professionals and additional measures put in place to prevent similar incidents. For example, a person had suffered three falls which had not been reported to the office. During the third fall, the person had hit their head, despite this, the care worker had not sought any medical advice and not undertaken further checks throughout the night to ensure that the person was not deteriorating.

The provider had not done all that was reasonably practicable to assess and mitigate risks to people using the service. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated activities) Regulations 2014. Safe care and treatment.

- The registered manager has taken prompt action to address our concerns. Since the inspection, they have introduced a new policy on incident and accident reporting. Incident forms have been developed and post falls protocols also introduced to help ensure that a person is closely monitored following falls.
- We also saw some evidence of risks to people's health and wellbeing being well managed. A number of relatives told us how their care workers recognised if their family member was becoming unwell and took appropriate action to address this. For example, in one case a care worker had noticed a change in a person's skin. They arranged for this to be checked by the GP to ensure this was not concerning. Another family member praised the care workers for their knowledge of risks associated with diabetes.
- People had an 'About the House' assessment. This looked at risks relating to the person's home

environment and risks associated with the use of equipment such as hoists.

- Handovers took place when a new care worker was introduced to ensure that they were knowledgeable about the person's needs. However, these were not documented, and we recommend that this practice is reviewed.

Using medicines safely

- People and their relatives were happy with the support received with medicines. One relative said, "[Family member] needs [pain relief] for their hip, they give this to her when necessary".
- However, whilst people were happy with the care provided, we found a number of areas where improvements could be made.
- Social care providers must maintain secure, accurate and up to date records about medicines for each person receiving medicines support. We found two examples where this was not the case.
- Whilst assessments had been undertaken to determine the level of assistance people needed with medicines administration and any risks associated with this, in the case of two people, these were noted to be inaccurate.
- One care worker was noted to be administering medicines from a multi-compartment compliance aid (MCA), but there was no record of the individual medicines contained in the MCA and the care worker was noted to have stated to the Access Care team that they did not know what medicines they were administering.
- One person was prescribed emergency medicines, but there was no protocol in place to guide their care workers on when or how to use this.
- Care workers were administering 'as required' (PRN) paracetamol to one person but had not recorded the time this medicine had been given. This is important to ensure that there is a safe gap between doses.
- Access Care checked to ensure that care workers registered with them had received training in the administration of medicines within the last two years, but they did not undertake an assessment of the care workers' competency to put this training into practice.
- There was no expectation that the care workers notified the office team of any changes to a person's medicines, such as short courses of antibiotics. We were concerned that this could mean that the office team were not aware of changes to a person's health or wellbeing that might require further action to be taken.

Whilst we did not find any evidence that anyone had been harmed, the provider had not done all that was reasonably practicable to ensure the safe use of medicines. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated activities) Regulations 2014. Safe care and treatment.

The registered manager has taken action to make improvements. PRN protocols have been introduced and medicines administration records have been adapted to ensure these contain all the required information to support the safe administration of medicines.

Preventing and controlling infection

- The office team had recently returned to working in the office. There were plenty of sanitising stations, one-way systems and visitor protocols were in place. The office team were expected to follow social distancing and desks had been rearranged to support this and screens have been installed. Face coverings had been provided and had to be worn when staff left their desks. The office team all had access to a twice weekly lateral flow test. These tests help to detect whether staff, who might have no symptoms, have the COVID-19 virus.
- There was evidence that the office team were taking action to disseminate to the care workers current government guidance on infection control and supporting them to access vaccines.

- Relatives told us their care workers followed good infection control practice in their homes. One relative told us, "They [Care workers] wear gloves, aprons and masks and when feeding [Person] they also wear PPE".
- A care worker told us, "I am concerned about my responsibilities in relation to preventing the transmission of COVID-19 because it's something that you can't see, smell, touch etc. but I'm trying my best... The guidance that Access Care give is to be extra cautious, use PPE, be safe and any concerns let them know".
- The registered manager told us the care workers had been marvellous throughout the pandemic, some staying with people for two or three months to minimise the number of contacts being introduced to the person's home.
- However, we were concerned that some of the systems in place to prevent the transmission and control of infections needed to be more robust.
- The registered manager told us that because the care workers were self-employed, they had to provide their own personal protective equipment (PPE). The care workers were sent links on how to access this and to changes in guidance, however, this meant that the registered manager could not be assured about the quality and appropriateness of the PPE being used by the care workers.
- Whilst there was an infection control policy for the employed staff, there was no such policy for the care workers that set out clear expectations and standards for the care workers to follow in their daily practice to ensure good infection prevention and control.
- There were no clear standards in place to minimise the risk of transmission of infectious diseases such as COVID-19 when care workers moved between clients. For example, there were no clearly defined expectations about when, or for how long, PPE should be worn when a care worker was assigned to a new person. The care workers we spoke with gave a variety of differing responses when asked about how they managed this period. One care worker said, "I wear a mask for about a week" and another said, "There was nothing I was asked to do, I just wear a mask when outside".
- The registered manager told us they recommended that care workers should have a negative test before being assigned to a new client, but this was not a requirement. The care workers were not included in the weekly COVID-19 testing programme, like the office staff were, although they were advised about how to access testing. If the care workers did access testing, there was no expectation that the result of this be shared with Access Care. This meant the provider was not monitoring the COVID-19 status of the care workers they were introducing to people.
- Care workers were able to undertake a training module with the provider's sister company, which included infection control and how to put on / take off PPE correctly. However, where care workers had undertaken their infection control training elsewhere, the registered manager was unable to be confident about what the module had covered. We were concerned therefore that they could not be assured that the care workers always had suitable and relevant infection control training.

We recommend that the registered manager seek advice from a reputable source on developing a clear policy and set of standards for care workers to adhere to in relation to infection prevention and control and to avoid the transmission of the COVID 19 virus.

Staffing and recruitment

- Only the office team of client relationship, recruitment and booking consultants were directly employed by Access Care.
- The care workers were not directly employed by Access Care. They were self-employed care workers and registered with the agency in order to be 'matched' with people requiring a live-in carer. The care workers were required to have their own self-employed insurance.
- Care workers had to attend a registration day during which a range of checks were made, and time spent finding out about the care workers' skills and experience and their ability to effectively communicate in

English. This was to support the matching process. These registration days were currently taking place virtually and also provided an opportunity for Access Care to share information about their value base.

- The recruitment consultants worked with the self-employed care workers to produce a profile that described their experience and skills. A selection of these were then sent to people seeking a live-in carer in order to help them make an informed decision about which care worker to choose to support them. One person told us, "The profiles are helpful, they tell me all about the [Care worker]".
- Once a care worker was chosen by a person, the office team had an ongoing role in ensuring that the care being provided continued to meet the person's needs and that the arrangement was working for both the person and the care worker. This was managed through calls to the person or their relative at a frequency of their choice.
- The registered manager told us that they continued to work on the principle of having three care workers available for each person receiving care and that this allowed people to have choice and consistency of care worker.
- We saw evidence that when required, office staff had worked hard to secure a new care worker at very short notice. Many of the people being supported had had regular care workers for a number of years.
- People and their relatives were satisfied with the continuity of care provided. One person told us, "They [Access Care] are pretty good, they try to fulfil your requirements". A relative told us, "We have good continuity of care, [Family member] has two carers who work five weeks on and five weeks off, they know his routines, it works really well". Two relatives spoke of how the continuity of carers enabled the care workers to know their family member well and this enabled them to pick up if the person was unwell and raise a concern with the family member or seek medical advice.
- Relatives mostly felt that the care workers assigned were adequately trained for the role they were performing. One relative said, "They are absolutely well trained, and they have to keep up to date with this". A care worker told us, "I think Access Care Team are effective at matching to clients who we are suitably skilled to support".
- The care workers had overall been recruited safely and required checks had mostly been completed. These included identity checks, checks with the disclosure and barring service and obtaining references.
- To stay registered with Access Care, all the care workers were required to re-register every 2 years which involved completing all of the above checks again. The registered manager told us that they requested testimonials from people and would de-register care workers if they received consistent negative feedback about them.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with their care workers. One person said, "I'm as safe as houses" and another said, "I need a lot of hoisting, I do feel safe when they are doing this". This view was shared by relatives with one telling us, "We have always had really good carers, [Family member] has complete trust in them".
- The provider had appropriate policies and procedures which ensured the care workers had guidance about what they must do if they suspected abuse was taking place.
- Care workers were required to have undertaken safeguarding training and those we contacted understood how to recognise and respond to abuse.
- Care workers were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Most of the people and relatives we spoke with were overall happy with the competency of their care workers and care workers felt suitably skilled to manage the needs of the people they were supporting.
- However, services registered with CQC to provide personal care to people in their own homes are required to have systems in place to ensure care workers have access to appropriate training, professional development, supervision and appraisals. This is to ensure care workers are able to carry out their role effectively and understand their responsibilities.
- These legal requirements were not being adequately met.
- Access Care did not directly provide training to any of the care workers. The provider did make checks that any training certificates being presented by the care workers seeking registration were genuine and had not expired. Each care worker introduced to a person had to have, as a minimum, training in manual handling, first aid, safeguarding and medicines management.
- The provider was able to assist care workers to undertake training in a range of areas to refresh or fill gaps in their knowledge or skills via a sister company also owned by the provider. Where the care workers used this training, the registered manager was able to be confident that this was of a suitable quality and covered the relevant areas. However, where the care workers' previous training was provided by a different training provider, whilst the validity of the certificate was checked, checks were not made to ascertain what the training covered.
- As part of their initial registration with Access Care the care workers were also asked to self-assess their experience in a variety of areas such as working with people living with dementia or those nearing the end of their life. The self-assessment was not corroborated by Access Care through undertaking their own assessment of the care workers' skills and knowledge or of the care workers' ability to put their learning into practice, for example, through the completion of any competency assessments.
- Access Care did not supervise or appraise the care workers. Supervision is an important tool by which registered managers review the care workers' workload and allows discussions to be held about expected standards. Supervision also enables the monitoring and review of performance and identifies learning and development needs and opportunities.
- There was evidence that office staff did make intermittent telephone calls to the care workers to see how the introduction was going and to talk through any challenges or problems. The care workers we spoke with did feel well supported by the office team and told us they felt able to raise any concerns with them. However, these calls are not a replacement for formal supervision.

- The registered manager told us they could not supervise the care workers as they did not directly employ the staff. However, regulated services are required to provide all care workers delivering care under their direction, whether or not they are directly employed, with appropriate professional development, supervision and appraisal. By not doing this the provider is unable to demonstrate that they are meeting the Regulations regarding staffing.

The provider did not have adequate systems in place to provide care workers with appropriate training, professional development, supervision and appraisal. This is a breach of Regulation 18 of the Health and Social Care Act (Regulated activities) Regulations 2014. Staffing.

- To address our concerns, the registered manager is to work alongside their sister company and also review guidance and advice from national organisations whose role it is to improve the skills and quality of adult social care through accredited training and workforce development. This will support the development of a policy regarding training and ongoing development of the care workers.
- Providers must operate effective systems and processes to make sure they assess and monitor the quality of their service and to ensure compliance with all of the Regulations.
- This inspection identified a number of areas where the service was not meeting the Regulations. This included concerns regarding the risk management, oversight of incidents and accidents, record keeping and the personal development and oversight of the care workers delivering people's care. Therefore, we were not assured that the governance systems in place were adequate or sufficiently robust.
- We found examples where the availability, accuracy and completeness of records relating to people's care fell below that which supports the safe delivery of care.
- It was 'recommended' by Access Care that the care workers complete daily notes or make a record of the care provided to each person. However, this was not a requirement and the registered manager told us that due to the self-employed status of the care workers, they were unable to insist upon this.
- Good quality records, which includes daily notes, underpin safe and effective care. They are an essential part of achieving good outcomes for people and are an important way in which the registered manager or provider maintain oversight of care delivery to ensure this is being provided in line with the care plan and is of good quality. By not requiring the care workers to complete these records, the provider was unable to demonstrate that they were meeting the legal requirements regarding records.

The provider was not operating effective systems and processes to ensure they were able to assess and monitor the safety and quality of the service against each of the Regulations. The provider was failing to ensure that an accurate, complete and contemporaneous record of the care being provided was being maintained. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated activities) Regulations 2014. Good Governance.

- Since the inspection, the registered manager has made a number of changes to strengthen the governance arrangements.
- A member of staff has been assigned to have sole oversight of the people receiving a managed service. All care plans will be reviewed at least bi-annually to ensure they remain up to date and reflective of the person's needs.
- A new folder has been developed which contains a range of new / updated paperwork and forms which will support the care workers in carrying out their role and responsibilities. This now includes an incident and accident form and guidance around what type of events would need to be reported. Moving forward, the registered manager will review each of these to check that appropriate mitigating actions have been taken.
- The care worker guide has also been updated to help ensure that care workers are clear about the specific

tasks they must do when supporting people receiving the managed service.

- It will now be a requirement that care workers send in a log at the end of every 28-day period which evidences the care that has been delivered on a daily basis. This along with the medicine's administration records will be reviewed each month by the management team to ensure these do not raise any concerns.
- The registered manager advised that she or the lead worker for the managed service plan to start doing quarterly, unannounced, observational visits to people's homes, allowing them to observe interactions but also observe the care workers' competency at practical tasks such as moving and handling and that the use of PPE is in line with national guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We identified that the registered manager had not notified us of a serious injury that had occurred as required by the conditions of their registration with CQC. However, they were throughout the inspection open and honest and they were keen to work in a collaborative way to address and rectify any areas of concern.
- People, their relatives and staff all spoke positively about the responsiveness of the management team. The all felt the service was well led and well organised. One care worker said, "The Access Care Team are very responsive if I inform them about anything necessary to the person I support" and another said, "They are very easy to contact, they respond very quickly, I've never worked for another agency that does that". Another care worker said the registered manager managed the service well and provided them with support when necessary. One care worker said, "[Registered manager] is a good kind manager, she is always glad to help, I can only say good words about her". Another care worker said, "[Registered manager] is very, very helpful, when she comes my client likes it as well".
- The provider and registered manager continued to seek feedback from people using the service. All of the feedback seen was extremely positive and it was clear that people valued their care workers.
- Office staff rang people and their relatives at a frequency of their choice, to ensure they were happy with the care being provided. Any mismatches or problems with the care were discussed at the weekly office meeting. This helped to inform future introductions and ensured that people were not reassigned a care worker that they had not formed a positive relationship with. This contact had been increased during the pandemic to help limit the impact of isolation.
- The service had developed an increased social media presence to help keep people informed. For example, people had been provided with ideas on how to keep healthy both physically and mentally and online quizzes had been held.
- A confidential online chat room had been set up so that the management team could share essential information and examples of good practice with the care workers. These had also provided the care workers with the opportunity to seek peer support from another.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the service and told us that the care being provided centred around the person's wishes and preferences. One person told us, "They do everything very well" and another said, "[Care worker] is absolutely wonderful". A relative said, "The lady we have is very good, no-one could be better" and "They [The care worker] pay attention to detail, there are no faults at all, [Person] likes her, they get on". Another relative also spoke of the care worker's attention to detail and how they ensured their family member was always well presented which promoted their dignity. We noted that another person had fed back to the agency, '[Care worker] is genuinely a lovely person, very kind and caring'.
- Care workers spoke positively about the importance of supporting people in a person-centred manner.

One care worker told us, "[Person] knows what they want, I don't judge him, I empower him to make decisions".

- People's care plans continued to be written in a person-centred manner and included some detailed and helpful information about the person's past life, individual preferences and preferred routines. People and their relatives consistently told us that their regular care workers knew them well and treated them with kindness, dignity and respect. For example, one person said their care worker was "Brilliant, they remind me of things, it's someone who knows me".

Working in partnership with others

- There was evidence that the service worked in partnership with external professionals when required including social workers, occupational therapists and GPs.
- The registered manager attended forums held by the local clinical commissioning group infection control lead where updates on guidance for agencies providing care in people's homes were shared and key messages from other local stakeholders communicated.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to assessment and mitigate risks to people using the service.</p> <p>Whilst we did not find any evidence that anyone had been harmed, the provider had not done all that was reasonably practicable to ensure the safe use of medicines.</p> <p>This is a breach of Regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act (Regulated activities) Regulations 2014. Safe care and treatment</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not operating effective systems and processes to ensure they were able to assess and monitor the safety and quality of the service against each of the Regulations.</p> <p>The provider was failing to ensure that an accurate, complete and contemporaneous record of the care being provided was being maintained.</p> <p>This is a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act (Regulated activities) Regulations 2014. Good Governance.</p>
Regulated activity	Regulation

The provider did not have adequate systems in place to provide care workers with appropriate training, professional development, supervision and appraisal. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act (Regulated activities) Regulations 2014. Staffing.