Carewise Ltd

Carewise Ltd

Inspection report

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Tel: 01903767622

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Carewise Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection there were 111 people using the service, living across four areas in Coastal West Sussex.

People's experience of using this service and what we found
The service was not consistently well led. Quality assurance systems and processes were not effective in identifying and improving issues in care delivery. When issues were identified these were not always learned from to improve people's care.

The service was not always safe. Medicines were not always managed safely and gaps in people's records were not consistently investigated to see if people had missed medicines or if these were recording issues. Risks to people were not consistently assessed and there was a lack of individualised guidance for staff to keep people safe.

People were not always supported to have maximum choice and control of their lives and it was unclear if staff were supporting 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 had a poor knowledge of the Mental Capacity Act (2005) and the management team were not complying with the principles of the Act. Best interest decisions were made for people without assessing their capacity to make these decisions for themselves. Restrictions were implemented for people without first assessing their capacity. There were no best interest decisions to ensure restrictions were the least restraining option.

People received support from kind and caring staff. People spoke positively about the care staff. Staff understood the importance of respecting people's privacy and dignity. Staff supported people's independence by involving them in daily tasks. People were involved in their care planning.

People received person centred care by staff who knew them well. Complaints were managed in a timely way and in line with the provider's policy. Staff received regular support and supervision. People had good access to health care professionals and felt staff would seek medical help should they need it.

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

Rating at last inspection
The last rating for this service was good. (The last report was published on 16 August 2016)

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to people's safety, need for consent, governance of the service and the registered manager's failure to notify us of notifiable incidents at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Carewise Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by two inspectors 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, flats and specialist housing.

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 someone would be in the office to support the inspection.

Inspection activity started on 17 June 2019 and ended on 24 June 2019. We visited the office location on 17 June 2019.

What we did before the 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. This information helps support our inspections. We reviewed notifications we received from the home about important events. We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:
We spoke with 12 people who used the service, and 11 relatives. We also spoke with the nominated individual, deputy manager, and one member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We pathway tracked the care of seven people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including safeguarding concerns, accident and incident logs, quality assurance records, medicines records, policies and procedures and two staff recruitment records.

After the inspection:
We spoke with two care staff and the registered manager. We requested the registered manager send us copies of other documents relating to policies and procedures and staff meeting minutes. They sent us this information as requested.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This was because risks were not always adequately assessed or reduced to keep people safe, lessons were not always learnt when things went wrong, and medicines were not always managed safely. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Lessons were not always learned or analysed when things went wrong.

●There was an inconsistent approach to the assessment and management of risk. Risks relating to people's care, health and support needs had not always been fully assessed or reduced. Guidance for staff was insufficient to enable them to care for people safely.
●Staff had identified that one person was at risk of choking on large pieces of food. The management team had reflected this within the person's care plan, but they had not involved speech and language professionals to review this risk and ensure staff were providing the person with the most appropriate support. This increased the potential risk of choking for the person. The management team told us they would review the person's risk assessment and seek professional guidance to address this risk.
●Another person was at high risk of skin damage and had history of pressure wounds. There was no risk assessment to guide staff in the care of this person's skin or pressure wounds. Professional guidance stated that staff used a pressure relieving cushion, however this was not reflected in the person's risk assessment or care plan. The person also required creams to be applied to maintain their skin integrity. There was no guidance for staff on the application of this cream and the person's medicines administration records (MAR) did not reflect that this was administered regularly. This increased the potential risk of skin damage for the person. The management team told us they would review the person's risk assessment and MAR's to improve guidance for staff, to support this person safely.
●Risks to people living with specific health conditions were not fully assessed or lessened to support their safety. For example, two people were living with epilepsy. There were no specific risk assessments to guide staff on how to support them should they become unwell. Care plans directed staff to utilise their 'first aid training'. However, records and management staff confirmed this training does not cover epilepsy or seizures. This increased the potential risk that staff would not be able to support people safely should they experience a seizure. The management team told us they would review these people's care plans and risk assessments to improve guidance for staff, to support these people safely.
● People's medicines were not always managed safely. MAR charts were handwritten and there were no systems to ensure they were accurate before staff used them. MAR charts were not prepared in line with best practice guidance as detailed by the National Institute for Clinical Excellence (NICE). For example, they did not contain details about people's GP, allergies and date of birth.
● There was an inconsistent approach to the preparation of MAR charts. One person was prescribed several creams, their MAR chart had been handwritten by staff and did not detail the amount of cream to be applied

or exactly where on the person's body to apply the cream. This increased the risk this person's creams would not be administered as prescribed.
● Gaps on people's MAR charts had not been consistently identified to ensure people received their medicines safely. For example, all the MAR charts we reviewed had gaps in recording. There had been no investigation into many of these to identify if these were recording or administration issues. This increased the risk that people had not received medicines as prescribed.
● Where people required medicines on an 'as and when' basis. There was no guidance or protocols in place to support staff to administer these safely. A member of the management team told us of their plans to implement these, but this had not been done. People's MAR charts did not consistently identify if medicines were 'as required' or not. This did not provide assurances that people would receive their as required medicines as prescribed.
● Lessons were not always learned or analysed when things went wrong.
●The nominated individual told us there had been no incidents since 2016. However, we identified one person had three falls in a short period of time. These had not been consistently recorded or reported in line with the provider's policy nor had any professional support been sought to reduce the risk of falls to the person. Their care plan had been reviewed following the three falls, however it had not been updated to identify the person's falls history or risk. This did not provide assurance that incidents were learned from, known and understood by staff to reduce risks to people should a similar incident reoccur.

The failure to ensure the safe management of medicines and that risks associated with people's health and care needs were identified and assessed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were not always protected from the risk of abuse. The registered manager had not always recognised when incidents put people at potential risk of abuse.
● One person was assessed as at risk of choking and professional guidance was provided by the Speech and Language team. This guidance was not transferred clearly into their care plan or risk assessment. The person's records identified they had been given food that was not in line with guidance on several occasions. There was no evidence thickening products were used in drinks and staff had left them unsupervised on several occasions whilst eating. This raised the risk of choking for them. We raised this with the local authority safeguarding team following this inspection. Other potential safeguarding incidents had been referred appropriately.
● Care staff had a good understanding of safeguarding and could recognise signs of abuse. Staff had received training in this area to support their practice.
● People told us they felt safe. One person said, "I am totally safe. (Staff) are my friends who come and take care of me."

Staffing and recruitment
● Recruitment processes were robust and ensured staff were safe to work with people before they started working at the service.
● Checks were made to ensure staff were of good character and suitable for their role. This included seeking appropriate references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Although the nominated individual could not access two staff references during the inspection, they contacted their referees who resent copies and confirmed they had been requested and sent previously.
● There were enough staff to meet people's needs. People told us they received their calls on time. If calls

were late people were contacted by office staff to inform them, although this did not happen regularly. The team were flexible in their working hours to meet the changing needs of people. One staff member told us, "There's never a time when we are unable to do a call. If we're going to be late, we'll call them and let them know."

Preventing and controlling infection

● Staff had completed infection control training. Care staff had access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them. We observed staff coming to the office to collect additional PPE as required, during the inspection.

Requires Improvement

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, requires improvement. This is because practice in relation to the Mental Capacity Act 2005 had not improved. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

● Staff had a poor understanding of the MCA. Staff received training from the management team in relation to the MCA. We discussed this with a member of the management team who delivered the training, they also had a poor understanding of the MCA and how this applied to people they supported. Although this member of staff had appropriate training to deliver MCA training, their lack of understanding did not provide assurances that staff were appropriately trained in this area.
● Staff were not working in accordance with the MCA to ensure that people's capacity was assessed when making specific decisions. The management team had not completed any mental capacity assessments for people where they believed they may lack capacity. Some people had best interest decisions in place without their capacity being assessed prior to this decision being made. Where best interest records had been completed by the management team these were generic and did not identify which decision these related to. This did not provide assurance that people were being supported in line with the MCA or in their best interests.
●Where restrictions were in place for people, the management team had not considered if these were appropriate or the least restrictive option. For example, one person's medicines were locked away, a sensor was in place to monitor their movement at home and a tracker on their keys for when they were in the community. There were no capacity assessments or best interest decisions in place regarding these decisions. This did not provide assurances that these were the least restrictive options for this person.
●The management team were making decisions with people's family and representatives who did not have the legal authority to do so. The management team lacked knowledge on who can make lawful decisions on

people's behalf and what authorisation they would need to do so. For example, two people's care plans identified that a friend and two relatives had made decisions on their behalf relating to their care. None of these people had the legal power to do so and there were no capacity assessments or best interest decisions in place.

The failure to comply with the requirements of the Mental Capacity Act (2005) is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

● Staff had access to a range of training opportunities. However, these were not always reflective of people's specific health needs, for example, diabetes and epilepsy. We reviewed staff training records and who were supporting a person living with epilepsy. There was no evidence that staff had received training in this area. This is an area of practice that needs to improve to ensure staff have the training and knowledge to support people's specific needs.

● Staff were trained in a range of areas in relation to the support of people with personal care needs. Staff spoke positively of the training. One member of staff told us, "The training is good, the managers are really on top of it. I did a first aid course which comes in handy when supporting people."

● Staff received an induction when they started their job, which included training, getting to know people's needs and shadowing experienced staff. A member of staff told us, "I enjoyed my induction, I shadowed a senior member of staff for as long as I needed to feel comfortable."

● Staff told us they received regular support and supervision from the management team. One member of staff told us, "We are well supported, outside of supervision you can call anytime with a query and it is always answered."

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

● Staff were not always working in line with peoples assessed nutritional needs. We have written about this in the safe section of this report.

● People who were supported with eating and drinking were complimentary of the support they received. One relative told us, "They ensure my mother has a good balanced meal each day."

● Staff told us they ensured people had access to drinks and snacks when they left them at each care visit.

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

● People's needs and choices were assessed prior to them using the service. This ensured that their needs could be met.

●Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

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

● People had access to healthcare professionals and support as and when they needed. The management team were flexible with people's care calls, so they could attend healthcare appointments. One person told us, "They have gone out especially to the pharmacy to get extra prescriptions you can rely on them doing what is best for us."

●Relatives confirmed that staff would seek necessary medical help if required. One relative said, "They would send for a GP if I wasn't here."

●Staff worked well with other agencies to meet people's needs. For example, one person liked how the care staff positioned them in bed. Staff work with the district nursing team to change the person's call times, so

they could go in after and make them comfortable for the day.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People and their relatives told us staff were kind and compassionate. People and relatives described staff as kind and compassionate.
- Staff showed a caring attitude towards the people they supported. One member of staff told us, "The people we care for make the job rewarding, I enjoy spending time with them."
- Staff told us they had time to spend with people and they had developed positive relationships with people. This was confirmed by people and relatives. One relative told us, "My husband looks forward to them coming, they make him laugh."
- People's cultural and religious needs were met. For example, one person's religion was very important to them. Staff supported them to attend church services regularly.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in their care planning. One person told us, "I discussed the care plan with the manager, it is good quality caring. One manager talked me through everything, it was very reassuring."
- People and relatives confirmed they were able to discuss their care or any issues with the management team. One relative told us their loved one had experienced difficulties with their health and the management team had kept them involved and sought theirs and their relatives' views on needed changes to their care and support.
- Staff told us how they offer people choices daily during their care and support.

Respecting and promoting people's privacy, dignity and independence
- Staff supported people's independence, this was reflected within their care records. A relative told us, "They make sure my husband retains some independence, they shower him, they always treat him with dignity and respect and they leave him to do things he is capable of doing."
- People's dignity was maintained. Some people had requested carers of a certain gender for support with personal care, this was respected by the management staff.
- Staff were aware of the importance to maintain people's privacy and dignity. One member of staff told us they kept people covered during personal care and kept doors and curtains closed to maintain their dignity.
- People's confidentiality was respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained. People's confidential information was stored safely.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same, good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care from staff who knew them well. A relative told us, "The way they interact is amazing. They have certainly made a difference." However, people's care records were not reflective of person-centred practice. We have written about this in the well-led section of the report.
- People received care from staff who were person centred in their approach and responsive to their needs. A relative told us, "Because of the way they respond to issues I have no more stress, I no longer have to worry about day to day stuff. I have peace of mind now."
- The management team were responsive and adaptable when people required changes to their call times. For example, one person required an earlier call to attend a hospital appointment. This was changed promptly for the person.
- Staff knew people and their preferences well. For example, one person's care plan stated they like to listen to the radio. This was known by a member of staff who said they leave it on for them during the day as they knew they enjoyed it.

Meeting people's communication needs

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

- People's communication needs were assessed, and people told us staff communicated with them effectively. One person's care plan gave staff clear guidance on how to speak with them to meet their communication needs, which included how staff should position themselves to ensure the person could see and understand them.
- One person was living with a sight impairment. Their relative told us they, "Can detect movement and some shapes. We have acquired items to help with daily life. The office liaison manager comes around to ensure all (person) needs are met by changing the care plan if necessary."

Improving care quality in response to complaints or concerns

- Complaints were responded to in a timely manner and in line with the provider's policy. There had been three complaints since the last inspection and these had all been responded to and resolved.
- People told us they had no complaints about the service currently and one person said the management team, "Are efficient and they deal with issues promptly."

End of life care and support

● End of life support was provided, when required, by staff who were trained in this area. There was no one receiving end of life care at the time of the inspection.
● A member of the management team told us they discussed people's end of life wishes with them, at a time they were comfortable with.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This is because there was a lack of management oversight, governance systems and processes had not driven improvements to the quality of the service. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not consistently well led. There were shortfalls in the oversight of the service which led to governance systems and processes not always being effective in identifying and improving the quality of care people received.
- There were discrepancies in some of the management team's understanding of their roles and regulatory requirements.
- The auditing systems were ineffective and did not cover key areas of practice. For example, there were no audits in relation to the oversight of accidents and incidents, safeguarding and complaints. This meant that where incidents had happened they were not identified, lessons had not been learned and the management team had not followed their policies and procedures to improve the care people received.
- Where audits did occur, these were infrequent which meant issues were not identified or addressed in a timely way. For example, there was no structure to the auditing of medicine administration records (MAR). One person's MARs had not been audited since 2016. We sampled their MARs for January to February 2019 and identified significant gaps in recording. A member of the management team was unable to explain the reasons for these gaps. The lack of effective systems and processes to oversee administration of medicines meant that issues were not being identified in a timely way or acted on to improve the care people received.
- Issues we found during inspection had not been identified by the provider's systems. For example, a MAR audit for one person had been completed in April 2019 by a member of the management team. The audit identified there were no issues. However, there were three gaps on the MAR. It was unclear if these were recording or administration errors and, as the audit had not picked these up, they were not investigated.
- There was a failure to ensure continuous learning to improve care. For example, issues in the provider's and staff practice relating to the Mental Capacity Act (2005) had been identified at the last two inspections. The registered manager had not improved this practice, and this remained a concern at this inspection. The registered manager identified in information sent to the Care Quality Commission there had been 350 errors in recording of people's medicines. The management team told us their processes in relation to the oversight of medicines had not changed even though this issue had been identified; this remained a concern at this inspection.
- Records and documents relating to people's care needs were not kept up to date and lacked person centred detail. For example, people's care plans contained minimal detail about people's likes, dislikes and interests. This increased the risk that people would not receive care in line with their preferences should

they be supported by staff who do not know them well. When there were changes in people's needs these were not always reflected in a timely way within people's care plans. For example, one person experienced a fall within their home. Their care plan had been reviewed since this date but was not updated in relation to the history of falls or falls risk.

There was a failure to ensure systems were in place and effective in the assessment, monitoring and improving the quality of the service. Records in relation to each service user were not always adequately maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and staff told us they thought the service was well-led. One member of staff said the management team were, "Brilliant, nothing is ever an issue, any problems get sorted professionally." A relative told us, "The office is very efficient."

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 understood the principles of the duty of candour. However, they had not always ensured they had complied with the duty of candour as they had not informed the Care Quality Commission of three notifiable incidents. These were three incidents of alleged abuse. The registered manager explained they were aware these should have been notified and this was an oversight on theirs and the nominated individual's part.

The failure to notify the Commission without delay of incidents of abuse or alleged abuse was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

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

● People and staff were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff. Staff attended regular team meetings where they could give feedback and discuss any issues.

●The management team maintained contact with people which enabled them to receive regular feedback on the service.

● The registered manager sent out questionnaires to people and their relatives annually. The responses of these were analysed and plans put in place to act on this feedback. For example, many people fed back that they did not know about the provider's complaints policy in a recent questionnaire. This was responded to in the provider's monthly newsletter and a copy of the policy put in people's care files in their homes.

Working in partnership with others

● Staff and the management team worked in partnership with others to meet people's needs. For example, one person's mobility needs had deteriorated, and they needed equipment to support with transferring in and out of bed. The management team worked alongside health professionals to ensure the person had the right equipment and staff were adequately trained in its use.

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

● Staff and people commented on the positive culture and person-centred care offered by the service.

● Staff reported good morale. One member of staff told us, "It is a nice, supportive environment to work in." Another member of staff said, "We are a good, supportive team, I am happy working here."

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 18 Registration Regulations 2009 Notifications of other incidents The failure to notify the Commission without delay of incidents of abuse or alleged abuse was a breach of regulation 18 Care Quality Commission (Registration) Regulations 2009.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The failure to comply with the requirements of the Mental Capacity Act (2005) is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure the safe management of medicines and that risks associated with people's health and care needs were identified and assessed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure systems were in place and effective in the assessment monitoring and improving the quality of the

service. Records in relation to each service user were not always adequately maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.