Mr Ajvinder Sandhu

De Vere Care - Ealing

Inspection report

22-24 Central Chambers
The Broadway
Ealing
London
W5 2NR

Tel: 02036751330
Website: www.deverecare.com

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 05 April 2017 and was announced. We gave the service two working days' notice of the inspection as the location provided a service to people in their own homes and we needed to confirm someone would be available when we inspected.

The service registered with the Care Quality Commission (CQC) on 21 October 2015 and this was their first inspection.

De Vere Care (Ealing) is a domiciliary care agency that provides personal care to people in their own homes in the London Borough of Ealing. The service was originally set up to provide care to children. In 2015, the organisation expanded to include care for adults. Both services are managed through the same management team. At the time of the inspection, the service was supporting 20 adults.

The service did not have a registered manager. The last registered manager left in August 2016. Another manager was employed but they left in January 2017 before registering. The contracts manager told us the service was currently in the process of recruiting a new manager who would apply to register with the Care Quality Commission. 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.

The service did not always follow safe recruitment procedures, as the provider did not always obtain the required information about the staff. This meant there was a risk that the staff were not suitable.

Neither medicines refresher training nor medicines competency testing had been carried out in 2016. One person who had specific needs around medicines did not have guidance for staff on how to administer them safely. Therefore, we could not be sure medicines were being administered correctly.

Care workers last had supervision in August 2016, had not had appraisals in the last year and the files we viewed did not have a record of any spot checks undertaken in 2016 or 2017. This meant staff did not receive the necessary support to undertake their roles competently.

Where people did not have the capacity to make decisions, mental capacity assessments had not always been undertaken or a Legal Power of Attorney identified. Staff we spoke with had little or no understanding of the requirements of the Mental Capacity Act 2005. We recommended that consent is sought for care and treatment and where a person lacks mental capacity, the provider acts in accordance with the requirements of the Mental Capacity Act 2005.

The service had an electronic rota systems that recorded when care workers began and completed their calls. We saw from the call logs, complaints and feedback that care workers did not always complete their

calls in accordance with the planned times and that there was no analysis of the calls to improve service delivery.

The service had a complaints policy and we saw complaints were recorded and an outcome written up. However, outcomes were not always followed up.

Audits were not always completed or consistently carried out. Staff file audits were not completed and the care worker competency check list had not yet been implemented. The service said Medicines Administration Records (MAR) were being audited but this was not effective as we saw missed signatures on a MAR chart that had not been identified by the provider.

There was a sufficient amount of staff. Care workers had comprehensive training as part of their induction, had attended safeguarding training and knew how to respond to incidents.

People using the service and their relatives said care workers were kind and helpful and that there was positive communication between themselves and the care workers. People said they were able to make choices and were involved in their day-to-day care decisions.

Each person using the service had been assessed for a number of risks and a risk management plan had been completed to minimise the risk. The assessment plans indicated people or their relatives were involved in their assessments, care plans and reviews.

People were asked for their views and we saw evidence of telephone monitoring. The service had a complaints procedure and people told us they knew how to make a complaint.

People's health needs were recorded in their care plan and the care plans included a section on eating and drinking and what support people might require in this area.

You can see what action we told the provider to take at the back of the full version of the 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 always safe.

The provider did not always carry out safe recruitment practices to protect people from the risk of support from unsuitable staff.

Medicines were not always administered safely as Medicines Administration Records (MAR) were not always completed safely and one person did not have guidelines for their medicines administration.

There were procedures in place to safeguard people from the risk of abuse and staff knew how to respond if they had concerns around abuse or other incidents.

People using the service had been assessed for risks and a risk management plans had been completed to minimise the identified risk.

Is the service effective?

Requires Improvement

The service was not always effective.

Appraisals, spot checks and medicines competency testing had not taken place in 2016 or 2017, therefore we could not be sure people were receiving adequate support and being suitably prepared for their roles.

The service did not always work within the principles of the Mental Capacity Act (2005). The service did not always undertake assessments to identify if the person using the service was able to make decisions about their care. Staff did not have a working knowledge of the Mental Capacity Act 2005.

The service did not have much contact with health care professionals but staff were aware of what action to take if people they were supporting were unwell.

Care plans indicated if the person required support regarding eating and drinking.

Is the service caring?

Good

The service was caring.

People using the service and their relatives said care workers were kind and helpful and that there was positive communication between themselves and the care workers.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Calls made to people's homes were not always at the planned time. This meant people were not always receiving a personalised service.

There was a complaints procedure in place and people knew how to raise concerns. However outcomes were not always followed up.

The assessment plans indicated people or their relatives were involved in their assessments, care plans and reviews. We saw evidence of telephone monitoring for feedback on service delivery.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had some systems in place to monitor the quality of the service but these were not always being carried out or were not effective. This included the manager's monthly audit, medicines audit and staff and recruitment record audits.

The service did not have a registered manager.

People using the service and staff generally felt listened to but noted at times it was difficult to contact someone in the office.

De Vere Care - Ealing

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.

The inspection took place on 05 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection.

The inspection team consisted of one inspector and an expert-by-experience who spoke with people who used the service. An expert-by-experience is a person who has personal experience of using, or caring for someone who has used this type of care service.

Prior to the inspection the service completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Additionally, we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Safeguarding and Commissioning Teams.

We spoke with two people using the service, three relatives, six care workers, the contracts manager, the monitoring officer and the trainer.

We looked at the care plans for six people who used the service. We saw files for six staff which included recruitment records, supervisions and appraisals and we looked at training records. We reviewed the medicines management for people who used the service. We also looked at records for monitoring and auditing.

After the inspection we spoke with a social care professional.

Requires Improvement

Is the service safe?

Our findings

The service did not always follow safe recruitment procedures. In the recruitment files we viewed we saw two care workers had references from jobs that were not listed on their application forms and one had two references which were signed by the same person. Another care worker had previously worked with children through an agency that was unwilling to give a reference, but no contact was made with their place of employment to follow this up or to seek additional references. It is a legal requirement that the provider seek evidence of satisfactory conduct from previous employers providing care to children or vulnerable adults. Consequently, the provider could not be sure the care workers they employed were able to provide safe and appropriate care to people. We discussed this with the contract manager who said they would address the issue.

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

The service had a medicines policy in place dated October 2016. It described levels of support in line with the local authority guidance and addressed a number of areas such as administration and refusal and disposal of medicines but it did not include guidance on PRN (as required) medicines. The contracts manager told us they would update the policy.

Most people using the service required prompting to take their medicines and this was recorded in people's daily logs in line with local authority guidance. One person received their medicines through a percutaneous endoscopic gastrostomy (PEG) tube and we did not see guidance for staff on how to administer medicines safely using this method. We saw that the Medicines Administration Record (MAR) completed by staff was not signed every day in February 2017. Additionally, neither medicines refresher training nor medicines competency testing had been carried out in 2016. Consequently, people were at risk because the service could not be sure people were receiving their medicines as prescribed in a safe manner.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people using the service and their families if people felt safe, they told us, "Yes, I feel alright. There are not any problems. They just do the normal work and leave. They don't do anything else, like medicine or breakfast, (they) just wash", "Yes definitely. They're very good, they are. I can't find fault in them at all. They have very good manners" and "Yes (person) is okay because the lady that comes is friendly to (person) now. They feel safe with her." People said if they had a concern or felt unsafe, "I would ring the office first and complain. We haven't had any reason, apart from the lateness. Otherwise we would go to social services" and "I didn't want people to think I was against this particular girl so I rang the agency and they said they would send someone else and they couldn't guarantee someone that would speak English. This woman did her best, but it wasn't the same. If (person) needed her to search for something, then she had no chance."

We saw safeguarding policies and procedures and evidence that care workers had attended safeguarding training. Four of the six care workers we spoke with were able to identify the types of abuse and all six care workers said they would inform their manager if they had any concerns around people's safety and wellbeing. They told us, "If I saw someone was being abused, I would tell my manager. If I could not, I would tell CQC" and "We have to keep people safe. You have to talk to the manager and talk to the office."

The service knew they were required to raise safeguarding alerts, record any concerns appropriately and notify the local authority and the Care Quality Commission. They had not had any alerts since they registered in 2015 and the local authority confirmed they were not aware of any safeguarding alerts raised for people using the service.

Each person using the service had been assessed for a number of risks and a risk management plan had been completed to minimise the risk. Risk assessments were completed at the time of the initial assessment and then at each review, or more often if required. Areas assessed included the environment, equipment such as hoists, people's mobility and health. There was a separate moving and handling risk assessment. The risk assessment action plan identified the hazard, the level of risk, the action taken and was signed by the person using the service and the assessor. Risk assessments were up to date and we saw evidence in the files that they were reviewed regularly. However, we saw that some of the hazards identified were not risks, which resulted in some of the risk management plans being guidelines for staff on how to provide care. For example, we saw one person's risk assessment said they were at a high risk of pressure sores even though they were mobile and were able to go out independently. We spoke with the monitoring officer who said they were trying to cover all potential areas of risk but agreed to review how they identified and rated risks. Risk assessments were completed adequately when actual risks were identified.

We looked at how the service managed incidents and accidents. Incident and accident forms were kept at people's homes so the carers could complete them immediately and then they were brought into the office. The forms recorded the incident, cause, action taken and any further action required. The service had not had an incident or accident since October 2015. The care workers we spoke with knew how to respond to an incident by calling the emergency services if appropriate and then informing the office.

We saw staff rotas for four weeks. The service used an electronic system to assign care workers to people using the service. We saw from the call logs there was continuity of the care worker providing support to people. The service had a 24/7 on call system to provide out of hours support which was shared for a week at a time between the monitoring officer and the manager.

Requires Improvement

Is the service effective?

Our findings

Care workers last had supervision in August 2016 and had not had appraisals in the last year. The service undertook monitoring telephone calls to people using the service, observational spot checks with staff and medicines competency. However, five of the six care workers' files we viewed did not have a record of any spot checks undertaken in 2016 or 2017. The lack of appraisals, observational spot checks and competency monitoring meant that we could not be sure staff were being adequately supported in their roles and that they had the required skills to support the people they provided care for.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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. We checked whether the service was working within the principles of the MCA.

People's needs assessments asked if they had the mental capacity to make day-to-day decisions and if they did not, who had Lasting Power of Attorney (LPA), as an LPA would be able to make decisions in the person's best interest. In one of the files we viewed, we saw one person's assessment said, '(Person) has the capacity to make her own decisions with their parents' assistance. However in another person's file we saw 'n/a' recorded under capacity and their relative had signed the assessment. A mental capacity assessment had not been undertaken and there was no indication if an LPA was in place. This meant the person was not appropriately supported to have their views taken in to account when decisions about their care was being made.

We recommend that consent is sought for care and treatment and where a person lacks mental capacity, the provider acts in accordance with the requirements of the Mental Capacity Act 2005.

Furthermore, although care workers undertook Mental Capacity Act 2005 training as part of their induction, care workers we spoke with had little or no understanding of the requirements of the Mental Capacity Act 2005. However, care workers did understand the need for people to consent to the care they received and told us, "I ask them what clothes they need and whatever clothes they like I put it on. I help them wash. I don't do anything the person doesn't like" and "I ask the person. I talk to the person and show them to make a choice. I have to discuss with them what they want."

People using the service and their families had differing opinions on the level of skill care workers had. One

person said, "Some of them, they are not well trained. They don't know what to do" and "One is (not skilled). The second one as I say, I can't fault her." The feedback went on to say that there was a language barrier. Other comments included, "I think they're wonderful people, I can't fault them in any way. I chat with them. They do their job and that's it", "The girl I have now she's been coming for the last couple months. They do it willingly. There's some more of them that seem to be well equipped for the job", "Oh, they know their job. I'm sure they are (trained and skilled)", "I've only one calling to me. I'm quite satisfied with them", "When they come in they say good morning, they get a bowl of water to wash me. They're very good. They're wonderful people. They're well trained. They know their job inside out" and "They know what they're doing. It's wonderful. We have a laugh."

We saw evidence that all staff had undertaken comprehensive training as part of their induction process. Care workers told us in addition to classroom training they also shadowed more experienced members of staff. After six weeks, the monitoring officer completed observations on new staff. Most staff had completed their induction within the last two years but if they had been with the service for longer, we saw some refresher courses had been undertaken but this did not include medicines administration.

Training was recorded and monitored centrally on a training matrix. Training the provider considered mandatory included, safeguarding, medicines and moving and handling. The service was installing new training software that would alert managers as to when training was due. Additionally the service had introduced the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. This required a manager in post for care workers to complete the training. Care workers told us, "It's good because we have training and get a certificate" but also that "We need more training and observations from managers."

People using the service told us they were involved in their day-to-day care decisions. People said, "Once the one comes, once I tell her what needs to be done she does it", "Yes it's what (person) wants", "If it's to do with (person's) care, she will do whatever. She has been fantastic" and "If I need to go anywhere, I call them and they will come. No, there hasn't been any problems."

The service did not provide any kind of meal service except a non-cooked breakfast, for example toast or cereal. Care plans included a section on eating and drinking and what support people might require.

People's health needs were recorded in their care plan. However, as most people had support from relatives with day to day health needs, the service did not have much contact with other health care professionals. Care workers told us that, if required, they would contact the emergency services.

Good

Is the service caring?

Our findings

Most people and their relatives said care workers were kind and helpful. Comments included, "They are alright, but some of them are very different. When the regular carer is sick, they send another carer and those ones are different", "In the beginning (person) had two carers that came. One, who we still have, was absolutely out of this world. If there was an award system for this, she would get a gold medal", "There's not much I can't do, they are very nice people. They help me if I need help", "Yes they are (caring). They always ask how I am and what not" and "Oh yes, they're absolutely lovely people. I can't find a fault in them."

Other people told us about the good communication between themselves and the care workers and how that had a positive impact. Comments included, "Look how healthy I am at the moment. They give me a wash, they help me dress. We just have a laugh and sometimes they will make a cup of tea for me" and "When the lady comes, she talks to my (relative) and tells her about different things to change her mood which helps. She feels like a family member."

People said they were able to make choices and told us, "I'm not complicated if you know what I mean, I can tell them what I want and they know what I need" and "If I have to cancel an appointment they accept it." People told us care workers were respectful and carried out tasks in a way people wanted them to, saying "Yes, they do their job the correct way they've been trained. I go by what they tell me to do", (Culture) is probably not really a concern but they show (person) a lot of respect" and "Yes, I leave the towels at the end of the bed, and they put fresh towels on. They leave the place neat." Care workers said, "My clients are all different needs and I have to look and support them according to their needs", "I have to respect everybody because without that I cannot do my work" and "When I go in I ask how are you and talk about something with them. People like that. I enjoy to talk to them. Everybody knows who I am."

People's files indicated that they or, where appropriate, their relatives were involved in their assessments, care plans and reviews. Each file had a 'How I like my care to be delivered' which provided guidance to care workers for how people preferred to receive their care. The assessment identified people's cultural needs and provided a brief life history that included people important to the person using the service.

People using the service received a service user guide that provided information on what they should expect from the service and who to contact in the service. The handbook indicated that people could request for it to be translated into different languages.

Requires Improvement

Is the service responsive?

Our findings

We saw evidence that not all care workers arrived on time. Comments included, "There has only been once or twice where they have been late, but that's all", "Once or twice in a month a carer doesn't come", "They have been late a few times, but there has been a reason for it. They're quite good", "They come to time, they go to time, they ring in, they ring out", "Oh yes, they arrive on time, they get done what they have to in the allotted time and then they go" and "She has been coming since June and she has not been late once. Even when she has someone before she still comes on time." Most people also said if the care worker was running late, they let people know.

The monitoring officer told us care workers used an electronic system to log in and out of their home visits. We saw the telephone logs for four people using the service and saw that the actual calls did not always match up with the planned time. Calls could be both earlier or later than the planned time. One person had 26 calls in March 2017 but only four were on time and the rest were late. Another person had 65 calls in March 2017 and 23 of those were approximately half an hour earlier than planned. People receiving calls at different times from the planned time meant they were not receiving a personalised service that met their needs.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints policy and we saw complaints were recorded and an outcome written up. However, outcomes were not followed up. For example, we saw one complaint dated October 2016 where the care worker was late. It said the care worker received a warning but we did not see a copy of it. An August 2016 complaint raised concerns about the care worker's cleaning standards and the outcome was to monitor it but we did not see evidence of this. Another complaint dated May 2016 said an investigation had been carried out but there was no evidence of this.

This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed by the monitoring officer prior to them starting to use the service. A referral was received from the local authority which included an assessment of the person's care needs. Once it had been identified if the service could meet the person's care needs appropriately, the information was added to the computer system and care workers were allocated. Assessments were comprehensive and listed various areas of need, a description of what the needs were, the tasks to be undertaken and by whom. Areas included values and beliefs, eating and drinking, physical health, daily life, allergies, medicines, hearing, vision, sleep and foot care. We saw evidence in people's files that they, or their relatives, had been involved in planning their care and most people told us they had a copy of their care plan in their home file. The care plans included people's individual preferences, what the outcomes were and how these would be achieved. Care plans were reviewed yearly and signed by either the person using the service or a family member. There was separate person centred guidance for care workers on how people preferred to receive their care.

People using the service were provided with a service user handbook which included care plans, risk assessments and a separate complaints procedure with contact details.

Daily logs were written up by care workers after each visit and indicated what tasks the care worker had completed including prompting with medicines. These were mainly task oriented, although some indicated how the person felt or how they experienced the support they were receiving.

We saw evidence in people's files that monitoring telephone calls had been carried out between January and March 2017 which gave people the opportunity to provide feedback.

When we asked people if they knew how to make a complaint they said, "Yes we would ring the office and ask for the manager. The only thing is my (relative) rang up once or twice when they were late but there was a reason for them being late. It's not regular thing… with them being late", "Not really. Sometimes I phone (into) the office if there is anything on my mind", "I'd just ring the office. Well I didn't make a formal complaint, I just kind of asked, but if it had been a really bad situation I would have. I didn't feel the girl had to be reprimanded in any way, she just wasn't the right fit for us. I basically just stopped her coming" and "Yeah, they have a number for the manager and we have a number for social care and the council. Until now we haven't made any complaint."

Requires Improvement

Is the service well-led?

Our findings

When we asked people what the service could do to improve, people said, "It's not well managed. I don't know what to say. They change the staff very often - every few months", "They should manage the carers. If one carer is off, they can arrange (another carer) in time. Sometimes they don't", "Trying to get a hold of them can be quite difficult" and "They already know everything very well. They should give some information regarding if they can provide new things, what they are planning in the future for the caring or what their company is doing."

The service had some systems in place to monitor the quality of the service delivered and to ensure people's needs were being met. There were a number of different audits to monitor how the service was being managed but these were not always completed. For example, the monthly manager's audit had been completed in August and September 2016 and then in January 2017, but not in between or since, therefore there was no consistent overall gathering of data from audits each month.

We saw a quarterly compliance audit which was completed by someone external to the service dated March 2017. The audit had highlighted areas of non-compliance but the contract manager advised they were still in the process of creating an action plan.

The service's training and development policy dated August 2016 stated supervision should be four times a year and spot checks three times a year. This was not being followed, as in the files we viewed, the last supervision was seven months ago in August 2016 and there was only one up-to-date spot check in the six files we looked at. We did not see evidence of staff files being audited to ensure each care worker had the required amount of supervision and spot checks. The service had a care worker competency check list but this had not yet been implemented.

The evidence we saw indicated one of the main complaints to the service was late calls. The service had an electronic system that logged all calls but we did not see any analysis of the calls to improve service delivery.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The monitoring officer told us medicine administration records (MAR) were audited monthly but we did not see evidence of this and if they were being audited they were not effective as care workers not signing one person's MAR chart in February 2017 had not been picked up.

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

At the time of the inspection, the service had not had a registered manager since August 2016. The contracts manager told us they were in the process of recruiting to the post and had begun interviews. A manager

from another location and the monitoring officer were covering the manager's post with support from head office.

The contracts manager told us the service had team meetings approximately every three months but the minutes were not recorded so there was no evidence for us to read.

Comments from care workers on the availability of a manager to raise concerns with included, "I would speak to (the monitoring officer) or the manager. It changes" and "If concerned, I would speak to (the monitoring officer). She is listening." However one care worker commented, "Sometimes it is not good planning in the office because no boss or manager. Sometimes the phone is not answered."

A social care professional we spoke with told us, "Communication is good. We get timely responses" and that as far as they knew, the service was following people's care plans.

People using the service we spoke with said they could speak to a manager and felt listened to, although one person said it was difficult to contact the office. Comments included, "Yes, they do listen yes", "Yeah they do, because when they wanted to move our normal carer, they listened and she turned up the next day" and "The agency is incredibly hard to get hold of. On the occasions I've had to call the head office to get someone from the local office to call me back."

When we asked people if the service asked for their opinions, most people said yes and indicated the monitoring officer contacted them. We saw evidence of telephone monitoring calls in people's files. Comments included, "I think they come just once in a year to ask the questions", "They have rung to see if you're happy. They know we like the carer and we're happy so imagine they don't need to (ask for opinions)" and "Yeah, the duty officer will call us and ask about the care we are getting and if there are any concerns we can tell her." We also saw that the service had not undertaken any surveys for feedback on service delivery in the last year.

The service carried out audits on service user files to ensure care plan reviews, risk assessments and monitoring officer visits were up to date. The record said 'monitoring officer visits' but what we saw in the files were actually telephone checks, which were undertaken in January 2017 as recorded on the audit.

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure that the care and treatment of service users met their preferences and ensured their needs were met. Regulation 9 (3) (b)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Regulation 12(2) (g)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not operate an effective system to ensure appropriate investigations were carried out to identify what might have caused the complaint and the actions required to prevent similar complaints. Regulation 16(2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have systems to

assess, monitor and improve the quality and safety of the service.

Regulation 17(2) (a)

The provider did not always assess, monitor or mitigate the risks relating to the health, safety and welfare of people using the service.

Regulation 17(2) (b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not operate effective systems to ensure employees were suitable to work with people using the service. Regulation 19(2)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that employees received appropriate support and appraisals to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a)