Merit Healthcare Ltd

Merit Healthcare Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection of Merit Healthcare Ltd took place on 5, 8,11 June 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults.

At the last inspection of Merit Healthcare Ltd in November 2017 we rated the service 'Requires Improvement' overall. We found three breaches of the regulations. This was because they had failed to assess or take reasonable actions to reduce the risks associated with the health and safety of people. People's equipment and medicines had not been safely managed by staff and accurate and contemporaneous care records had not been maintained for each person.

After the inspection provider sent us an action plan of the actions they would take to meet these legal requirements. At this inspection we followed up on their actions and found that some improvements had been made but further improvements were needed to fully meet the regulation in relation to the management of people's care records and embed their actions.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's needs were assessed to ensure the service could meet their needs and the level of support provided varied according to their needs. Staff worked closely with health care professionals and people's families. Relevant health and social care professionals were involved with people's care when their needs had changed.

People's risks had been identified and were being managed by staff who knew them well. However people's care plans did not provide staff with sufficient guidance in managing people's immediate risks. Arrangements were in place to make sure people received their medicines appropriately and safely, although people's records relating to the management of their medicines were not always clear. The assessment of people's capacity to consent to their care had not been assessed in line with the principles of the Mental Capacity Act 2005.

People and their relatives were positive about the caring nature and told us they were supported by staff who were kind and compassionate. They were confident that any concerns would be dealt with promptly. People were supported by familiar staff, although staff sometimes staff did not always arrive on time.

Staff felt trained and supported to carry out their role. The registered manager was involved in the delivery of personal care which allowed them to monitor the well-being of people and management of staff. Any concerns or accidents were reported and acted on to ensure people received care which was safe and

responsive to their needs. Staff were trained in safeguarding people and protecting them from harm.

The registered manager needed to ensure all recruitment checks completed were recorded to evidence their safe recruitment decisions. We have recommended that the service seeks advice from a reasonable source regarding their recruitment systems and take action to update their practice accordingly. The registered manager had a good insight into the quality of care being delivered and monitored the service personally, however further improvement was needed in the quality assurance processes to identify shortfalls in people's care and medicines records and drive improvement. The registered manager was reviewing the systems to monitor the quality of care being delivered and staff support and development when the registered manager was unavailable. Staff felt supported and could seek advice from the registered manager and staff team.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. We will also be asking the provider to complete an action plan to show what they would do and by when to improve the key questions of 'Is the service safe?', 'Is the service effective' and 'Is the service well-led' to at least good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines as prescribed, although there was limited recorded guidance in the management of people's medicines for staff to follow. The management of people's risks were known by staff but were not always comprehensively recorded to provide staff with guidance.

Further improvement was needed in the recording of the recruitment checks that had been completed. There were sufficient numbers of staff to support people.

People were safeguarded from abuse and harm. Any concerns or accidents were reported and acted on.

People were protected by the prevention and control of infection.

Is the service effective?

Requires Improvement

The service was not always effective

Where required, assessments of people's mental capacity to consent to the care had not been carried out in line with the principles of the Mental Capacity Act.

People were supported with their personal care by staff who were trained to meet their needs. Plans were in place to provide staff with additional training.

Staff worked effectively with other organisations to ensure people's needs were met. People were referred appropriately to health care services if their care needs changed. They were supported to plan and eat a healthy diet.

Is the service caring?

Good

This service was caring.

People and their relatives were positive about the care they received. Staff had a good relationship with the people they

cared for.

Staff were respectful of people's own decisions and encouraged them to retain and develop in their confidence and levels of independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who were knowledgeable about their support needs and were responsive to any changes in their well-being.

People and their relatives were mainly confident that any concerns would be dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager had a good understanding of all aspects of the service, however the systems to monitor parts of the service were not always effective.

The registered manager and staff worked as a team and engaged with others to improve the lives for people.

People, their relatives and staff felt supported and were confident in the management of the home.

Merit Healthcare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5,8 and 11 June 2018 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we examined information that we held about the service. This inspection was carried out by one inspector. Due to technical problems the provider was unable to complete the Provider Information Return. This is information we require the provider to send us to give some key information about the service, what the service does well and the improvement they plan to make. We took this into account when we inspected the service and made the judgements in this report.

On 5 and 11 June 2018 we visited the main office and spoke to three staff members and the registered manager of the service about the management and governance of the service. We looked at staff files including the recruitment procedures and the training and development of staff as well as the management of the service. We looked at the records relating to four people who received personal care in their own home. On 8 June 2018 we spoke with two people and four relatives by telephone about the service they received.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of Merit Healthcare Ltd in November 2017, we found that the provider had not assessed or taken reasonable actions to reduce the risks associated with the health and safety of people. People's equipment and medicines had not been safely managed by staff and accurate and contemporaneous care records had not been maintained for each person. This was a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 respectively.

The provider sent us an action plan of the actions they would take to meet these legal requirements. At this inspection we followed up on their actions and found that improvements had been made in relation to the management of people's risks and the service now met the legal requirements of Regulation 12. However further progress was still needed in the recording of the management of people's risks and medicines to ensure that Regulation 17 would be fully met.

For example, the provider had improved the systems to identify and assess people's risk relating to their medicines, mobility and their environment. Clear guidance was in place to provide staff with the information they needed to reduce the risks associated with infection control, health and safety and environmental controls. However records of these control measures were mainly generic and had not always been personalised to people's individual needs and their home environment.

People were at times supported by staff as well as relatives and other health professionals to administer their medicines for their skin conditions. Clearer written guidance was needed to ensure when medicine administration was shared that staff would have the information they needed to know how to support people safely. Staff had a good understanding of their role in administering medicines. However, clearer records were needed to make it clear to staff who were responsible for ordering, obtaining and disposing of people's medicines if required. Where people required support from staff with applying medicinal creams, it had not been recorded in their care plans when and where their creams should be applied. Protocols of the management of medicines which may be administered 'as required' were not always documented. More detail was required in relation to people's medicine administration to ensure people would always receive their medicines as prescribed.

Changes in people's medicines when they were discharged from hospital had not always been recorded accurately. For example, we found following hospital discharge staff supported a person to take their new medicines to manage their health condition. However, it was not clear from their records whether they had still been prescribed the mental health medicines they were taking prior to their hospital admission. This meant staff did not have the accurate information on the person's prescribed medicines. This was raised with the registered manager who explained that they were waiting for guidance from the person's GP.

The registered manager provided several examples of how they were working with health care professionals and families to help mitigate the risks to people. However, records of the interim management plans including the recommendations of health care professional and the services involvement in reducing people's risks were not fully documented. For example, the registered manager was working with an

occupational therapist to help reduce the risk of injury to one person and the staff who supported them when they transferred and mobilised. Various support and equipment options were being considered, however whilst staff had been informed of how to support the person to reduce the risk of injury there was no recorded risk assessment and management plan in place to help guide staff while the recommendations were being finalised.

The registered manager had identified those people who were at risk of falls, however the actions staff should take to help the prevention of people's falls were not recorded in detail.

Whilst speaking to people and their relatives we found no evidence to suggest people's needs were not being met and they were confident that staff supported them safely and effectively to manage their risks.

The registered manager and staff had identified potential risks to people's safety and risk management strategies had been agreed. However, these strategies had not always been recorded for staff to refer to when supporting people to remain safe. This is an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's ability to manage their own medicines had been assessed and the level of support provided was determined by the outcome of the assessment and level of independence. People who required support with their medicines were supported by staff who had been trained in managing their medicines. The registered manager requested that staff should only administer people's medicines out of blister packs to help reduce the risk of medicine administration errors occurring. The risks around the management of people's medicines had been assessed and were known by staff.

People and their relatives confirmed there were sufficient numbers of staff available to provide the care they required in line with their care plan and care package. Most staff were assigned regular visits to people which ensured that people were mainly supported by staff who were familiar with their support needs and preferences. The registered manager and deputy manager provided personal care if there were any unplanned staff absences which couldn't be covered by a member of the staff team.

People told us staff had not missed any calls, however staff were sometimes later than their allocated visit times and felt communication could improve if staff were running significantly late. We discussed this with the registered manager who told us that staff would be expected to attend within 15 minutes either way of the agreed start time. The registered manager used an electronic system to schedule and allocate staff to people at their required visit times. However, we noted that travel times for staff between people's visits had not always been accounted for, therefore people could be at risk of not receiving their visits on time. The registered manager explained that time was allocated at the end of each shift to allow staff to catch up if they were running late. People and staff were confident that they arrived at people's homes within the 15 minutes of their allocated visit times.

Staff confirmed that on call arrangements were available for out of hours support and mainly managed by the registered manager. Staff were aware of the services polices and the actions they should take if they were unable to access a person's house during their allocated visit time or if they found a person missing. Arrangements were in place for staff to report and record any concerns or incidents when they visited people in their home. Staff were required to phone into the office and/or report any concerns via the services mobile phone application which held information about people's care needs. Any information of concern recorded on the mobile phone application would alert the registered manager who was required to respond and record their actions.

The registered manager had followed their recruitment procedures when employing new staff such as carrying out Disclosure and Baring Services checks and obtaining references. Where possible the registered manager had requested references from previous employers and had contacted them by telephone to confirm the character and aptitude of staff. Risk assessments had been put into place when concerns had been raised about a staff member during the recruitment process. However, there were limited records to demonstrate the discussions the registered manager had with new staff to determine their full employment history and their rationale for judging the suitability of staff prior to making an appointment.

We recommend that the service seeks advice from a reasonable source regarding the comprehensive recording of recruitment activities and take action to update their practice accordingly.

People benefited from a safe service where staff understood how to keep people safe and their responsibilities to report accidents, incidents or concerns. Staff had completed safeguarding training as part of their induction programme and understood how to implement the service's policies to safeguard people from the risk of harm or abuse. Staff told us they would report any concerns to the registered manager and inform the relevant safeguarding agencies and CQC if required.

People and their relatives told us they felt safe and had no concerns about their safety when staff from the service entered their home and provided them with support. One person said, "I feel very safe with them in my home. I'm not worried at all." Secure key-safe arrangements were in place to ensure that people's key-safe codes were only available to staff who were authorised to enter people's home. Systems were in place to ensure people who needed support with their finances were protected from financial abuse.

The registered manager investigated into any concerns and incidents relating to the safety of people or staff. The outcome of their investigation and the actions taken to prevent further incidents were discussed and shared with staff during meetings, training and through the service's electronic communication system. The registered manager explained that as the service was small, they could easily identify any trends or patterns relating to people's safety and act on them promptly.

People were protected by the prevention and control of infection as staff understood their responsibility to use Personal Protection Equipment (PPE) such as gloves and aprons when supporting people with personal care. Staff usage of PPE was checked by the registered manager as part of their observations of the practices of staff. People and their relatives confirmed that staff wore PPE when being supported with personal care. Staff were also reminded of good infection control practices through staff meetings and training such as effective hand washing techniques. Generic control measures around the management and prevention of infection and health and safety such as diligent hand washing and management of hazardous cleaning substances were recorded in each person care plans.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of Merit Healthcare Ltd in November 2017, we found that provider had not recorded how people had provided lawful consent to the care being provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider sent us an action plan of the actions they would take to meet these legal requirements. At this inspection we followed up on their actions and found that improvements had been made in relation to these concerns but further work was still needed to ensure people's consent to their care was in line with the principles of the Mental Capacity Act 2005 (MCA).

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 had been assessed by the provider prior to the start of the delivery of their care package to ensure the provider could meet their personal care needs. People and relatives confirmed they had been fully involved in the planning of their care and where people were able, they had consented to the care and support being provided. Some people were perceived as not having mental capacity to make significant decisions about the care and support they received. Staff told us how they encouraged people to make choices about their day to day care and respected their decisions. However, there was no clear record of people's assessment of their mental capacity when they were unable to make informed decisions about their care. For example, staff supported one person who lived with dementia with their medicines, however an assessment of their decision making capacity and the resulting best interest decision had not been recorded This meant that the service had no recorded evidence that they had assessed the person's knowledge and understanding of the care being delivered and were acting in the person best interest in line with the principles of the MCA.

People's mental capacity to make an informed decision or give consent to their care had not always been assessed in line with the principles of the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about the recording of people's mental capacity and consent to care with the registered manager and was informed that they were planning to attend an advance course on the principles of the Mental Capacity Act to help them understand their legal requirements. Since our last inspection the registered manager improved the recording of when people had appointed lasting power of attorneys to act on their behalf. We found that staff had a clear understanding of gaining people's consent before they supported them with their care. They gave us examples of how they supported people who did not have the capacity to make decisions about their care and worked within the principles of the Mental Capacity Act 2005.

Staff were trained to carry out their role and to deliver care to people in their own homes. The registered

manager confirmed that all newly employed staff received an induction which consisted of mandatory training and shadowing a more experienced member of staff. Staff had been trained in subjects such as moving and handling and safeguarding as part of their induction. Their skills and knowledge to manage people's medicines were regularly checked.

The registered manager delivered some training to staff and was in the process of resourcing alternative sources of eLearning and distance training to enable staff to update their training more effectively. They also had plans to complete a train the trainer course and additional training in subjects such as moving and handling and safeguarding to ensure they had the knowledge required to deliver training in line with current guidance.

Staff told us they felt supported by the registered manager. Records showed that the registered manager carried out regular spot checks and field assessments of staff to observe and assess their care practices. We were told that the spot checks were often followed by private talks with the staff member about their performance, skills and knowledge. Plans were in place for staff to receive an appraisal of their role and to discuss their professional development.

The registered and staff worked collaboratively with relatives to ensure people's health care needs were monitored and met. Staff knew people well and were aware of when they were required to escalate any concerns to their families and/or the registered manager. Relatives assured us that any changes in people's health or well-being were reported to them. One relative said, "They are pretty good at letting us know if they have any worries or concerns about (name of person)". Staff told us they would seek medical advice on behalf of people if they had no family to support them. Where required, the service had made appropriate referrals to other health and social care professionals for advice and support when people's physical and emotional needs had changed and followed their recommendations.

Some people required support by staff to plan, order and prepare their meals depending on their abilities and levels of independence. People were given the opportunity to contribute their ideas towards menu planning. People told us staff were aware of their meal preferences and provided them with meals and drinks which they enjoyed and requested. They confirmed that the preparation of their meals were suitably met and of a good standard.

Good

Is the service caring?

Our findings

People using the service and their relatives were complementary about the staff who supported them. They told us staff treated them with kindness and respect and spoke highly of individual members of staff who supported them as well as the staff and management team. Relatives told us the standards of care had improved and they were confident in the service being provided. One relative reflected back on the service they had received from Merit Healthcare and said, "I think they are on track now. I am very pleased with them at the moment."

People and their relatives confirmed that they always received care from staff who had been introduced to them and felt staff supported them were mainly familiar and consistent. One relative told us a new staff member had been introduced to them and had observed a more experienced member of staff caring for their relative before they visited alone. This meant the new staff member had a clearer understanding of the person's support preferences.

The values of the registered manager were embedded into the staff practice. Staff told us they were passionate about supporting people in a manner that focused on people and their preferences. They spoke about people in a positive manner and emphasised the need to ensure people were treated as individuals. One staff member said "My care is about them and what they want. I always ask them what they want and I give it to them."

People's personal and diverse needs were supported in accordance with the protected characteristics of the Equality Act 2010 to ensure the service did not unlawfully discriminate against people.

People agreed in advance how staff should access their home. This included whether they wanted staff to knock at their door and be invited in or to enter their home using a key safe. This was documented in people's support plans. Staff explained how they supported people with their personal care in a dignified manner. They provided examples, such as ensuring the door and curtains were shut when they supported people with their personal hygiene.

People and their relatives had been given several opportunities to provide feedback about the service they received through telephone interviews and completing customer service questionnaires. The registered manager told us any negative feedback was acted on if they were able to identify the person who had completed the questionnaire. A record of people's compliments was captured by the registered manager. They had received compliments such as "[Staff name] is a credit to your organisation" and "[person's name] is starting to get used to the carers and likes them." Another person wrote "He [staff member] is cheerful; and encouraging and leaves me well attended."

People were encouraged to do as much for themselves as possible and retain their activity of daily living skills. People and their relatives told us staff supported them to be involved in their care and encouraged them to be as independent as possible. One person said, "The carers are very nice, always willing to help me if I need some extra help. They always check that I am OK before they leave." People were supported to

express their views and be involved as far as possible in decisions about their care. Staff had respected people's wishes if they had chosen to make an unwise decision such as refusing care. They had reported these decisions to the registered the manager who monitored the situation and sought additional advice from health care professionals if required.

Good

Is the service responsive?

Our findings

At the last inspection of Merit Healthcare Ltd in November 2017, we found that people had not always received personalised support and care appropriate to their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2104. The provider sent us an action plan of the actions they would take to meet this legal requirement. At this inspection we followed up on their actions and found that the service met this legal requirement. All people and relatives who we spoke with felt that the service had improved and was very responsive and suitably met their needs.

People received care from staff who focused on their care needs and preferences. People were initially assessed by the registered manager to ensure the service could meet their individual personal care needs and their preferred visit times. They discussed and assessed their physical and mental well-being and gained an initial understanding of the level of support they required and their personal and health backgrounds. This information informed the person care plan. Where possible people and their relatives had been involved in the care planning and the assessment of their health, well-being and support needs.

Information about people's personal situation and medical history informed their care plans. We found that the care plans were mainly person centred and provided staff with details about people's preferred routines of care such as their preferred routine. Staff were also able to view the latest version of the care plan and any additional information or amendments on the services electronic care plan application which was downloaded on to their mobile phones and linked to the service's electronic data system. This meant all staff could read and be updated in people's care and latest support requirements.

Staff told us they were introduced to new people and verbally informed of people's care plans and support requirements before they started to visit people. People told us they were introduced and made aware of new staff who may support them. Staff were knowledgeable about people's support requirements, preferred routines, backgrounds and levels of independence. Most people had the ability and mental capacity to express their wishes and views of how they wished to be supported by staff. They explained that staff always enquired about their welfare and were attentive to their needs. Staff were responsive and aware of their responsibility to report any concerns especially when people lived alone. For example, they were aware the actions they should take if they were unable to access a person's house during their allocated visit time or if they found a person missing.

At the time of our inspection, no one being supported by Merit Healthcare was living at the final stages of their life. The registered manager explained that they would be unable to support people who required end of life care as staff had not been trained in this specialist area. They acknowledged the limitations of their skills and staff competencies and told us they would not accept a referral for someone who required end of life care or would pass on their care to a more specialised service.

People and their relatives told us their day to day concerns were explored and responded to in good time. The registered manager explained they sometimes worked alongside staff and provided personal care which allowed them an opportunity to listen to people's feedback about the service and address any

concerns quickly.

Information about the service's complaints process was made available to people when they started to use the service and was available in the 'Service user's handbook'. People told us their complaints had been managed effectively however one person had not been happy with the care their relative had received and was not satisfied with the response from the registered manager. This was raised with the registered manager who told us they were working with the family and a representative from the local authority to discuss and address the relative's concerns.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of Merit Healthcare Ltd in November 2017, we found that the provider did not have robust quality assurance systems in place to assess, monitor and improve the quality and safety of the services provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The provider sent us an action plan of the actions they would take to meet these legal requirements. At this inspection we followed up on their actions and found that some improvements had been made in relation to these concerns. However, the provider's quality assurance systems were still not sufficiently robust to monitor and review the quality of the service, which was provided. These systems had not ensured that the breaches of regulations in relation to mental capacity assessments and recordkeeping were identified and rectified prior to our inspection.

Whilst the registered manager had good insight into the service being delivered and was taking action to improve the quality assurance systems, they had not always ensured that shortfalls in relation to recordkeeping was addressed. For example, interim management plans were not fully recorded for one person whilst they waited for the health care professional's recommendations to be implemented. For another person the joint management of people's medicines had not been fully recorded putting people at risk of not receiving their correct medicines.

Following our previous inspection, the provider had put an action plan in place to make these improvements, but their plan had not been effective in ensuring all regulations would be met and risks to people mitigated.

Quality assurance processes were not effective in identifying shortfalls in people's care and medicines records and driving improvements. This is an ongoing breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the registered manager had made some improvements to the service, They had reviewed and amended the format of people's care plans to include more details about people's person-centred care, their risks and consent to care. They were involved in all aspects of the running of the service including care assessments and care delivery if required. This provided them with the opportunity to be aware of and promptly act on any shortfalls in the service.

The registered manager had recognised that the present electronic system did not fully meet their needs and was in the process of commissioning a new electronic data system. They explained that the new system would have clearer tools to ensure staff had the guidance they needed to manage people's risks and understand people's support requirements. The new system would also allow them to improve how they monitored people's visit times, staff professional development and the governance of the service.

Some improvements had been made to the management of people's visit times, although some people felt

that the communication from the staff team could improve if staff were going to be late visiting them. The service was commissioned and funded by the local authority to support people daily with their personal care at home depending on their support requirements. As part of the service level agreement staff were required to notify the service when they arrive and left each person. This allowed the registered manager to monitor the punctuality of people's visit times and provide a report to the commissioners.

The registered manager told us they were continually monitoring the staffing levels and people's needs and was actively recruiting new staff to ensure there were sufficient staff to support people and if the service expanded.

We discussed with the registered manager the importance of a business contingency plan to ensure people and staff remained safe in the event of the service stopping such as adverse weather conditions or technical fault in the service's mobile phone application which provided staff with some of the details they needed to support people. The registered manager told us they currently managed any concerns about the running of the service, however was aware that a robust contingency plan was needed to effectively manage and alert staff to prioritise their visits to people who would be at risk if they did not receive a call. This would be especially valuable if the service expanded or the register manager was not available.

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 People's mental capacity to make an informed decision or give consent to their care in line with the principles of the MCA had not been fully recorded.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's care and medicine records had not been maintained to reflect the current management of their risks. Quality assurance processes were not effective in identifying shortfalls in people's care and medicines records.