

BeeAktive Care Limited

BeeAktive Care

Inspection report

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24 November 2020
26 November 2020
30 November 2020

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

BeeActive Care is a domiciliary care service in the London Borough of Bromley providing personal care and support to people living in their own homes. The service supports people under a discharge from hospital scheme. Some people using the service have longer term assessed packages of care and support.

At the time of the inspection the registered manager told us there were 60 people in total using the service under both schemes. 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.

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

Medicines were not always safely managed. The provider did not always comply with the Mental Capacity Act code of practice. People were not always supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests.

There were systems to monitor the quality and safety of the service but these were not always effectively used to identify possible risks or identify learning and improvements to the service.

There had been improvements made since the last inspection, the provider had introduced a new electronic care planning system which allowed them to monitor the calls and support provided. People told us staff were not usually late. However, we had mixed feedback about staff staying the full length of their call.

People were protected from the risk of abuse because staff knew the action to take if they suspected abuse had occurred.

People said they felt safe using the service and safe recruitment practices were followed. Risks to people were identified and assessed and guidance provided to staff. Staff had received training on infection control and people told us they wore PPE and observed good infection control practice.

People's needs were assessed before they started using the service and had a personalised plan for their care which reflected their individual needs and preferences. Staff were supported in their roles through training and regular supervision. People were supported to maintain a balanced diet and were supported to access to a range of healthcare services when required.

People told us they had the same small staff team who knew them well and they liked. Staff treated people with care, consideration dignity and respect. People were involved in making decisions about the support they received. People knew how to complain and told us issues they had raised had been addressed by the management team.

Staff spoke positively about the support they received from the provider and registered manager. They told us they worked well as a team and were well supported by the registered manager. People were complimentary about the service and told us they were consulted and involved in giving feedback through surveys or telephone calls.

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

Rating at last inspection and update

The last rating for this service was requires improvement. (Report published November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection some improvements had been made and the provider was no longer in breach of two regulations. However, in other areas not enough improvement had been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 24 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was carried out to follow up on a number of safeguarding alerts and complaints and to follow up action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BeeAktive Care Limited on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to request an action plan and discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

BeeAktive Care

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We carried out an office visit on 23 and 24 November 2020. We spoke with six service users and six relatives by phone on 26 and 30 November. During the inspection we spoke with four care workers, two field supervisors, the deputy manager, the registered manager, a care coordinators and other office staff. We reviewed a range of records, this included ten care plans and ten medicines records, five staff recruitment and training records and records related to running the service such as audits and meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

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 requires improvement. At this inspection this key question has remained the same.

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.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12

- Medicines were not always safely managed. Medicines risk assessments did not consider the risks in relation to specific medicines people were prescribed such as warfarin or other high-risk medicines. This meant staff may not be aware of the possible risks or side effects of these medicines.
- Where the service was responsible for ordering people's medicines the registered manager was unable to evidence that the medicines were ordered in a timely way to ensure people received their medicines when needed. Records showed five people were without one of their medicines for at least seven days.
- At the last inspection where staff administered topical creams, it was not clear these were prescribed by a health professional and they were not always detailed on the medicine administration record (MAR) to record they had been administered. At this inspection we found while most people's topical creams were recorded on a MAR chart with a body map this was not consistently the case.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made to the management of medicines. The provider had introduced a new electronic recording system since the last inspection which enabled them to oversee medicines administration throughout the day. We saw this was monitored and action taken if an alert was raised in relation to medicines administration. MAR charts were completed including for as required medicines. People had 'as required' protocols to guide staff on when to administer these medicines.
- Staff received training on medicines administration and a medicines administration competency check to ensure they understood how to administer medicines safely.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained assessments of risks to people's health and safety such as fire risk assessments, moving and positioning and health risks such as catheter care. There were control measures for staff to follow to keep people safe. Some further improvement was needed to ensure the information included in risk assessments was integrated into the care plan so that it was easily accessible for care workers to view.
- People told us that staff knew them well and understood possible health risks. One person remarked "I had pressure areas when I came out of hospital and the carers dealt with that. Between the district nurse and the carers they helped clear up the problem."
- Staff knew to complete accident and incident forms when needed. They received first aid training and knew how to respond in an emergency. During the inspection we received positive feedback from emergency health professionals about the prompt response by members of care staff who had identified signs of deterioration for one person.

Staffing and recruitment

At our last inspection the provider had failed to carry out robust recruitment checks on new staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff recruitment records included completed application forms, applicant's full employment history, employment references, and details of all necessary checks including right to work, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification.
- There were enough staff to meet people's needs but we received some mixed feedback about care workers staying for the full length of their calls. Most people and their relatives told us staff were reliable and usually punctual and stayed the full length of the call. One person said, "Not once have they not turned-up. They are reliable and punctual." However, three people told us that staff did not always stay the full length of their calls. One person commented, "They're always in such a hurry, especially at night."
- Staff told us they had sufficient travel time allowed between calls which we confirmed from the rotas. We looked at the provider's electronic monitoring system and we identified there were some calls that were shorter than planned we also found there were other calls that lasted longer than planned. The registered manager and deputy manager told us they monitored the calls for duration and punctuality and if a staff member was consistently late then action was taken to resolve this.
- However, while call lengths were monitored we did not see always see an explanation or evidence of timely or robust action to understand the reasons for shorter calls and this required improvement.

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

- People were protected from harm and abuse. Everyone spoke positively about the care provided and told us they felt safe and well looked after. One person commented, "We definitely feel safe – they're [staff] very

good. And respectful."

- Staff received safeguarding training. They were aware of the different types of abuse and the signs to look for that may indicate abuse may have occurred. Staff confirmed they would report any concerns they had to the registered manager.
- The provider had safeguarding policies and procedures in place for reporting any allegations to the local authority. The registered manager understood these procedures and knew to notify CQC of any abuse allegations, in line with regulatory requirements.
- Systems to oversee learning from accidents, incidents and safeguarding needed some improvement to evidence the actions identified and that all safeguarding and accidents and incidents were considered for learning. The registered manager showed us a safeguarding learning log but it did not include areas of learning identified from all safeguarding or from accidents and incidents. This meant important areas of learning had been missed.

Preventing and controlling infection

- People were protected from the risk of infection. People and their relatives confirmed that staff wore appropriate PPE when they visited and provided care. One person commented, "They wear the full PPE, including shoe covers. Everything is kept very clean. They always wash their hands."
- Staff told us they had received infection control training and were provided with regular information updates about infection control and Covid-19. They had received training on how to put on and take off their PPE safely.
- Staff confirmed there was plenty of PPE available and we saw staff completed a regular screening questionnaire to reduce possible risks to the people they provided care to.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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 last inspection we had found staff did not always act within the principles of MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 11

- For some people, where they may not have capacity to make a decision, there was not always an assessment of their capacity or recorded best interest decision in relation to their care, for example where staff locked their medicines away from them, for their safety. For other people these arrangements had been followed but this was not done consistently.
- The registered manager told us staff received training that included MCA however, three staff we spoke with were not familiar with their role of responsibilities under MCA.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that their responsibilities under MCA were consistently followed. This placed people

at risk of harm. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had capacity to make decisions, they told us staff were respectful and always sought their consent before offering support. One person said, "They ask for consent. When I had a medical problem that required cream to be applied, they asked if it was OK for them to do this".

Staff support: induction, training, skills and experience

At the last inspection we had found staff did not always have adequate training or skills to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they received support and training in their roles through an induction and training programme. Staff new to working in social care were also required to complete the Care Certificate during their first months working for the service. The Care Certificate is the benchmark that has been set for the induction standard for staff new to working in health and social care.
- Records showed staff received training on a range of areas relevant to people's needs which was refreshed regularly. Staff also received regular supervision to support them in their roles.
- People told us they thought staff supporting them knew what they were doing. A relative said, "They do their job. They do exactly what they supposed to do. My (loved one) needs a hoist and they are competent using it."

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

- People's needs were assessed before they started using the service. The assessment considered people's physical and mental health needs, taking into account any outcomes they were looking to achieve from using the service.
- Where people were referred under the hospital discharge scheme, some assessment was completed at the hospital. Discharge information was provided to the service to give essential information about their health and care needs, such as their Covid-19 test status.
- Care coordinators completed a summary assessment once people had been discharged home which included environmental and other risk assessments and a summary care plan. These were developed into more detailed care plans when people were using the service over several weeks.

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

- People's nutrition and hydration needs and preferences were met and supported by staff, where this was part of their plan of care.
- Care plans documented people's nutritional needs, support required with meal preparation, eating and drinking and any known allergies.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs, risks and preferences.

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

- People were able to access a range of healthcare services when they needed them. They told us they were

able to do this independently, or with the support of relatives. One person said, "I manage my own appointments, but I'm sure my carer would be happy to help me arrange them if I needed it."

- People's care plans included details of the involvement of any community healthcare services, in their care, such as a district nurse, GP or pharmacist. had in their care.
- Staff were aware to monitor people's health conditions and followed up if they identified any concerns. For example, they had contacted the GP, 111 or emergency services if they had concerns about people's health. They liaised with the local authority occupational therapist in relation to any equipment needed to help people mobilise.
- A health professional commented, "The majority of carers we meet from Beeactive in general have very high standards of practice and we are always happy to see the uniform when we enter a house."

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 all told us they were well treated and supported by staff who were kind and caring. One person remarked, "They treat me with kindness. They are very good and respectful. They are patient and they have time for a chat." Another person commented, "they pick me up when I am down."
- A health professional commented staff they had met, "Were overall caring, genuine, eager to help and enthusiastic. It was obvious to see that they love their job."
- Where people received care from a small consistent group of staff, they told us they appreciated this because they knew them well and care workers understood their needs. One person remarked, "They are normally the same carers. That helps. The new ones don't know all of the ways." Another person remarked, "The care is exceptional. That is down to the carers. You can't teach it. You are a caring person or you are not. These carers have it. I'm happy."
- Staff told us they respected everyone equally and took into account people's diverse needs and preferences. A relative said, "They are amazing! They learned some phrases that [my family member] would recognise. They respond more now to their first language and it makes them happy."

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

- People and their relatives told us they were involved in making decisions about their care needs on a day to day basis. One person said, "I normally tell them exactly what I want done and they do listen." Another person commented, "If I don't want it doing, they don't do it."
- Staff told us they encouraged people to make decisions for themselves wherever possible. One staff member told us, "Some people know exactly what they'd like so I follow their lead. For other people it is better to offer a choice."
- Care plans and daily records reflected that people were consulted about day to day decisions in relation to their care. One person remarked, "They will change their time of visit if I have an appointment to attend. It works out well for me."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported by staff who respected their dignity and privacy and encouraged them to be as independent as possible. One person remarked, "They are very respectful. When (another family member) was here in the room the carers asked me to take them outside while they washed my (loved one).

I thought that was a dignified thing to do."

- People confirmed staff promoted their independence as much as possible. One person said, "What I can do, they let me do. I like to wash my face in cold water and they let me do that. I like to do as much as I can for myself. If I ask them to wash my hair, they will."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection we found there as some improvement needed to the system of responding to formal and informal complaints. At this inspection we found improvements had been made.
- We were aware there had been several complaints made to the local authority prior to the inspection. There was a system to log and record formal complaints and responses were within the timescales.
- People told us they had a positive response to complaints. One person commented, "When we first engaged the agency the carers were not staying very long and it was not meeting our needs. We complained and the issue was resolved."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support

- People received personalised care that met their needs and choices. One person remarked, "I have a care-plan and they talked to me about what I needed." A relative said, "I feel very supported by the service, without doubt it's centred on [my family member] and a holistic approach."
- Care plans were now electronic and staff accessed them on their phones. They detailed people's care needs and identified people's protected characteristics and any support that was required to meet these needs. For example, in relation to equipment to support their physical needs or particular needs in respect of personal care.
- Most people and their relatives confirmed they had the same small group of care workers who knew them well. They said they were asked about their gender preferences for care workers. One person said, "We were asked if we would prefer male carers. My husband is more comfortable having personal care done by the male carers. They are wonderful."
- At the time of our inspection no one using the service required end of life care and support. Care plans documented people's end of life care wishes where they had chosen to share this and this was recorded in the care plan for staff reference.

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 in their care plan. The registered manager told us where there was a need to provide information about the service in a different format this could be

arranged.

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 requires improvement. At this inspection this key question has remained the same.

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

At the last inspection we had found the quality and safety of the service was not always effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation.

- The systems to oversee quality and the safety of the service had not identified the issues we found in relation to medicines, mental capacity, or in relation to learning from accidents, incidents and safeguarding. Where action had been identified as a result of accidents or incidents such as additional supervision or staff training, there was no system to readily identify that these actions had been completed.
- The provider had not updated their business continuity policy to plan for how to manage the service if staff were required to isolate. There were no risk assessments for staff at higher risk of contracting Covid-19 in accordance with government guidance.
- The provider had introduced a new electronic care system to improve the service. They told us that people and relatives had a care plan and could request copies of medicines records and care records to be provided. Some people confirmed this was the case. However, some staff told us care plans were not always routinely in people's homes and two relatives were unaware they could ask for care and medicines records. The service user guide had not been updated to advise people and their families about the new electronic system and what they could expect. This meant people or visiting health professionals did not always have access to a copy of their care plan or up to date records.
- Spot check records did not detail the care observed and or any comments for development. We had identified at the last inspection that the service user guide needed updating to include the full complaints policy. However, this had not been acted on.
- Daily records were mostly written in a respectful manner. However, we found a small number of daily records were less respectful, for example, recording people wearing "nappies" and being "compliant with their care." We raised this with the registered manager who told us they audited the care records to consider the language used. However, these issues had not been identified.

- Records were not always accurate or consistent throughout people's care plan. For example, one person's environmental risk assessment said they did not have a smoke alarm but their fire risk assessment stated they did. For another person one part of their care plan stated a family member administered their medicines. However another part stated staff did. Accurate records were not always maintained.

We found no evidence that people had been harmed. However, systems were not sufficiently robust enough yet to demonstrate the quality and safety of the service was consistently managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made and the electronic system meant the registered manager had increased oversight of support calls and the care provided. Action was taken to monitor and address alerts that arose on the system through care co-ordinators and supervisors.
- The registered manager was aware of her responsibilities as a registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating.

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

- Most people told us they were in regular contact with the supervisor or management team and were able to express their views about the service they received. A relative told us, "I have the supervisor's mobile number and don't need to contact the manager. They make sure things are done. They make our life easier. No improvements are needed now." Some people told us the registered manager was in regular contact with them to check they were happy with the service.
- Staff told us they had access to support and advice from the management team when they needed it, including an on-call number for use out of office hours.
- The registered manager understood the duty of candour and the requirement to be open in informing people's relatives where appropriate when any incidents or accidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The registered manager told us people were involved in giving feedback about the service through surveys and telephone monitoring. Not everyone we spoke with were familiar with spot checks or surveys. One person told us, "The supervisor comes here a lot. I've done surveys; they send them out regularly. Another person remarked, "The manager rings frequently to see if we are satisfied. We have had no spot- checks though." We discussed this with the registered manager who told us these were carried out at regular intervals throughout the year.
- Staff told us they were encouraged and supported to work as a team. Regular staff meetings and webinars were held to support staff in their roles. The provider had also developed a staff intranet hub where policies and procedures could be accessed remotely to support staff in their roles.
- The registered manager told us they worked in partnership with hospital staff to ensure a smooth hand over when people left hospital. They were in regular contact with them to discuss any concerns. Care records detailed that staff linked with health professionals where this was appropriate.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not always ensure that they acted in accordance with the Mental Capacity Act 2005 Regulation 11(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely managed. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor risks to people and the quality and safety of the service were not effectively managed. Accurate records were not always maintained. Regulation 17(1)(2)(a)(b)(c)