

# Help At Home (Egerton Lodge) Limited

# Help at Home Leicester

## Inspection report

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Date of inspection visit:  
29 July 2019

Date of publication:  
11 September 2019

## 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

Help at Home (Leicester) is a domiciliary care agency providing personal care to people who live in their own homes. 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 our inspection 546 people used the service to receive personal care.

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

The provider had systems and procedures in place to safeguard people from abuse. Where staff had not followed those procedures, disciplinary action was taken, and case reviews were carried out to reduce the risk of similar events happening again. A small number of people had experienced theft of valuables. Sometimes people had not had the required two care workers to support them.

People were supported by care workers who had the right skills and knowledge to provide care that met people's assessed needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had not always followed procedures, for example letting the office know they would be late for a home care visit or, if they were one of a 'double-up' team, that the other staff had not arrived and that they had provided care and support alone.

People consistently told us that care workers were kind and caring and treated them with dignity and respect. A common concern that people shared with us was that they were not always informed when home care visits were running late. Some people experienced home care visits that were either too early or late which they found to be disruptive. People who required two staff to support them were sometimes supported by only one.

Most people experienced continuity of care because they were supported by a core team of care workers who understood their needs. Some people were yet to experience that continuity although the service's performance in relation to that was improving.

The provider had procedures for monitoring the quality of the service which included seeking people's feedback about their experience of the care and support they received. Most people were either very satisfied or satisfied with the care and support they experienced after staff arrived, but they were dissatisfied with punctuality of home care visits.

The service was in 'transition' and undergoing improvements to how home care visits were planned and

monitored. Care records were being changed from paper to electronic format.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (report published 12/09/2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made, however improvements were still required.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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** ●

# Help at Home Leicester

## 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 an inspector and two assistant inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to younger adults and older people living in their own houses.

It is a condition of registration that the service has a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A registered manager left the service in May 2019 and there were interim management arrangements in place pending the recruitment of a registered manager.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the interim manager would be in the office to support the inspection.

Inspection activity started on 22 July 2019 when we began to telephone people who used the service or their relatives. We completed our telephone calls on 26 July 2019. We visited the office location on 29 and 31 July 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This 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 sought the views of the local authority that paid for the care of many of the people who used the service. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with 59 people or their relatives on the telephone about their experience of the care provided. We spoke with nine members of staff including the regional director, the regional manager who was managing the service, a deputy manager, a home care visit coordinator, senior care worker and four care workers.

We reviewed a range of records. This included six people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, and feedback from people were reviewed.

# Is the service safe?

## Our findings

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

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.

At our last inspection the provider failed to ensure they had systems and processes to keep all people who used the service safe. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks associated with late visits were not always managed. The provider monitored punctuality of home care visits in real time and knew when visits were over 15 minutes late because a monitoring system made 'alerts' when this happened. However, checks were not made of the impact this had on people such as the not having their medicines on time.
- We reported on poor punctuality, missed calls at our last inspection. Some improvements had been made but some people continued to experience poor punctuality or missed calls. Better monitoring of home care visits had been introduced which resulted in steady improvement in punctuality and advising people of late running. However, not all people had experienced improvements.
- Some people required the support of two staff (double-up calls) to ensure they were safely supported. There had been occasions when only one staff member had attended a double-up call. On some of those occasions staff asked relatives to support them. This exposed people, relatives and staff to risk.
- A small number of people had experienced missed calls and had not received the support they required. For example, they had not been supported with their medicines or personal care needs.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate safety was 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.

- Nearly a third of the people we spoke with told us they were not contacted and advised that visits were running late. A person told us, "I've no qualms about the quality of care but I do about the timings. I should have a call at 8.15 but sometimes they haven't come until 10.45. I've had to cancel things I've wanted to do because I don't know if they will be coming." Another person said, "They never let me know if they are late or if they change times."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure all people were safe and that safeguarding processes had been followed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had systems in place to protect people from different kinds of abuse, including neglect, physical and financial abuse. All staff had a staff handbook which included guidance and information about their responsibilities to protect people from abuse. The provider acted promptly and appropriately when allegations of theft by staff were brought to their attention.
- Staff had training in the provider's safeguarding procedures. Those we spoke with knew how to identify and report concerns. Staff had reported concerns about people's safety, for example from relatives or visitors, which had been appropriately acted upon.
- People told us they and their valuable were safe. A person told us, "When they do shopping for me they bring receipts, I trust them fully." People told us they felt safe when they were supported by staff and when staff were in their homes.

#### Staffing and recruitment

- The provider followed recruitment procedures to ensure as far as possible that only staff suited to work with vulnerable people were employed. All the necessary pre-employment checks were carried out before staff were employed.
- The provider consulted with a recruitment specialist about how unsuitable staff could be identified at interviews. This was in response to the incidents of thefts from people using the service by a staff member.
- There were enough suitably skilled and knowledgeable staff to meet people's needs and cover all home care visits. The provider was improving how home care visits were organised and new ways of informing staff of their rotas to ensure they knew which visits were allocated to them. Most people told us that home care visits were at times they expected or not too late or early. A person told us, "It [punctuality] is getting more precise, they come to the minute."

#### Using medicines safely

- People told us staff supported them to manage their medicines by reminding them to take them, watching them do so then recording they had taken them. People's comments included, "They make sure I take my medicines", "I get the help I need with my medicines", "They remind me to take my medicines and make sure I have taken them" and "They do everything they should and as I request, including medicines. They tell me what the pill is for."
- All staff who carried out home care visits were trained in the safe management of medicines. They applied their training, for example reporting when they discovered that people had taken medicines in between home care visits or out of sequence.
- The provider advised relatives about safer storage of medicines to prevent people accessing medicines when they were not required.

#### Preventing and controlling infection

- Staff practised effective infection control. People told us they wore personal protective equipment such as gloves and aprons when they supported people. A person told us, "They wash their hands and always wear aprons and gloves." Another person said, "They leave the home clean and tidy, everything is clean including the wash basin." People told us staff wore gloves when they prepared snacks for them and handled food to ensure good food hygiene practices.

#### Learning lessons when things go wrong

- The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences. They used incidents, such as late home care visits, as case studies of how things had gone wrong and how that may have been prevented.
- A small number of people had reported theft of money and valuables. The provider followed their processes, cooperated with the police and local adult safeguarding authority. Disciplinary action was taken



against staff found to have acted contrary to policies and procedures. Actions were taken to reduce the risk of those staff working with vulnerable people in future.

- After the incidents of financial abuse, the provider wrote to people to advise them how to keep themselves and their valuable safe at home. They consulted recruitment specialists about how to identify potentially untrustworthy job candidates. Staff had been reminded about safeguarding policies including policies about accepting gifts and professional boundaries.

# 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.

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

- Travel time was built into staff rotas, but this was not flexible because it did not consider seasonal factors or travel conditions which sometimes meant the same journeys took longer. Sometimes, travel time was insufficient for staff to travel distances between locations. Staff told us this sometimes meant they were late to home care visits. The provider told us they would review travel times to take account of changing circumstances, conditions and distances.
- Care coordinators planned staff rotas and arranged home care visits. They had not always ensured that two staff attended double-up home care visits or that people's preferences for the gender of staff supporting them were met. This had made people and their relatives feel uncomfortable.
- Care coordinators developed care plans that were based on assessments of people's needs. People and their relatives were involved in the assessments. Care plans were regularly reviewed and updated to reflect people's changing or latest needs.

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

- Inconsistent punctuality of home care visits meant that people did not have something to eat at regular times. Some people experienced morning and lunch time calls close together which meant they had breakfast and lunch with only a short interval in between.
- Staff made drinks and snacks for people who were unable to do that themselves. Staff ensured people had enough to drink during hot weather. A person told us, "This week they have left me extra drinks because it's been so hot."
- Staff were trained in food preparation. They made people's meals the way people liked. A person told us, "They make my meals the way I like, they make sure we have something to eat."

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

- Staff called emergency services when people needed them but there had been an occasion when staff left a person with relatives after making a call. This meant they were not there to explain what happened when an ambulance crew arrived.
- Staff supported people with their health needs and were alerted to changes in people's health. They supported people to access health services when they needed to. A relative told us, "They certainly keep an eye on [person's] health", and another said, "They do all the 'phoning to arrange a district nurse."
- People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews to see in the event they had to attend.

Staff support: induction, training, skills and experience

- Staff received training that supported them to carry out their roles safely and effectively. People told us they felt staff were well trained. They used words such as 'excellent' and 'brilliant' to describe staff. A person said, "The carers are brilliant. They are spot-on, they know what they are doing. They know their job really well." Another person told us, "They have lots of very good carers."
- New staff received induction training and shadowed an experienced care worker at home care visits of people they would be supporting. Staff told us their training prepared them for their role. A staff member told us, "My induction was really good. I felt ready. I was asked if I needed more time. I didn't feel pressured."
- Staff were supported through four supervision meetings a year. They told us they found the supervision meetings helpful because they discussed people's needs and their own needs, for example training.

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.

- Staff understood their responsibilities under the MCA. They sought people's consent before they provided personal care. A staff member told us, "I always ask for a person's consent before providing personal care or anything that involves hands-on care." Staff communicated in ways that suited people. When referring to a person who was unable to communicate verbally a staff member told us, "We use signs and get a shake of the head or signal that they consent. It's in the care plan."
- People told us staff always asked for their permission before they began personal care. A person told us, "They ask before they do things like helping me wash." A relative told us, "They ask what [person] wants before they do it."

# 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 Requires Improvement. At this inspection this key question has now improved to 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 told us that staff were kind, caring and provided the care and support they needed. Many people described the support they received as excellent and staff being wonderful. A major reason for that was because more people were being supported by regular staff. A person told us, "We have built up a relationship, they are like family. [Person] loves them. We have the same carers now which is very important to us."
- Staff did things that made people feel they mattered to them by supporting them with things they enjoyed. A person told us, "My call is at the beginning of the day and it helps kick start my day. They make me a cup of tea with biscuits which is a luxury for me." A relative told us, "The carers take [person] to have their hair done, they take them shopping and have a few biscuits and a cake. It's nice for [person] as it gets them out the house."
- The provider's staff recruitment ensured that the work force included people from diverse backgrounds. Staff received training about equality, diversity and human rights so that they could support people from a variety of cultures and backgrounds.
- People from ethnic minorities were supported by staff from the same background if they wanted.

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

- The provider actively sought and acted on people's views about their experience of the service. Of 200 people who participated in the provider's most recent survey, 94% of people said they felt well cared for and 96% said staff were polite and courteous. A person told us, "They listen and do everything carefully and show interest."
- The provider sought people's feedback about what was important to them. The most important things for people were that they were supported by regular staff who understood their needs and knew who was visiting them. People valued those things above punctuality. A person told us, "They are usually on time, but I don't mind if they are a bit late. I'm more concerned about the quality of care which is good. I have a few carers, they are all good. I'm quite happy."
- The provider used information about what was important to people to develop 'key performance indicators' so they could monitor and measure how well the service was meeting people's needs.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with respect. They were pleased and satisfied with the quality of care and support they received when regular staff visited them.
- Ninety-two per cent of people who took part in the survey said staff understood their needs and 93% said

they were supported to achieve their goals. For most people this meant being as independent as possible by doing as much for themselves as they could. A person told us, "They are good at letting me wash and dress myself, but I know they are there to help me if needs be."

- Staff respected people's privacy and dignity when they supported people with personal care. Staff told us they closed doors and curtains, used towels to cover people and involved them in care routines. Staff told us they did not feel rushed and supported people at a pace that suited them. People told us staff stayed for the scheduled duration of a call, including if they had completed all care routines. A person told us, "They stay to the end and chat."

## Is the service responsive?

### Our findings

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

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

At our last inspection the provider had failed to provide person centred care which met people's needs and reflected their preferences. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. Improvements in punctuality of home care visits and supporting people to receive care and support from regular staff were still required, however the provider has a plan in place to monitor this area.

- People told us they were satisfied with the care they received from staff who visited them regularly. A person told us, "We are very fortunate because we have had regular carers for three years. I told them at the beginning that was important to us and they have delivered. On the whole everything is fine."
- Other people told us that they had begun to experience regular staff. Teams of staff covered small geographical areas and more people were experiencing regular staff. At the time of our inspection, 87% of people were supported by regular staff. This was being continually monitored to and the provider was following a plan to improve this aspect of the service.
- People told us they had been involved in their care plans and they knew what care and support should be provided.
- People told us regular staff understood their needs. Some people felt they had to tell staff they saw less often what they needed to do but they were satisfied with the care and support they received. Most people said that staff, including non-regulars, knew what they were doing. A person told us, "After a regular left recently we have had a different care worker every day. They do appear to know what they are doing, we do not have to show them."
- The provider offered a successful 're-enablement' service for people to recover their independence after a stay in hospital. A person told us, "They were very good at helping me recover after I came home from hospital. It was okay to begin with then got better as I had three regular carers who were excellent."
- Staff were matched to people so that people received the support they needed. For example, the service arranged for people who spoke English as a second language to be supported, if they wanted to be, by staff who spoke their language.
- The provider was half- way through a process of converting people's care plans into electronic form. Staff were able to access electronic plans from a secure 'App' on their mobile telephones. This meant that all staff had easy and immediate access to information they needed about how people wanted to be supported. The provider expected that all care plans would be in electronic form by September 2019.
- Staff continued to use paper care plans where these had not been converted. They made records about how they had supported people at each of their visits. People and relatives who read those records told us the records were accurate.
- Home care visits did not always begin at times people expected. Most people told us this did not trouble them if they were informed a visit was running late but this did not always happen. Some people told us this left them feeling anxious, though they were satisfied with the quality of care they experienced when staff

arrived.

- The provider was improving the punctuality of home care visits. Eighty-four per-cent of visits were within 15 minutes of the times people expected. The provider had set a target of 90% to be achieved by September 2019 after which it would be increased by 1% a month.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain friendships and relationships that were important to them. Staff supported people who had interests outside of their home to follow them. For example, staff supported people to attend gymnasiums and swimming pools which was something they could not do without staff support. Several people were supported to go shopping because this was a way they enjoyed meeting friends and other people they would not otherwise meet.

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.

- At the time of our inspection there were no people with sensory impairment using the service. However, staff had been trained in how to communicate with people using signs and pictures if the need arose. For example, a staff member told us how they used signs and gestures to obtain a person's consent before they provided personal care.

Improving care quality in response to complaints or concerns

- People were provided with a 'service user guide' that included information about how they could raise concerns or make a complaint. The service had a system for responding to complaints. This included an appeal process where a senior manager independent of the service reviewed complaints. People were advised they could refer their complaint to the Local Government Ombudsman if they were not satisfied with the response to their complaint.
- Most complaints were about the punctuality of home care visits and not knowing which staff member was visiting to provide care and support. The provider had acted to improve punctuality. People told us that most home care visits were within a time range they expected, and they were satisfied if the visit was within 30 minutes of when they expected.
- People's most common concern was that they found it difficult to get through to the office when they telephoned and that often calls were not answered. The provider had recently changed their telephone system and ensured that all telephones in the office were manned.

End of life care and support

- Where people wanted, their care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements.
- Staff had training in how to support people in the latter stages of their lives.

# 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.

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

At our last inspection the service had not effectively overseen the increase in service provision to ensure people received care that met their needs. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, but improvements were required to ensure staff consistently followed the provider's procedures and policies.

- Risks associated with late visits were not always evaluated. For example, when the provider's system for monitoring visits raised an alert that a visit was over 15 minutes late telephone calls were not always made to a person to let them know and check what impact the lateness had. People's responses to the provider's survey showed that 38% had not been contacted and told a home care visit was running late.
- Not all staff followed procedures about what to do in certain situations, such as if they were late for a home care visit or if only one staff arrived for a double-up visit.
- The provider was taking actions to address staff not following guidance and procedures as part of an improvement plan for the service. A regional manager and a regional director were supporting a deputy manager to run the service.
- The provider had procedures for monitoring the quality of the service. They had set key challenges but achievable objectives for a large service. These included objectives related to punctuality of home care visits, continuity and quality of care which were things people said was important to them.
- A registered manager left the service in May 2019. The provider was in the process of recruiting a person to be the registered manager. Interim management arrangements were in place to ensure continued leadership and management of the service being provided to people.

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

- The provider promoted a person-centred culture. Over 90% of people were satisfied with the care and support they received. The provider's improvement plan was centred on what people said was important to them and criticisms they made about the service. The main criticism was that the office was not well organised which was something the provider had identified after senior managers became involved in running the service.

Continuous learning and improving care

- The provider was committed to continually improving the service. They had improved the service since our last inspection. A new system of reviewing incidents had been introduced to ensure learning and actions from incidents such as excessively late or missed home care visits. Serious case reviews of incidents where people suffered harm such as financial abuse or theft were introduced to identify ways how such incidents could be prevented in future.



- The provider now had challenging but achievable objectives which were improving people's experience of the service. More people experienced home care visits at times they expected from regular staff. Systems were in place to inform people when their home care visits were delayed by more than 15 minutes. The office had been reorganised to ensure all telephones people's calls were answered rather than them having to leave a recorded message.

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 provider promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. They contacted people who had been supported by staff who had been found to have acted dishonestly and advised them to check their bank details for any transactions they knew nothing about and to check that no valuables were missing from their homes.
- It is a legal requirement that a provider's latest CQC inspection is displayed at a service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw that the rating from the previous inspection was displayed at the service.
- The provider informed CQC of incidents that occurred where people had experienced abuse or been placed at risk.

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

- People and relatives who wanted to be were involved in developing the service. This was through reviews of their care plans, telephone calls and visits senior staff made to people and an annual satisfaction survey. Staff were involved through supervision and staff meetings. The provider was planning to carry out a staff survey.

Working in partnership with others

- The provider worked closely with local authorities that paid for the care of many of the people who used the service. They worked with the police about how to reduce the risk of staff acting dishonestly and sought advice of a recruitment specialist about how to reduce the risk of employing potentially dishonest people.

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 failed to ensure they had systems and processes to keep all people who used the service safe.</p>