

Veraty Care Solutions Ltd

# Veraty Care Solutions 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 15 February 2017 and was announced.

Veraty Care Solutions Ltd is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 19 people. The frequency of and duration of visits across the service varied dependent on people's needs.

There was a registered manager in post who was present during the inspection. 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 2008 and associated Regulations about how the service is run.

People were placed at risk of harm as the registered manager did not follow safe recruitment procedures.

The registered manager had not fulfilled their regulatory responsibilities as they had not notified us of significant events that they are required to tell us about by law. There was a lack of formal quality assurance systems to drive improvements in the service.

Staff knew how to recognise and report signs of abuse. Risks associated with people's needs and environment had been assessed and staff knew how to minimise these.

People received consistent support from regular care staff who let them know if they were going to be late. Staff knew people well and were able to recognise changes in their health and support needs.

People were satisfied with the support they received to take their medicines. Only staff who received training on the safe administration of medicine gave people their medicines.

People and their relatives were confident in staff's knowledge and ability to meet their needs. Staff felt well supported in their roles and received training to meet people's individual needs.

People were provided with information in way they could understand to enable them to be involved in decisions about their care. Where people were unable to make decisions for themselves these were made in their best interests to protect their rights.

People were supported by staff who were kind and caring. People were given choice and felt listened to. Staff respected people's privacy and dignity and supported them to remain as independent as possible.

People received support that was individualised to their personal needs and preferences. Staff had formed positive working relationships with people and their relatives. Staff provided a flexible service that was

responsive to changes in people's needs and requirements.

People were asked their views on the quality of care provided and felt comfortable to raise any concerns with staff or management. People, their relatives and staff found the registered manager friendly and easy to talk with.

There was an open and inclusive working culture where staff and management worked as a team to meet people's needs.

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

## 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 consistently safe.

The provider did not consistently follow safe recruitment procedures.

People felt safe when supported by staff.

People received consistent support from regular staff.

People were supported to take their medicine as prescribed to maintain good health.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training and support to meet people's individual needs.

People were provided with information in a way they could understand to enable them to make decisions for themselves.

People were satisfied with the support they received with meals and drinks.

Staff monitored people's health and sought health care support where necessary.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who were kind and caring.

Staff had formed positive working relationships with people and their relatives.

People were given choice and felt listened to.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received support that was individualised and personal to them.

People were supported by staff who knew them well and were able to adapt to changes in their needs or requirements.

People were asked their views on the quality of the service and were comfortable to raise concerns with staff or management.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered manager had not notified us of serious events within the service which they are required to do by law.

The registered manager had failed to complete quality checks and therefore had not identified shortfalls we had found.

People and staff found the registered manager friendly and easy to talk with.

# Veraty Care Solutions 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 was planned to check 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 15 February and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with five people who used the service and four relatives. We spoke with seven staff which included the registered manager, an office worker, the care coordinator and four care staff. We viewed two records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as complaints, quality assurance processes and three recruitment records.

# Is the service safe?

## Our findings

People were placed at risk of harm because the provider did not consistently follow safe recruitment procedures. The registered manager told us there had been a safeguarding concern involving a staff member. They told us they had employed this staff member without work references and had accepted a photocopy of a Disclosure and Barring Service (DBS) check. The DBS enables employers to make safer recruitment decisions. It checks whether potential employees have criminal records or have been deemed unsuitable to work in care. It was found that the staff member had a criminal record for offences that were pertinent to the safeguarding concerns raised. The registered manager recognised that they had failed in their responsibility to ensure the staff member was safe to work with people. They said they had learnt from this experience; however we found they continued to allow new staff to start without clearance of DBS checks. The registered manager felt that people were not at risk because these staff only worked on double up calls with other staff. They confirmed that these new staff knew people's key safe numbers and were able to gain access to people's homes. This meant that people were placed at potential risk because the registered manager had not completed the necessary checks to ensure new staff were safe to work with them. The registered manager explained that they found it very difficult to cover care shifts when staff handed their notice in at short notice. They therefore had not waited for staff DBS checks to be completed. They agreed to cease this practice with immediate effect.

This was a breach of Regulation 19 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

All the staff we spoke with had received training on how to safeguard people from harm or abuse. They were knowledgeable about the different forms of abuse and how to recognise signs of abuse taking place, such as bruising or changes in people's behaviours. They told us they would not hesitate to report abuse or poor practice to the registered manager. They were confident that their concerns would be listened to and acted upon. The registered manager demonstrated they would take appropriate action in addressing concerns of abuse or poor practice. They had reported concerns of abuse to the local authority safeguarding team in line with their procedures. They told us they employed a human resource company who assisted them with employment and disciplinary procedures.

All the people we spoke with told us they felt safe when staff supported them. One person told us, "I feel very safe with the carers." Another person told us they liked to keep their door locked and trusted staff to do this for them before they left. One relative told us staff made sure everything was 'done excellently, not just safely'. They said, "They (staff) know how to use the apparatus to help them in and out of bed. [Family member] loves them." Another relative explained that staff needed to use a hoist to move their family member around. They said staff always took time to explain what they were doing which prevented their family member from getting anxious.

People were encouraged to exercise control and supported to take risks. One person told us, "This sort of thing is talked about all of the time." They went on to say, "I can shuffle with my frame. They (staff) know I want to do this so they walk by me and make sure I'm alright." Another person told us, "There are risks which

we all know about, that's part of continuous discussions." Relatives we spoke with felt staff were good at identifying and addressing risks to their family member's. One relative told us, "I'm very impressed. For example, with [Family member] they're (staff) very good at pointing out anything concerning, like the bag (catheter) had a crease in it. They drew it to our attention." Another relative told us they had discussed risks with staff. They said, "The carers are very skilled and we have complete trust in them."

Risks associated with people's needs and their environment were assessed prior to the service starting. Staff told us they kept people safe by referring to the risk assessments. They routinely looked out for any hazards, such as frayed carpets and faulty electrical equipment. They also monitored people's abilities and reported any changes or concerns to the office for them to take appropriate action. Where people were unable to move around on their own they ensured that everything was within hand's reach before they left. While we saw that risk assessments had been completed we found that these were not regularly reviewed and did not always reflect people's needs and associated risks. This had not impacted on people because staff knew people well and were kept informed of any changes. The registered manager told us they had fallen behind with updating people's risk assessment as they had been covering care shifts. They said they now had a stable staff group and committed to reviewing the risk assessments on a regular basis. In the interim they told us that they kept staff informed of any changes. This was confirmed by staff we spoke with.

Staff we spoke with demonstrated they were aware of their responsibility to report and record any accidents or incidents. They said they would first ensure the person's wellbeing and then complete the relevant documentation. This was confirmed by a relative who told us staff had been quick to respond when their family member had a fall and had called for the paramedics. They said, "I think they've (staff) got good procedures. The carers refer straight back to the manager and we are notified immediately." The registered manager told us they reviewed the information to identify if there were any patterns or trends.

People and their relatives were pleased that they were supported by regular staff who provided consistent support. This was echoed by a relative who told us their family member benefitted from support of the same staff who arrived on time. They said, "Even when we had thick snow I told them I understood if they couldn't make it but, they parked up at the village hall and came up the path with my assistance. It's very impressive." Another relative felt they were very fortunate to have regular care staff. They said, "They're very easy going. Often they stay an extra 10 minutes. They don't just turn up and then just go. We all know carers are under time pressure, but it's never apparent." They went on to tell us that their family members had a regular team of care staff who knew them well. They told us their family member found it difficult when new staff started. They said, "If there is someone new (staff), the manager introduces them really gently."

People told us that staff informed them if they were running late. One person said, "They (staff) normally phone and let me know one way or the other." Another person said, "They always let me know if they're going to be late. Otherwise, I'd ring up and ask what's going on." This was confirmed by a relative who told us, "If they're (staff) delayed by the previous call, they give me a ring." They went on to explain, "Last night, they (staff) thought they were going to be late. They gave me a call, but it was only seven minutes late when they got here." Staff told us they were allocated sufficient time to travel between calls and to meet people needs. When they found they required additional time to meet people's needs they reported this to the registered manager. They in turn, took the necessary action to ensure there was enough time to safely meet people's needs. Staff told us they sometimes got held up on calls and when this happened they contacted the person or the office to let the next person they were running late. The registered manager told us they had had struggled with staffing and were not taking on more work until they had employed further staff. They explained that both they and office staff were trained to provide care and covered staff absence where necessary.



People told us they were satisfied with the support staff gave them with their medicine. One person told us they were confident that staff supported them correctly. They said, "They (staff) always get it ready on time." Another person told us that staff supported with their medicine three times a day. They were happy with their routine and how staff supported them. They said, "It's always on time; it's fine." A relative told us, "They (staff) write it all down in the book." They went on to tell us they were very 'comfortable' with how staff supported their family member with their medicine. Another relative told us staff had alerted them that they felt their family member was taking too much medicine. They said, 'They (staff) are very sharp, they are watching all the time.'

## Is the service effective?

### Our findings

People we spoke with were confident that staff had the skills and abilities to meet their needs. One person told us, "I think they (staff) are excellent." Another person said, "Overall, they (staff) all know what I need and what they're doing." A relative explained that staff had necessary skills to meet the diverse needs of both of their family members. They said "They (staff) are all dementia trained. They're very good with [family member]. They went on to tell us, "They (staff) all know how to use the hoist and how to handle both [family members]." Another relative said, "By what I see, they're (staff) very good. First thing, they go in and speak to my [family member]; training can't give you this."

Staff told us they received an induction period into the service where they received training relevant to their roles. They also worked alongside experienced staff before they started to work with people on their own. One new staff member told us, "I worked on double up calls with other staff so I got to know people rather than being thrown in at the deep end." Staff had regular one-to-one meetings where they were able to discuss whether they were happy in their roles. They also discussed their performance and training needs. Staff felt that the training provided increased their confidence and abilities. The registered manager told us staff new to care were enrolled on the Care Certificate. The Care Certificate is a nationally recognised programme that trains staff about the standards of care required of them. The registered manager told us new staff started this during their induction and completed it within their first 12 weeks of employment. They showed us they had systems in place to monitor staff training and when updates were required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff sought people's consent before they supported them. One person told us, "They (staff) ask me if it's alright to have a shower now." Another person said because, "They (staff) talk to me all the time, I feel involved." They went on to say, "(staff member) hasn't misunderstood anything yet." A relative explained that staff worked with them to protect their family member's rights. They said, "The manager is very good. [Family member] is covered by best interests and they [registered manager] went to the best interests meeting. They don't have to do that, it's above and beyond what they have to do." The registered manager confirmed where people were unable to make decisions for themselves, they worked with the person, their relatives and other professionals to ensure their rights were protected.

Staff understood that people had the right to make their own decisions where able. One staff member said, "Everyone has the right to make their own choices right or wrong." Staff told us they provided information to people in a way they could understand to involve them in decisions about their care. For example, one staff member explained where people were living with dementia they showed them different choices of clothes or food available to them. They were careful not to offer too many options as they realised this could cause confusion. Another staff member explained it was important to involve people in decisions and find out what was important. This way people were reassured and did not become anxious. Staff also recognised that people had the right to decline support. They respected their choice and reported such incidences to

the office.

People received the support they required to eat and drink enough. One person required support to eat their food. They told us, "Certain foods I have to take my time eating. They (staff) are all so patient. I'm never rushed." They explained that they were prone to chest infections and staff advised them what they should and shouldn't eat due to the risks of choking. Another person told us their relative helped choose their menu each week and staff prepared their meals for them. They said, "It works very well." A relative we spoke told us staff were alert to their family member's dietary needs and provided support to suit. Another relative explained that one of their family members was keen to retain their independence with meal preparation and staff only provided assistance if necessary. However, their other family member required full support which was provided by staff. Staff we spoke with told us they were made aware of people's dietary needs and encouraged people to follow healthy diets. They offered people a choice of what they wanted to eat and drink and ensured they left people with a drink before they left them. Where there were concerns about what people ate and drank staff completed food and fluid chart to monitor their intake.

Staff monitored people's health and sought medical advice where necessary. One person told us that staff supported them to attend hospital appointments when needed. They said, "[Registered manager's name] works all that out. They make sure there is a carer who can take me, even at short notice." Another person was confident that staff would arrange medical help for them as and when needed. Relatives found staff knew people well and were able to recognise changes in their health. One relative told us, "[family member] had a chest infection. They (staff) rang the doctor straight away and got the GP in." Another relative said, "The carers report back immediately if they see anything." A further relative told us, "[family member] was unresponsive. They had a high temperature. They (staff) had got the paramedics out before I got there." Staff told us because they regularly supported the same people they were able to quickly recognise any changes and reported these to relatives or the office.

## Is the service caring?

### Our findings

People found staff and management to be kind and considerate. One person told us, "They're (staff) very caring and friendly; you know you've had a visit when they've been." Another person said, "They're (staff) all very caring." They went on to say, "The banter is what I like most." A relative told us, "They (staff) have a lot of patience." They explained that their family member could sometimes be difficult to work with and staff were always patient with them. Another relative said, "We're so pleased with the carers. They go out of their way to do anything for [family member]. They even pop in if they're nearby to check they're okay. They go the extra mile."

People spoke of the positive relationships they had with staff. One person said, "I've got very friendly with them (staff). Some have become like very good friends." Another person told us, "I feel it's like coming home when the carers are here. It's like having family." Staff spoke fondly of people and enjoyed their jobs. For example, one staff member said, "I really enjoy my job. I love going out to see the clients." Another staff member told us they often sat and had a 'chat' with people once they had done everything that needed to be done.

People were given choice and involved in decisions about their care. One person told us, "We talk about everything. What other way do they know what I want or I know what they can do?" Another person said, "They (staff) get me up in the morning. They wash me; they do everything I want them to." A relative told us, "There is such good communication between us and the carers. We trust them one hundred per cent." This was confirmed by another relative who said, "I'm very impressed with their (staff) communication skills. For example, my [family member] has severe Alzheimer's but they're still a person. It's how they communicate with [family member] on arrival and when they're with them that's very impressive." Staff recognised everyone as an individual with different needs. They told us they always offered people choice and checked they were happy with their support. One staff member told us, "I'm always asking if they are ok with how I support them, even if I know it is part of their routine." If staff had difficulty communicating with people verbally, they observed their body language and facial expression to establish their wishes. One staff member told us that they worked with a person who was hard of hearing. They explained that they faced them when talking with them and spoke in clear and concise manner to promote effective communication.

People were supported to remain as independent as possible. One person told us, "Without them (staff), I couldn't do all I do." Another person said, "I can get up and go to the bathroom. I notice they (staff) are looking at me as I'm walking, they are checking that I'm safe." A relative we spoke with said, "They (staff) work with [family member]. [Family member] wants to do their own meals. They (staff) support them. They do scrambled eggs with them." Another relative explained that their family member needed to move around more to improve their mobility. They said staff had succeeded in making this exercise fun for them, by encouraging them to throw a ball through a basketball a net. Staff we spoke with recognised the importance of supporting people's independence to enable them to remain in their own home. One staff member said, "I encourage people to be independent. If you take away too much they will lose their abilities."

Staff treated people with dignity and respect. One person told us, "I've got one (staff member) who is really

keen on that (maintaining privacy). They make sure I'm covered up always and they close the doors." Another person told us their privacy was important to them. They said staff, "Lock the door. They give me a hand to cover myself. They cover me with a towel and they make sure the blinds are closed." A relative we spoke with said, "It's all very dignified." They explained when staff supported their family member with personal care they were careful to cover them to protect their modesty. Staff we spoke with were mindful of people's dignity. They told us they ensured people's doors and curtains were shut when they supported them with their personal care.

## Is the service responsive?

### Our findings

People received support that was personalised to their individual needs and preferences. One person explained that the registered manager visited them prior to starting the service and talked with them about the support they needed. They told us, "Everything I'm supposed to have done is on the plan and is done." Another person said, "I did say I don't want male carers, so I'm always sent females." A relative said they and their family member were fully involved in developing and reviewing their care plan. They said, "We all discussed it here and they're (staff) very good about keeping to it." They went on to say, "It hasn't been reviewed but, I've had phone calls from the manager to check that everything is alright. There is verbal communication quite often, so it's an ongoing review." Another relative told us both their family members received 'bespoke' support. They said the registered manager was flexible and 'dove tailed' their care needs to ensure they were comfortable with the support provided and the call times. The relative went on to tell us, "They're (staff) constantly looking at their care. For instance, we now want more night-time care for [family member], so this will be added to the plan."

We found that care plans had not been formally reviewed or kept up to date. This had not impacted on the quality of care received as people were supported by regular staff who knew them and their needs well. One person told us their regular care staff knew them particularly well, they said, "They (staff) know what I need; I'm sure about that." Another person said, "If a new one (staff member) comes, they come with someone to start with. They soon seem to pick it all up." Staff told us they were always introduced to people before they started work with them. They referred to people's care plans for details of their needs and always asked people how they would like things to be done. One staff member told us, "If they have a certain routine I go with it. If it's not broken, don't fix it. It's their independence." The registered manager told us now they had a stable staff group this would enable them and their team leaders to review people's care plans on a regular basis. In the interim they told us they verbally updated staff on changes in people's needs. This was confirmed by staff who told us they had each been issued with 'smart phones' and were sent updates by management if people's needs changed.

People benefitted from a service that was responsive to their changing needs and requirements. One person told us, "They (staff) always ask what I want. So I always feel it's my wishes, what I want." Another person explained that if they did not feel up to shower on a particular day staff would swap this to another day. They said, "It's whatever suits me." A relative we spoke with said, "If [family member] doesn't feel well enough they've (staff) got a hoist to get them out of bed and into the chair, but if they're unwell, they put them back in bed after checking with them they want that." They went on to say that staff kept them informed of what was happening. Another relative felt that staff had a good approach. They said, "They brought it (support) in really well. Neither of them had had care before. So with [family member], they worked with them. They implemented it in an excellent way." They went on to say that both family members now looked forward to the staff attending. Staff told us they always checked whether people wanted anything else done before they left them. One staff member told us, "If they need any extras, we will try and get it done." This was confirmed by a relative who said, "If something needs doing, they (staff) get it sorted."

People were given the opportunity to discuss their views about their care and support. One person told us,

"I have a good relationship with management." They went on to say, "They (staff) check how things are going. The manager always comes round every so often and makes time for you." Relatives we spoke with told us they frequently spoke with staff and management. One relative said, "We talk on a regular basis every week, sometimes every day." Another relative told us, "They [management] hear our views all the time because they speak to us all the time."

People felt confident and able to raise concerns with staff or management. One person told us, "In the first instance, I'd go back to [registered manager]. They're very approachable and always available day and night. They [registered manager] always ring us straight away if there is a problem." A relative we spoke with told us, they once made a complaint about how a staff member had spoken to their family member. They contacted the registered manager who apologised and took immediate action to ensure the staff member did not attend again. The registered manager told us and showed up people were given a copy of the complaints procedure when they started to receive a service. We saw that the registered manager had followed the complaints procedures when concerns had been raised.

## Is the service well-led?

### Our findings

The registered manager was also the owner of the service. Their aim was to provide good quality care to enable people to remain living in their own home. They told us, "It's not about money. It's about providing a good service." Staff confirmed the registered manager's commitment to the people they supported. One staff member told us, "The registered manager is the best. They don't stop; they work so hard it's admirable. They do their utmost best to make people happy in their home and that is what I respect."

The registered manager told us they had faced some challenging times setting up the business as they struggled until recently to retain a stable staff group. As a consequence, they had regularly covered care shifts to ensure people received the support they needed. This meant that they had not fully implemented their quality assurance systems and had not identified the short falls we had found. These included inaccurate care and risk assessments. The registered manager told us they regularly worked alongside staff and monitored their practice but did not record their findings due to a lack of time to do so.

The registered manager had not learned from previous safeguarding concerns and had failed to ensure safe recruitment procedures were in place to protect people from harm.

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

By law the registered manager must notify the Care Quality Commission (CQC) of certain events that happen within the service, these are called statutory notifications. The registered manager had not notified us of two safeguarding referrals they had made to the local authority. The registered manager told us they had forgotten that they needed to notify CQC of these events. This meant the registered manager was not acting in accordance with the legal requirements.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives were positive about the quality of support received and told us they would happily recommend the service to others. One person said, "I'm very pleased with it all. I think it's a very good company and managed well." Another person told us, "It's first class quality." A relative told us, "It's an excellent agency. What more can we say?"

People and their relatives had regular contact with the registered manager and found them easy to talk with. One person told us, "[Registered manager] comes out to me sometimes and they're very good and always helpful if needed." Another person described them as 'marvellous'. These views were echoed by relatives we spoke with. One relative told us, "We know [registered manager]. Once a week, we have contact with them. [Family member] will ring them up as well if they've got any thoughts."

Staff described a positive working culture where everyone got on with each other and worked together to meet people's needs. They found the registered manager and management team supportive of them. One



staff member told us, "[Registered manager] is always there even it is not about work." They said that if they were out on a call and needed help, they contacted the registered manager or team leader for support. Another staff member said "[Registered manager] is approachable and easy to get on with. They listen and are very understanding and helpful." A third staff member said, "[Registered manager] is lovely the best manager I have ever had." They added that the registered manager gave clear direction and would tell staff if they had concerns about their practice. They said, "[Registered manager] would tell you straight."

Staff told us two staff meetings were held to give everyone the opportunity to attend. They felt comfortable raising any ideas or concerns and confident these would be listened to and acted upon. One staff member told us if they were unable to attend these meetings, they would speak to the team leader if they wanted to raise anything. This staff member went on to say, "I think we all take time to listen to each other and take things into consideration."

The registered manager told us they kept up to date with best practice through internet sites such as the Care Quality Commission and accessing local training resources. They also maintained contact with the local community through the day centre they operated, which were attended by some people who used the service.

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<br>Notifications of other incidents<br><br>The provider had not notified the Care Quality Commission of significant events within the service as required by law. |

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not ensured effective quality checks to drive improvements in the service. |

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider did not consistently follow safe recruitment procedures. |