

Care U Care Ltd

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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

About the service

Care U Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults, older people, including people living with mental health issues.

Not everyone who used the service received personal care. CQC only inspects 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 provider was supporting 22 people, with 15 of them receiving personal care.

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

Although the issues we found did not directly impact the level of care and support people received, significant improvements were needed with the level of detail and information of the care records in place.

Important information and guidance for care staff to follow related to people's care and support was not always recorded or in place.

Safer recruitment practices were not always followed. The providers monitoring processes were not always effective as they had not picked up all the issues we found during this inspection. Key records related to people's care and support were not available at the time of the inspection.

People and their relatives were happy with how their care and support was being delivered and told us staff knew how to keep them safe and had a good understanding of their needs. One relative said, "There are no issues so far and all has gone well. They seem to be very adaptive and willing to listen. We are very happy with the service."

Staff completed shadowing observations when they were introduced to people to help them understand how they liked to be cared for. Staff told us this was helpful and beneficial to their role.

People were supported by staff who felt valued and supported in their role. Staff told us the registered manager was understanding and helped carry out care visits when cover was needed.

People, their relatives and health and social care professionals gave positive feedback about times when they felt staff, including the registered manager, went above and beyond their duties to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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

Rating at last inspection

The service was registered with us on 11 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified 4 breaches in relation to person centred care, safe care and treatment, recruitment practices and good governance.

We have made 2 recommendations about ensuring capacity assessments are completed in line with best practice and the recording of concerns and complaints.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Care U Care Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Care U Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider a few days' notice because we were aware they were a small service and we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 17 April 2023 and ended on 12 May 2023. We requested a range of documents related to people's care that was sent to us by the registered manager between 17 April and 15 May 2023. We visited the office location on 28 April 2023 to see the registered manager and to review further records related to the service. We made calls to people who used the service, their relatives and care staff between 24 April and 12 May 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information from a direct monitoring activity (DMA) that was carried out with the provider on 10 October 2022 to get an update on the service. This information helps support our inspections. We also contacted the local authority commissioning team. We used all of this information to plan our inspection.

During the inspection

We reviewed records related to 8 people's care and support. This included people's care plans, risk assessments and 7 staff files in relation to recruitment, training and supervision. We were only able to review a small sample of daily logs for 1 person, as a lot of information requested was not made available.

We spoke with 5 staff members. This included the registered manager and 4 care workers.

We made calls to 12 people and managed to speak with 3 people and 6 relatives as not everyone was able to fully communicate with us over the telephone. We also received feedback from 2 health and social care professionals who had experience of working with the service.

We continued to seek clarification from the provider to validate evidence found. This related to correspondence with a range of health and social care professionals to show how any concerns were shared with the local authority.

We provided formal feedback to the registered manager via email on 12 May 2023.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- The provider did not always have clear processes in place to assess people's level of risk in relation to their care. Although care plans were in place before they started to provide support, care records were incomplete, lacked specific detail and clear guidelines for staff to follow to mitigate any possible risks.
- A range of assessments about the risks related to falls, the management of diabetes and people's mental health conditions had not been completed or included the wrong information about people. This meant it was difficult to confirm what people's risks were and how staff managed them to keep people safe.

Although we found no evidence that people had been harmed, the lack of information within risk assessments created a risk to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager who acknowledged the records were not accurate and needed significant improvement. Despite our findings, feedback was generally positive about staff understanding people's needs and keeping them safe. Staff were also able to explain how they managed any risks.
- A relative told us they felt their family member received a safe service, especially when staff were using mobility equipment. They added, "There are no issues with this and the staff are really good. I work closely with them and we understand each other."

Using medicines safely

- The provider did not have effective systems in place to ensure people's medicines were managed safely. The registered manager was unable to confirm how many people were being supported with their medicines at the time of the inspection.
- There were inconsistencies in people's care records on whether they were being supported or not, and medicines records were not available to be reviewed during the inspection.
- For example, a person's care plan stated they needed support with their medicines and care staff were responsible. There was no medicines information available and no medicine administration records (MAR) available.
- We asked the registered manager to see copies of people's MARs but they apologised and said they were unable to provide any. This meant we could not be assured what medicines people had been given and whether staff were following best practice.
- There were also no records of medicines competency assessments for staff to confirm they had been assessed as competent before supporting people.

Although we found no evidence that people had been harmed, the provider failed to have robust processes in place to support the management of people's medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in the community with the provider after the inspection to ensure they were aware of best practice.

Staffing and recruitment

- Safer recruitment procedures were not always followed to ensure staff were suitable to work with people who used the service.
- The provider was unaware of their legal requirement to have a record of full employment histories and interview assessments were not being completed to record any gaps in employment. We shared the related guidance with the registered manager during the inspection.
- Although appropriate references and Disclosure and Barring Service (DBS) checks for staff were in place, we saw 1 staff member had started working for the service before this had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We discussed this with the registered manager who acknowledged this and confirmed a risk assessment had not been carried out to ensure there was a clear record of their decision.

We found no evidence that people had been harmed but the provider failed to have robust recruitment processes in place to ensure persons employed had the right skills and experience. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to the size of the service the provider did not have an electronic call monitoring (ECM) system in place to confirm visits had been made. Feedback about timekeeping was generally positive, and people told us there had been times care workers had stayed longer than scheduled.
- The registered manager told us she had regular contact with staff to ensure people received their calls on time. However, some people and their relatives told us they were not always informed if their care worker was running late.
- The registered manager told us after the inspection on 12 May they had implemented a new ECM system and it would be in place in a few weeks to improve the monitoring of the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Whilst the provider was able to confirm they had shared safeguarding concerns or accidents and incidents with the relevant health and social care professionals, there were no systems in place to record incidents, to show what action had been taken or if any lessons had been learnt.
- A relative told us about an incident where their family member had been found on the floor but there were no incident reports or records related to this. We discussed this with the registered manager and asked for the relevant records to be sent to us. We had not received them by the time of the inspection report.
- Staff had a good understanding of their safeguarding responsibilities and induction records confirmed they had completed safeguarding training. A relative said, "Staff are aware of any safety issues and are proactive in reporting any concerns to the authorities if something is not right."
- Staff were very confident any concerns or issues raised would be dealt with appropriately. A care worker said, "The safeguarding training was the main focus of the induction and it was very beneficial. [Registered manager] will definitely take action and if she doesn't I will follow it up."

Preventing and controlling infection

- Samples of spot check records showed observations were carried out to ensure staff were following best practice. Staff completed infection and prevention control (IPC) training and confirmed they had sufficient supplies of personal protective equipment (PPE).
- A care worker said, "We discussed the use of PPE as a group and we can either pick it up from the office or if we let [registered manager] know, she can drop it off at the person's home."
- Feedback from people and their relatives did not raise any issues or concerns and confirmed that staff wore gloves and aprons where necessary. Only 1 relative told us they had raised a minor issue around the use of gloves, which the registered manager dealt with appropriately.
- Despite this, we were unsure if there was an updated IPC policy in place as although we requested a copy during the inspection, this had not been sent to us by the time of the inspection report.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection, the registered manager told us nobody lacked the capacity to consent to their care. However, where people had cognitive impairments or memory issues, care records were not clear about their abilities to be involved and be supported to make specific decisions about their care.
- Although care records had sections related to people's capacity or if best interest decisions were needed, information had not been fully recorded and not all records had been signed to confirm people had consented to their care.
- There were no records to confirm if staff had completed any training on the MCA. We discussed this with the registered manager who told us it had been done but did not have a copy of any training records.

We recommend the provider consider current best practice guidance to ensure they are working within the principles of the MCA.

- Staff had a good understanding about the need to give people choice and told us they always respected people's decisions and could not force them to do anything.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink as this was part of their agreed care and support needs. Care records lacked specific detail about specific foods, nutritional risks and people's preferences.
- For example, there was limited information for a person living with diabetes. Although there was some

guidance related to diabetes, it had the incorrect information for the person. As there were no daily logs made available, we were unable to see what support had been provided.

- We discussed this with the registered manager who acknowledged more information was needed and would update the care records accordingly.
- Despite this, staff had a good understanding of people's preferences and told us how they communicated with people and their relatives to ensure people's nutritional needs were met. A person also spoke positively about the support they received. They said, "During a time I wasn't eating, they were aware of this and encouraged me, and made sure I had something to eat."

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

- People's needs were assessed in relation to their care and support. An initial assessment was carried out before care started. We requested copies of people's local authority assessments to get further information about people's support needs. However, they had not been sent to us by the time of the inspection report.
- Although care workers had a good understanding of people's needs and how they needed to be supported, there was a significant lack of detail within people's care records and it was not clear what guidance had to be followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they had regular communication with people and their relatives to see if any further support was required. We saw examples of correspondence where the registered manager raised any concerns if people's health and wellbeing had deteriorated or requested support from the relevant health and social care professionals.
- Staff were aware of what to do if people's health deteriorated and told us they always checked how people were during their visits and reported any concerns to the office or directly to relatives.
- One person was very positive about the support they received when they were unwell. They said, "When I was really ill, the manager came out to check on me and called my GP. She was very supportive during this time and aware of my health."
- Feedback from health and social care professionals was positive and they told us the registered manager would always update them if there were any changes in people's needs. One added, "She keeps us in the loop and does not shrink from seeking advice. Her first priority is to give the client maximum support and the deserved care needed."

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction and training programme when they started at the service. This included practical modules delivered face to face along with shadowing sessions, which staff confirmed.
- The induction programme was focused on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager told us due to the size of the service, they did not currently have any online training yet, but was something they were planning to introduce into the service. Staff were positive about the training and supervision they received. However, not all of the supervision records were formally recorded.
- Staff were also positive about their shadowing experiences when they first started. One care worker said, "This was very helpful and a good part of the job as it helped me get to know what should be done."

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were very happy with how well they were treated and were positive about the caring relationships that had been developed.
- Comments from people included, "My regular carer is really nice. I'm really happy when she is here" and "I have a lovely lady and she is very friendly. Even though we speak different languages, we are getting used to each other and everything is going well."
- A relative told us how it had been a huge relief since the care had been arranged. They added, "It has been an absolute godsend since they started and is going extremely well. They are an extremely caring team and very helpful."
- We saw examples for one person where staff had stayed longer or carried out extra tasks as the commissioned time of the care visit was quite short. The registered manager said they were not forced to do this, but wanted to do it to make people happy.

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

- The registered manager had regular contact with people and their relatives to discuss their current level of care and if they needed any further support or if their needs had changed.
- Although people and their relatives told us they were fully involved in decisions about their care and could discuss how they wanted to be supported, this information was not always documented within people's care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and staff promoted their independence. Staff had a good understanding of the importance of respecting people's privacy and dignity and explained how they did this, especially when providing personal care.
- A care worker told us they were regularly reminded about important principles around personal care, how to carry out the tasks sensitively and how to speak with people during this support to ensure they felt comfortable.
- A relative told us there were times when they asked if the care staff could stay longer to ensure their family member's personal care needs could be fully met. They added, "They are helpful with this when it is needed."
- Samples of spot check and field observation records showed people were asked for their feedback to make sure they were treated with dignity and respect. Field observations also checked how staff engaged with people and promoted their independence.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records lacked sufficient detail about how people liked their care to be provided. For some care records, the profile 'About Me' section was blank and had not been completed. There were examples where incorrect information about people was recorded, which showed they were not centred around the person.
- Further to this, we were unable to review samples of people's daily logs so could not be assured of the levels of care and support being provided.
- A relative told us although some staff were fantastic, there were times other care staff were unaware how to support their family member or how to explain what they were doing, which led to episodes of distressed behaviour.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, staff had a good understanding about people's needs and the majority of feedback from people and their relatives was positive. Staff added that the shadowing opportunities really helped them to understand how people liked to be supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and the registered manager told us they discussed this with people and their relatives at the start of the service. People were also asked if they had any issues or concerns during spot checks.
- The registered manager told us there had been no complaints that had been managed through their formal complaints process. People and their relatives told us they felt comfortable raising any issues and were confident they would be addressed.
- Where relatives told us they had raised some informal complaints, the registered manager tried hard to resolve them. However, these informal complaints were not recorded and there were no records of what action was taken or what the outcome was. This was not in line with the provider's own policy.

We recommend the provider consider current best practice guidance to ensure records are in place for all complaints to ensure any trends could be identified.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded during their initial assessment but improvements were needed with the level of detail recorded for staff to know the best way to communicate with them.
- We discussed the AIS with the registered manager during the inspection and it was not an area they were fully aware about. We signposted the registered manager to information on the CQC website about the AIS to help support their understanding and make them aware of best practice.

End of life care and support

- End of life care was not being provided at the time of the inspection. The registered manager told us they were not looking to provide this level of care at present but possibly in the future, depending upon training resources and suitability of staff.
- People's care plans had a section where any advanced wishes could be recorded if people were comfortable discussing them during their initial assessment or if their needs changed.
- We signposted the registered manager to information on the CQC website about this area of support to help develop their approach and make them aware of best practice for any future support to be provided.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. However, positive feedback was received about the registered manager and the culture they created.

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

- We were not assured the provider had effective systems in place to monitor the quality of their service and there were significant shortfalls with paperwork and record keeping across the service. Despite the positive feedback from people, their relatives and health and social care professionals about the care provided, the registered manager had not picked up the inconsistencies and issues we found during the inspection.
- Where people were supported with shopping, the registered manager was unable to provide any financial transaction records to show they were being checked in line with their own policy.
- There were a range of further records that were not available, which included people's daily logs and MAR charts. We were only able to review daily logs for 1 person over a period of 7 days. However, the entries that had been recorded had been copied out word for word for each visit, which had not been picked up when they were returned to the office.
- As there was no clear system of audits in place and we could not review samples of key records, this meant the provider was unable to identify any areas of improvement or ensure correct levels of care were being provided.
- A range of documents and records that were requested during and after the inspection had still not been sent to us by the registered manager at the time of the inspection report. This included incident reports, training records and records related to people's care and support.

We found no evidence that people had been harmed however, quality assurance systems were not robust enough to demonstrate there was an accurate and complete record of the care and treatment people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager during the inspection who acknowledged the shortfalls in the service. She said due to spending a lot of time in the community and also providing care, this led to systems not being in place and formal records not always being kept. They also acknowledged all care plans and risk assessments needed to be redone. They added, "I'm sad that you have not been able to see what we do and I have to apologise for that."
- People and care workers confirmed that the registered manager carried out unannounced spot checks in people's homes to monitor the service and give feedback about their observations or if improvements were needed.
- Due to the issues we identified during the inspection, we signposted the registered manager to

information on the CQC website about their legal requirements as a registered person, along with information about regulations to help support their understanding.

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

- The overall feedback from people and their relatives was mainly positive about the open culture and the positive impact it had on their health and wellbeing. People and their relatives told us there had been times staff had stayed longer or provided extra support to ensure their needs were met.
- Comments included, "When I first started, they helped out with more support to get items for my home, which was really helpful" and "They are all really good. They have been looking after me very well and the manager is very supportive."
- Where some comments highlighted improvements could be made with communication, people and their relatives acknowledged the registered manager was very enthusiastic in trying to do their best. A relative added, "I have to say, she really tries, this is probably her best thing and I can see her good points. I think she could do with some more support though."
- Care workers also spoke positively about the communication and support from the registered manager and the inclusive culture of the organisation. Comments included, "She listens to us and the work I do is acknowledged", "She is very understanding and always calls to check up on us and how we are doing" and "I love working here and would recommend the agency."

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

- People and their relatives were kept involved with the service and had regular opportunities to give feedback about their care. The registered manager told us she spent a significant amount of time in the community visiting people to make sure they were happy with their care.
- One person said, "She is always available and has emphasised that I can ring at any time. She is very genuine and so far all is going well."
- Staff also confirmed this and said they felt well supported in their role. Staff also highlighted the registered manager was understanding of personal circumstances and had provided cover herself in emergencies or when staff wanted time off for religious festivals.
- One person confirmed this and told us they were very happy with how the registered manager had supported them. They added, "She covered when my carer couldn't make it. She knew exactly what to do and everything was done very nicely."

Working in partnership with others

- The registered manager worked closely with the funding authorities and we saw examples where any issues or concerns with people's care was shared, requesting further support and advice.
- Feedback from health and social care professionals was positive. One professional said how the registered manager had supported a person in very challenging circumstances. They added, "You have shown that you genuinely care about your clients and have gone above and beyond your call of duty which we so much appreciate."

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

- The registered manager had a general understanding of the duty of candour and was able to explain the need to be open and honest if anything went wrong.
- A relative told us the registered manager acknowledged an incident that occurred and apologised to the family. They told us they were satisfied with how it was managed and was happy to continue using the

agency.

- We signposted the registered manager to information on the CQC website about the duty of candour regulation to help support their understanding.

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 provider 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)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>The provider was not always managing people's medicines safely.</p> <p>Regulation 12 (1) (2) (a), (b) (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.</p> <p>Regulation 17 (1)(2)(c)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not always ensure recruitment procedures were operated effectively.</p> <p>Regulation 19 (1)(2)</p>