

DOHATECH HEALTHSERVICE LIMITED

# Dohatech Healthservice

## Inspection report

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Date of inspection visit:  
03 December 2021

Date of publication:  
05 January 2022

## 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

Dohatech Healthservice is a domiciliary care service, providing personal care to people living in and around Amesbury and Romsey.

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. One the day of inspection, 15 people were receiving the regulated activity of personal care.

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

Staff had not always been recruited safely into the service. Recruitment files were missing information to show the service had sought assurances staff were suitable to work with people who might be vulnerable as a result of their circumstances.

People told us they felt safe. However, the service had failed to thoroughly assess people for risks that would put them at harm. Some risks that had been identified did not have clear instructions for staff on how to support people with that risk. This placed people at risk of not having safe care and treatment.

Medicines were not always managed safely. The service could not provide assurances that people were always given their medicines as prescribed. Medicine audits were not regularly carried out.

Staff had not all been provided with core training. This put people at risk of receiving unsafe or ineffective care and treatment. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff told us they felt supported. However, formal supervisions were not taking place and interactions with staff where support was offered were often not recorded.

Quality audits had not been effective in identifying shortfalls in the service. The registered manager and provider had not completed enough audits to identify where improvements were needed. We found multiple breaches of Regulations.

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 - This service was registered with us on 10/07/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

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

#### Enforcement

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service 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** ●

# Dohatech Healthservice

## 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 houses and flats.

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 24 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.

Inspection activity started on 03/12/2021 and ended on 10/12/2021. We visited the office location on 03/12/2021.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service. More people were contacted but chose not to give feedback. We spoke with five members of staff, and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records which we reviewed remotely. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one professional who worked with the service.

# 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 for 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.

### Staffing and recruitment

- The provider had not always assured themselves that staff were of good character to work with people they supported. Pre-employment checks had not always been carried out in line with safe recruitment practices. Records showed that some staff had worked unsupervised ahead of receipt of DBS certification.
- Other pre-employment checks had not always been completed. Full employment histories had not always been sought which meant that any gaps in employment could not be fully explored.
- References had not always been received which meant evidence of good character had not always been sought.
- Although there was a formal induction in place, this was inconsistently completed.

We found no evidence that people had come to harm, however the provider had failed to ensure safe recruitment practices were followed. This was a breach in Regulation 19 Fit and proper persons employed Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager told us they were recruiting for new staff. However, staff turnover at the service was high. This meant the registered manager was carrying out a significant proportion of client visits themselves.
- People told us there were enough staff to meet their needs during the week, but at weekends they felt there was less staff available. Comments included, "I have the same three or four staff a week. It's only at weekends that I struggle" and "I find weekends more difficult with high turnover of staff. It's not always the same person, but I know they do the best they can."
- One staff member said, "He needs to spend more time in the office, but instead he's juggling, doing visits and office work. It's like he's doing two jobs. He works such long hours."

### Assessing risk, safety monitoring and management

- Although risks had been rated, there was no record of recognised risk assessment tools being used. For example, in one person's plan it was documented the person was "High risk of falls" but there was no evidence of how this assessment had been reached.
- Nationally recognised skin integrity and malnutrition risk assessment tools were not in place. We discussed this with the registered manager who said it was an area they wanted to improve and were trying to arrange training for staff.
- One person did not have a risk assessment in place for their diabetes. There was no care plan in place either. There was no information for staff on how to assess for signs of hyper and hypoglycaemia

and no information on what action should be taken if these events occurred. This put the person at risk of not receiving the care they needed.

- Another person who was hoisted to support them with personal care did not have a moving and handling risk assessment in place.
- One person's skin integrity plan was blank, except for the statement, "At risk because [they] spend long periods of time in the wheelchair and in bed." There was no guidance for staff on what signs of skin breakdown to look for or what to do in the event of skin soreness.

The provider failed to ensure that risk assessments to ensure people's needs were safely managed were in place to protect people from the risk of unsafe care and treatment. This placed people at risk of harm. This was also a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- One person was having some of their medicines administered via percutaneous endoscopic gastrostomy (PEG) tube. The care plan provided limited instructions for staff on how to do this safely.
- Staff signed to confirm they had administered medicines as prescribed. However, the electronic visit notes showed that records were not always signed which meant it was difficult to assess if people always received their medicines. For example, in one person's notes, on 15 dates for one month, records showed the medicines had been "missed." The registered manager showed us that if the person had gone out for the day for example, the record showed the medicines status as "missed", however, staff did not consistently document when this happened. This meant it was difficult to assess with accuracy how often medicine administration was missed or had in fact been administered by a relative.
- Only one medicines audit had been completed during 2021. Issues around medicines not being signed for had been noted but there was no action plan and no review completed.

We found no evidence that people had come to harm, however the management of medication was not safe. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed training to administer medicines and their competence was assessed before working unsupervised. One member of staff said, "I completed my medicines training when I started, but I don't give medicines on my own yet."

#### Systems and processes to safeguard people from the risk of abuse

- Training records showed that not all staff had completed training on how to protect people from the risk of harm and abuse.
- Not all staff we spoke with were able to fully explain their role in protecting people from harm and abuse. For example, one staff member described it as preventing people from falling over.
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "Any concerns about poor care I would tell [registered manager]. I feel confident he would sort it."
- The registered manager was aware of the process for reporting safeguarding concerns and had reported incidents appropriately.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. One person said, "Staff always put on aprons, gloves and masks."
- Staff confirmed they had access to enough PPE they required and had received infection control training.



One staff member said, "Before I go into someone's house, I put on mask, apron and gloves. I change the gloves and apron and wash my hands between tasks, then I throw it away before I leave."

- Staff were part of a regular testing programme for Covid-19.

#### Learning lessons when things go wrong

- Incidents and accidents were logged and reviewed. If needed, action was taken to prevent recurrence. However, it was not clear if incidents were analysed or how lessons learned were shared with staff. The registered manager showed us how incidents were reported in paper form, and also how the service was moving to an electronic system. He confirmed this was a work in progress.

# 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 for 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.

Staff support: induction, training, skills and experience

- Staff had not been trained to carry out their roles. This was particularly relevant because some staff were in their first care job. Records showed staff completed a minimum of three on-line modules before working unsupervised. These modules were moving and handling, medication management and first aid. These modules alone did not provide staff with enough knowledge to carry out all aspects of their role.
- A formal documented induction plan was not completed for new staff. Staff said the induction consisted of "[Registered manager] took me round on visits and I observed what he did" and "I worked with other staff. I did shadow shifts and they showed me what to do and how to do it." Although an induction book was in place it was not consistently completed and signed for all staff.
- Staff had not all been trained in recommended mandatory training topics such as safeguarding, infection prevention and control, mental capacity and food hygiene for example.
- The service had received feedback from people in relation to how trained staff appeared to be. For example, one person had contacted the service and commented they felt very unsafe with one member of staff and were concerned about the staff member's level of training and understanding. One person said, "The new staff should be shadowed until they are confident and know what needs to be done."
- Staff supervisions had not been happening regularly. The registered manager told us that staff supervisions had been carried out informally between client visits, however, there was not always documentation in place to evidence this and when there was the quality was variable. This meant that staff had not had the opportunity to discuss with a supervisor or manager any issues or concerns, and that feedback about performance was not discussed in a structured way.
- The registered manager told us spot checks of staff performance were carried out. However, these checks had not always been documented.

Whilst we found no evidence that people had been harmed, the service failed to ensure staff had received supervision and training to deliver effective care and support. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of regular formal documented supervisions, staff told us they felt supported by the registered manager and that they could contact him at any time. One staff member said, "If I was worried about anything, I would speak to [registered manager]. He's very easy to get hold of."

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.

- The principles of the MCA were not being followed. Consent to care was not routinely sought at the start of the service.
- Decision specific capacity assessments had not been completed in relation to restrictions. One person had a restriction in place which was included in the staff task list for each visit, but there was no documentation to show the person had consented to this. The registered manager told us a capacity assessment had been carried out by an external professional, but there was nothing in place to evidence this. Despite a lack of documentation around how the decision had been reached, staff continued to put in place the restriction.
- Staff demonstrated a mixed understanding of the principles of the MCA. One member of staff said, "If someone refused care, we can't force them. I would never force someone; I would ring the office and ask for advice." However, another member of staff when asked said, "I think I did that training" but they were unable to explain how they sought consent from someone.

Consent to care and treatment was not always being sought in line with legislation. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of documentation, people told us staff asked for their consent before providing any care. One person said, "They always ask my consent before providing care."

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

- People's care needs were assessed; however, healthcare needs were not always documented in care plans. For example, one person had diabetes, but there was no diabetes plan in place.
- People's needs were assessed before the service began. The registered manager said, "I will go and see them at home and assess their needs, I tell them about us, give them a client pack and fill out paperwork then transfer this into a care plan."
- People told us their care plans were reviewed regularly. Comments included, "I was involved in the care plan" and "Care plan reviews are frequent. The manager calls me or comes down to see if certain things are okay."

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

- Nationally recognised risk assessments for malnutrition were not in place.
- There was a lack of information in a person's care plans about their nutritional needs, preferences and support needed to maintain a balanced diet. For example, in one person's plan it was written, "Requires support with all aspects of meal preparation. Carers will need to prepare meals for in between care calls. Can use the kettle making coffee." There was no detail about the person's choices or preferences.
- Care plans did not always provide enough guidance on people's dietary needs. For example, staff did not

have guidance on suitable food types for people with diabetes.

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

- One professional said, "[Registered manager] contacted me in a timely manner when my client's health deteriorated and was proactive at quickly contacting necessary health professionals."
- Staff sought support from professionals when needed and this was shared with the rest of the team.

# 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 for 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

- Care records did not reflect people's needs and preferences regarding their culture, gender, sexuality or faith. However, people told us their preferences for male or female staff were met. One person said, "All my carers are female from this company. I have set my preferences and want to feel comfortable."
- People told us staff treated them well. Comments included, "There are lovely staff working here and they always ask if I need anything more before they go" and "My regular carer is lovely."
- Staff said they enjoyed going to work. One staff member said, "I really like this job. I like taking care of people. I enjoy talking to them. You can learn a lot from talking to people. I like helping people do things. This is a rewarding job." Another member of staff said, "The staff here are top class and so kind. I would trust them with my relative's care."
- The registered manager said, "We have this way of trying to look at the full person. We will support the person any way we can. What is making the person sad, what can we provide and do to change that? One person asks staff to help wash the dog sometimes. It might be that staff should be washing the dishes, but if the client wants that we can still help."

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

- People told us they had been asked their views on the care provided. One person said, "My care plan is due to be renewed next year, because I'm moving."
- One professional said, "I feel the staff did a great job in enabling my client to remain at home for as long as they did and my client was clearly very fond of [registered manager] and his carers."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. Comments included, "Staff respect my privacy and dignity standing outside the door when I'm toileting which is great."
- One person said staff respected their wish to remain as independent as possible. They said, "They do as much as I need."
- Staff understood how to respect people's privacy and dignity. One member of staff said, "I ask if it's ok to do something first. I give people the respect they deserve. They're still a person even if they have dementia. We're in their house and we need to respect that."

# 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 for 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

- Care plans were not person centred. Information within the plans was limited and did not consistently include people's preferences and choices for how they wanted to be supported. For example, personal care plans did not detail how much people could support themselves independently and where they needed additional support.
- Plans did not provide enough guidance for staff on how to support people with their health needs. We have covered this in more detail within the Safe section of this report.
- Staff documentation was of an inconsistent quality. For some visits, staff had ticked to confirm they had completed all tasks, but when tasks were not completed, the reason for this was not always written in the notes.
- Some care notes did not make sense and were therefore not an accurate reflection of care provided. Examples included, "Helped [person] to shower and wash, cleaned bathroom, cleaned and tidied kitchen, slept and washed all floors."
- Some people told us staff did not always attend visits at the time they preferred. One person said, "Generally, the regular carers are on time." Another person said, "I like them to come early if they can. But when they're late I could be sat in my chair for two hours before anybody turns up and that can get quite cold. The majority of staff do come at the allotted time though."

We found no evidence people were being harmed, however, failure to maintain up to date and accurate information about people's needs meant they were at risk of receiving inappropriate care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said they accessed the care plans to learn about people's needs. One member of staff said, "All the information we need is in the care plan. Things like any pets, and the pet name for example. Plus, I talk to people and ask them. Any preferences would be in the plan, or I just ask. Sometimes relatives will leave a note for you telling you what the person likes."

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.

- There was an AIS policy in place.

- People's communication needs were identified; however, there was limited guidance available for staff. For example, in one person's plan it was documented, "Speech impaired but can verbalise needs and wants. [Name] speaks in a very low tone voice" and "[Name] can understand well so please make sure you present any information well i.e. if detailed it may be best to present in written or email format etc." There were no specific examples of how staff could support the person to make themselves heard.
- The registered manager confirmed that information could be provided in large font for example if needed.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Complaints had been logged. However, although there was a record of communication with the complainants, there was nothing to confirm if complaints had been satisfactorily resolved. Despite this, one person said, "I had an issue. I spoke to the manager about it and paperwork was filled out. It's all resolved now."
- People knew how to complain. One person said, "I've not made a complaint, but I would be comfortable talking to the registered manager if I needed to. He is approachable."

#### End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care.
- The registered manager said they were aware that staff needed training specific to end of life care. They told us they were in the process of trying to create links with the local palliative care and hospice teams.

# 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 for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Quality assurance and governance systems were either not in place or not working. Audit systems were not effective and there were no formal systems to drive improvement. During this inspection we found breaches of Regulations 9, 11, 12, 17, 18 and 19. These relate to concerns with safe care, staffing, consent, person centred care and good governance. The lack of quality audits meant these shortfalls had not been identified earlier.
- Records showed that only three audits had been carried out during 2021. When audits had been undertaken, they were not comprehensive. For example, a care notes audit consisted of printed examples of written notes, but no evidence of why or how these were shared with staff to improve documentation standards.
- No formal monitoring of care provision had been carried out.
- The registered manager had not ensured staff were trained and competent to support people.
- Complaints had not been formally analysed for any trends. Complaint records did not show how the complaints had been investigated or whether they were now closed.
- Incidents were not being audited. The registered manager was able to collate incidents, but there was no analysis being done, and learning from incidents was not evident.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and transparent with us. They accepted there were shortfalls in the service and told us they wanted to make the necessary improvements. They said, "My key challenges are growing the service and getting more staff. We'll keep on taking small steps. I realise I must invest in my staff. We've been through some tough times, but things are getting better."
- After the inspection the registered manager sent us outline of an improvement plan they had started.

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

- Staff spoke highly of the registered manager. Comments included, "[Registered manager] really cares. He's very conscientious which rubs off on the rest of us. He makes me feel my role is important" and "[Registered manager] is always very good. I can't fault him. He'll always get back to you if you call him."
- The registered manager told us they worked alongside new staff. They said, "I'm working alongside the staff a lot. It's been amazing how I've been able to spend time, getting to know staff, listening to them and



validating their concerns. I enjoy instructing and coaching staff."

- The service had recruited drivers. This meant staff who did not drive were still able to work at the service because a driver would take the member of staff to each of their visits during the day and wait for them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was also the Nominated Individual. At the time of the inspection, they were also undertaking care visits because there were not enough staff available. This meant the registered manager was covering more than one role.
- One member of staff said, "[Registered manager] needs to spend more time in the office, but instead he's juggling, doing visits and office work. It's like he's doing two jobs. He works such long hours."
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- Monthly staff meetings took place. When staff could not attend, they had the option to phone in or access the meeting online. Minutes of the meetings were provided to staff.
- Staff were encouraged to share ideas and make suggestions. One member of staff said, "[Registered manager] listens to suggestions and if it's a good idea and it works, he'll take it on. I know this because I made a suggestion and it was put in place."
- Surveys had recently been sent to people to seek their feedback. The provider was waiting for more surveys to be returned before analysing them. One person said, "[Provider] could be better at communicating, but the manager is approachable."

Working in partnership with others

- The service was working in partnership with a number of organisations and health professionals. This included the local authority, social workers and specialist nurses.

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 had failed to maintain up to date and accurate information about people's needs which meant people were at risk of receiving inappropriate care.</p> <p>Regulation 9 (3) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent to care and treatment was not always being sought in line with legislation.</p> <p>Regulation (11).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risk assessments to ensure people's needs were safely managed and were in place to protect people from the risk of unsafe care and treatment.</p> <p>Regulation 12 (f) &amp; (g).</p> <p>Medicines management was not safe.</p> <p>Regulation 12.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance and governance systems were either not in place or not working.</p> <p>Regulation 17.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure safe recruitment practices were followed.</p> <p>Regulation 19.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had received supervision and training to deliver effective care and support.</p> <p>Regulation 18 (2).</p>