

Promoting Independent Care Ltd

PI Care

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

PI Care is a domiciliary care agency that provides personal care to people living in their own homes in the community. They were registered to provide care and support to adults and children from 4 to 18 years of age .

The provider supports people with complex care needs including learning disabilities, mental health and autistic people. They also act as a staff agency providing staff to residential settings for young people, which does not fall into the scope of regulation with the Care Quality Commission.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency was supporting four young people. Only one young person was receiving the regulated activity of personal care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/ or who are autistic.

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

There were sufficient staff supporting the person. Staff had received training and ongoing support from the clinical lead and the providers. The provider worked with the person's family to ensure a consistent team was in place and this was led by a clinical lead.

Staff supported and identified what was important to the person including their aspirations and goals. The person was supported to make decisions about how they wanted to be supported. Staff had received training in the individual ways the person communicated. Staff encouraged the person to learn new skills and take part in daily activities of their choice, ensuring their safety and that of others.

The service worked with the person and other stakeholders to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Right Care

The person did not always receive safe care because their medicines were not managed safely. Not all staff had undergone a thorough recruitment process to ensure all checks were in place before they started working with people.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had received training to support people where they experienced periods of distress. The approach was based on the model of positive behaviour support.

Right Culture

Some improvements were needed to the governance arrangements to ensure the provider had oversight of the running of the service and the care that people received. There was a lack of care plan, medicine, recruitment and service delivery audits to demonstrate that people received safe, effective care that was responsive to their needs. Whilst they had good oversight of the one person's care, as the service grows these systems need to be implemented and embedded to ensure ongoing compliance.

The provider had failed to notify us of incidents and loss of data when they transferred to a new information technology system. We have recommended the provider contacts the Information Commissioners Office to discuss the loss of staff records. We have recommended the provider maintains a log of concerns to enable them to review for any themes and to monitor actions to address the concerns and the outcome. This was because there was no record of the concerns shared with the provider in relation to menu planning for the person.

Staff were reviewing and monitoring the quality of support provided to the person, involving them, their families and other professionals. Weekly meetings with health and social care professionals were in place to ensure review the care and make adjustments as required.

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

Rating at last inspection and update

This service was registered with us on 09 August 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to provide the service with a rating.

Enforcement and Recommendations

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

We have identified breaches in relation to recruitment of staff, the safe management of medicines, ensuring robust government arrangements and the reporting of notifications that the provider must inform us about at this inspection. We have recommended the provider contacts the Information Commissioners Office to discuss the loss of staff records.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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.

PI Care

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 Health and Social Care Act 2008.

Inspection team

This inspection was complete by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 October 2022 and ended on 6 October 2022. We visited the location's office/service on 27 October 2022.

What we did before the inspection

We reviewed information we had received about the service since registration with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from three local authorities and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual and a director of the company when we visited the business premises, which was the director's home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including the person's care records, medicines administration and recruitment records for four staff, training records and records relating to the management of the service.

We spoke with the relative and emailed the 17 staff that were working with the person. We received five email responses and contacted a further five of the 17 staff by telephone. You can see what they told us in the main body of the report. We emailed three professionals involved in the person's care but did not receive a response.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not protected by the provider's recruitment processes. Not all documentation was in place prior to a member of staff starting work, such as a Disclosure and Barring checks (DBS). A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- For two staff members they had used a DBS from a previous employer. The provider had taken action retrospectively, but not at the time when the staff had commenced in employment.
- Not all references seen were from the staff member's last known employment. One member of staff had a reference from a care provider that they had not declared they had worked for. References were not always obtained before the care staff had commenced in post.
- The provider told us they had lost some of the staff's records when they had transferred to a new system. This meant records relating to staff interviews had be duplicated with no clear rationale to employ them as the staff had completed these remotely.

The provider did not always follow their recruitment process and ensure adequate checks were in place for new care workers. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person was cared for by suitable numbers of staff. The person was supported by a consistent team of staff. The person's relative said this had improved over the last couple of months.
- Contingency plans were in place to ensure there were always suitable numbers of staff supporting the person that were familiar to them. This was very important to the person.
- There was a lone working policy and an 'on call' system, where staff could receive management support. Staff had completed training in lone working.

Using medicines safely

- People could not be assured their medicines were managed safely. We saw in daily records that the person had been prescribed a short-term medicine. This had not been recorded on the electronic medicines record (MAR). The person was meant to receive the short-term medicine three times a day. Staff had only recorded the person had received their medicines in the morning and night in the person's daily records.
- The person's care plan indicated they were also prescribed two other medicines, which included a topical cream. Neither had been included on the MAR which meant we were not assured they were receiving these medicines. One of the medicines on the MAR did not include the dose. There was a potential risk that staff would not know how much medicine to administer.

Systems had not been established to demonstrate the person had received their prescribed medication. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's support plans included the support they needed with their medicines and a description of the medicines and their use.
- Policies and procedures were in place and staff that were trained administered medicines.
- The provider was able to monitor this remotely as medicines were recorded electronically. If staff had not signed the electronic record or a medicine was missed this would send an alert to the provider. This enabled them to take swift action.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people and children. There was a designated lead who worked for the provider who had completed advanced safeguarding training. Two further members of the senior management team were attending safeguarding level 5 training.
- Staff had received safeguarding adults and children training (level 1, 2 and 3).
- Staff were aware what constituted abuse and understood the importance of sharing information with the local safeguarding team, the Care Quality Commission and the police.
- A member of staff said, "If I was not happy with the way provider had responded I would blow the whistle". They had told us they had no reason to do this at present.

Assessing risk, safety monitoring and management

- The person was kept safe. Before receiving a service, the management team met with the person, their relative and health and social care professionals to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks.
- Health and social care professionals were very much part of the care package to ensure risks were managed safely. Weekly multi-disciplinary meetings were held to review the care package and monitor risks to the person and others.
- There were risk assessments in place to keep the person, staff and others safe. These had been devised in conjunction with health and social care professionals.
- A member of staff told us weekly meetings were held with health and social care professionals which meant the person's care was kept under continual review. Risks assessments were updated as new risks were identified.
- Environmental risk assessments were completed to ensure the person's home was safe.
- Checks were completed to ensure staff had suitable documentation to drive the person's allocated vehicle.

Preventing and controlling infection

- Guidance had been shared with staff in relation to management of the pandemic and updates when guidance had changed.
- Staff had completed infection control training as part of their induction with annual updates.
- Staff confirmed they now had sufficient personal protective equipment such as gloves, masks and aprons. Although some staff had told us in the summer this had not been the case. The provider assured us they had ordered and supplied staff with this.

Learning lessons when things go wrong

- The provider had systems to investigate incidents and accidents and then learn from them. After an incident a debrief was completed with the clinical lead and any learning identified. For example, a recent

admission to hospital for one person had identified that reasonable adjustments had not been made to ensure an autistic person had a positive experience whilst receiving treatment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs were assessed and planned for, prior to them receiving a service. The providers told us that it was important to get to know the person and match appropriate staff to ensure continuity of care. Staff said this had recently improved for the person they were supporting, and the team was now led by a registered nurse.
- Staff had received training in supporting people with a learning disability and autistic people.
- Staff were aware of the signs they needed to look out for and the action they might be required to take to prevent or deescalate people's behaviours, for example when they were anxious, which may impact on others. Guidelines were drawn up by a multi-agency team following a person-centred approach based on the model of positive behaviour support.
- Staff told us restraint was rarely used and would only be as a last resort in line with guidance and the law, which had been agreed in the person's care plan. The clinical lead reviewed incidents with the professionals involved in the person's care.

Staff support: induction, training, skills and experience

- Staff told us they received training, support and regular one to ones with the clinical lead for the person's care. Staff also received a debriefing session when they supported a person through a difficult time.
- Staff had attended an external training course on positive behavioural support to help them support people when they were anxious or angry. Three of the management team were planning to attend a train the trainer course to enable this training to be delivered in house.
- The provider had systems to monitor ongoing training. The electronic recording system alerted the management team when annual refreshers were due.
- The person's relative said initially when the placement was set up, they felt there was some gaps in staff knowledge. This was echoed by a member of staff. In response the provider told us they had put in bespoke training for the team and employed a clinical lead to improve the care and support for the person.

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

- There were systems in place to ensure people had enough to eat and drink if this was part of their plan of care. Food and fluid charts were kept for the person they were supporting.
- Care plan documentation included a section on what support people needed, what they liked and disliked and what they could do for themselves. Staff confirmed the person was involved in food preparation and was supported to choose what they wanted to eat.
- The person's relative said some improvement was needed in this area in respect of the expertise of staff in cooking meals that were based on the culture of the person. In response the provider said they were

supporting staff with menu cards to help with meal planning.

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

- The person was supported by a team of health and social care professionals. Weekly meetings were taking place to ensure the person's needs were being met with health and social care professionals that were involved in the person's care.
- The provider told us the person was yet to register with a local GP as they had only recently moved to their new accommodation. They were also in the process of developing a health action plan to support the person when attending hospital or healthcare appointments to ensure reasonable adjustments could be made. For example, a safe and quiet place for the person to wait prior to being seen.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in this area to ensure they were working within the principles of the Act.
- The provider told us the local authority were in the process of making an application to the court of protection as the person was unable to make the decision in respect of living in their own property.
- They were working with other health and social care professionals, the person and the family to ensure the person's rights were protected.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff spoke about the person they supported in a caring and respectful way. When one member of staff was describing situations and incidents that had happened, they showed a good understanding of supporting the person in a positive way. This was in line with the person's care plan.
- The person's relative told us the care had recently improved with the recruitment of a nurse. This helped with communication and the consistency of staff for their loved one. They told us this was very important for their loved one, to receive care from regular and familiar staff. Staff echoed the importance telling us the person's confidence in staff had increased, which enabled them to build relationships. They continued by saying, "The guys were really nice and want to do a good job".
- Staff had received training in equality and diversity.
- From speaking with staff and the management team it was clear the person was asked about how they wanted to be supported. Daily records showed the person was offered a choice of when to get up, go to bed and how they wanted to spend their time, such as going for walks, watching television, going to the beach or spending time in their garden.

Respecting and promoting people's privacy, dignity and independence

- The person's care plan included what they could do for themselves and where they needed support. Staff confirmed they always asked the person how they wanted to be supported and how they wanted to spend their time. Staff respected the person's choices.
- Staff understood their roles, which was to support and guide and encourage new skills such as home making and taking part in day to day activities both within the person's home and the local community.
- A member of staff confirmed the person was involved in helping prepare food and helping staff with the cleaning of their home. Staff described how they supported the person and encouraged them to do what they could do for themselves in respect of washing and bathing.
- There was a confidentiality policy and procedure that staff understood and followed. For example, when sharing information with the inspector to protect the person. Information relating to confidentiality was covered in the induction of new staff and contained in the staff handbook.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person's care was personalised, and they and their relatives were involved in their care. This had been kept under review.
- The person was supported to take part in activities they had chosen such as going for walks, visiting a local farm, swimming and spending time with staff. The person's care plan included how to keep the person safe such as ensuring the places they visited were not busy with people and included their preferences for wide-open spaces. Photographs had been taken of a variety of activities the person had taken part in.
- The person was supported to keep in contact with their relatives. The person's relative told us communication with the service had recently improved with the recent recruitment of the clinical lead who had oversight of the package of care.
- The relative was complimentary about how the provider had introduced the team. New members of staff shadowed more experienced staff and were slowly introduced to the person. They also gave an example where, due to unforeseen circumstances, staff had to cover two days when they were not usually required. They said they had been very responsive on this occasion, which was 'brilliant'.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider considered people's communication needs. The person's care plans contained information about how they communicated, and if any communication aids were used.
- Staff confirmed they had received training on how to communicate effectively with the person they were supporting. This included Makaton, which is a way of communicating using signs and symbols. They also used pictures and social stories to help them communicate with the person and involve them in their care.
- Some of the person's care plans were in an accessible format and included pictures. We discussed with the provider to take into consideration as the service develops and grows how their own care planning format and some of the key policies could be assessable to people and available in different formats.

Improving care quality in response to complaints or concerns

- The provider had a complaint procedure in place. They told us they had not received any complaints since they registered with us from people who used the service.

- When we discussed some concerns raised by the person's relative about meal choices the provider told us they were working with the person's team to improve meal planning. This had not been logged as a complaint or a concern in relation to the care of the person. Moving forward the provider said improvements would be made.

We recommend the provider maintains a log of concerns to enable them to review for any themes and to monitor actions to address the concerns and the outcome.

End of life care and support

- At the time of our inspection no person was receiving, or in need of, end of life care.

Is the service well-led?

Our findings

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

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

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

- Systems to monitor the service were not in place to ensure care was safe, effective, caring and responsive. The provider did not identify the concerns we found on this inspection. For example, not all recruitment checks had been completed prior to staff starting work and the shortfalls with the safe management of medicines.
- The provider relied on the electronic care planning system to monitor the quality of the care. There were no formal audits of the systems enabling the provider to monitor the service such as care plans, medicines, recruitment of staff and service delivery audits. This was done remotely for the person being supported. Whilst spot checks had been completed by the previous nominated individual the senior management team had not visited the person receiving the service to ensure ongoing compliance since July 2022.
- Systems to monitor the service needed to be implemented and embedded to ensure ongoing compliance and to enable the provider to act on any shortfalls, especially as the service grows and more people were being supported.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate there were effective systems to monitor the service by the provider. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since May 2022 there had not been a registered manager.
- There had been a change of nominated individual and the Chief Executive Officer (CEO) had recently taken on this role. One of the directors and CEO told us they had contacted a recruitment agency and was planning to employ a new registered manager and compliance manager to help oversee the business.
- Monthly staff meetings had taken place involving the previous nominated individual. The last meeting was held in July 2022. Feedback indicated improvements were taking place. A comment recorded stated, "Definitely better since nurses on board, some resistance to change, but better teamwork. Still some challenges but nurses are working on it". However, there had not been any subsequent meetings involving the provider and the new nominated individual.
- The provider told us they had lots of contact with the staff and a team meeting, but this had not been recorded. Moving forward they recognised the importance of recording. The provider told us, "If it is not recorded they could not evidence that it happened, and this would be addressed".
- A member of staff told us, "There is always support from the management and senior staff as they are a

phone call away".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had failed to notify us of two incidents that were reportable to the Care Quality Commission.
- An incident where the police were involved and the other related to the loss of staff recruitment and training records. We were made aware of the data loss by staff who contacted us. The provider told us during the inspection this was when a new electronic recording system was implemented.

The provider had failed to notify the Care Quality Commission of events that effect the service and people that receive care. This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

We recommend the provider contacts the Information Commissioners Office (ICO) to discuss the loss of staff records.

- Since PI Care registered with us in August 2021, we have received notifications about incidents, but these often did not fall within our remit as people involved were not receiving the regulated activity of personal care.
- Staff were informed of the data loss under the provider's duty of candour. Some staff were not happy about their personal information being lost and how they had been informed.

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

- PI Care was a relatively new service at the time of the inspection. There had been some concerns in relation to the care of some people that did not fall within the regulations of personal care. As a consequence, two local authorities removed packages of care over the summer period.
- Concerns had been shared with us by staff, in respect of the service, whereby staff had felt the company had grown fast without the infrastructure such as ongoing monitoring and oversight by the senior management team. In addition, they had raised concerns about the lack of staff to support the packages of care ensuring people were safe. In response the provider advised us they had stopped taking on new packages of care until this had been resolved and systems were in place.
- During the inspection, the provider told us they were reviewing the management structure. They were committed to getting it right for people and were passionate about providing safe care to people in a person-centred way with lessons learnt. This included the recent recruitment of a clinical lead nurse for the package of care in response to a suggestion from a relative and commissioners.
- For the person who was receiving personal care it was evident they were receiving care that was person centred, which promoted good outcomes. Feedback was that the person had settled and there had been a reduction in incidents as staff had got to know them. They told us this had been due to recent improvements to the consistency of the team and the directions of a lead clinical nurse responsible for oversight of the package of care.

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

- Staff surveys were in place and had been undertaken during the summer. Overall, feedback was positive about working for PI Care. There had been no formal surveys to seek the views of people, relatives and stakeholders. This was because PI Care was still in its infancy. The provider assured us there would be formal systems in place to seek their views.

- Staff confirmed they had regular communication via email or telephone to keep them up to date with any changes. Staff said the management team were approachable. A member of staff told us, "Supervision has been consistent as we are constantly supervised to make sure our mental health is best to work with the person".
- The provider was passionate about providing care to people enabling them to live the life they wanted in the community.
- The provider was committed to ensuring staff had the right skills and qualifications to perform their roles, such as large number of staff enrolling on a diploma course in care at level 3. The management team were completing courses to enable them to provide training to the staff in safeguarding and positive behaviour support.

Working in partnership with others

- The provider and staff confirmed they worked in partnership with health and social care professionals to ensure positive outcomes for the person receiving care. For the person weekly meetings were taking place with key external stakeholders.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had failed to notify us of an incident where the police were involved and data loss that had an impact of the safe delivery of service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to demonstrate people were receiving their medicines as prescribed with a record being maintained.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough to demonstrate there were effective systems to monitor the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not always follow their recruitment process and ensure adequate checks were in place for new care workers.</p>

