

Carewise Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Carewise Limited is a domiciliary care agency that provides personal care to people in their own homes. At the time of inspection 53 people received the regulated activity of personal care. People had various health needs, including dementia. 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.

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

Right Support: The model of care maximised people's choice, control and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not supported this practice. We have recommended that the provider considers current guidance on the Mental Capacity Act (MCA) and updates their practice.

Right Care: There was a failure to assess risks people might face. People's care and support did not consistently follow best practice. Care records lacked important detail to guide staff on how to make people safe. People told us they were happy with the care they received and had developed positive relationships with the staff who were providing their direct care and support.

Right Culture: There was not an adequate process for assessing and monitoring the quality of the services

provided and ensuring that records were accurate and complete. There was a lack of provider oversight and governance of the service. People were happy with the care they received and felt safe with the staff that were supporting them.

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

The last rating for this service was requires improvement (published 24 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

The last rating for this service was requires improvement (published 24 November 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 June 2021. Breaches of legal requirements were found, and conditions were placed on the providers registration in relation to the following regulations of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014; Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and support and good governance.

The provider was required to send CQC a monthly report of actions to demonstrate how they were meeting the conditions placed on their registration. We undertook this focused inspection to check they were meeting the conditions and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carewise Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, protecting people from abuse and harm and the governance of the service.

We have taken enforcement action against the provider. We have imposed additional conditions on the providers registration for Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

A requirement notice has been issued for Regulation 13 (Protecting service users from abuse and harm)

You can see the enforcement action we have taken at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in the safe section below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in the effective section below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in the well-led section below.

Inadequate ●

Carewise Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 November 2022 and ended on 16 December 2022. We visited the location's office on 28 November and 15 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 7 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, nominated individual and care support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care and medicine records for 9 people. We looked at a range of records. This included information about staffing and information relating to the management and governance of the service.



Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had not always ensured care and treatment was provided in a safe way. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12. This is the third consecutive breach of regulation 12.

- There was a continued failure to manage risks. This included where people had swallowing difficulties and where people had health conditions such as diabetes, Parkinson's disease and epilepsy. This meant people could not be assured their condition was being managed safely or risks associated with their symptoms mitigated. The lack of risk management processes placed people at increased risk of harm.
- Care plans were not in place to ensure safe and consistent care. This included where people had specific support needs such as those relating to health conditions, skin integrity and nutrition. Information was not available to guide staff to provide safe care or to recognise and act upon changes in people's health and wellbeing. It is acknowledged that some information was provided within the tasks required for each call, however this information was not enough to ensure people received safe care.
- The providers processes for recording accidents and incidents did not ensure people were protected from harm or that lessons were learnt. Staff told us the need for them to report an injury or accident was very rare and they would call the office with the details. The provider did not have a robust system in place to monitor or analyse incident records for trends. Information was not used to mitigate the risk of a repeated incident or accident and there were no processes for learning lessons to drive service improvements.
- Medicine care plans were not in place and there was a failure to provide guidance to staff about people's medicines. This included a lack of information relating to risk management and protocols for administering

'as and when required' (PRN) medicines. There were inconsistencies within people's care and medicine records about topical creams. This meant people could not be assured of receiving their medicines safely and in line with their personal preferences and the prescriber's instructions.

The provider had not always ensured care and treatment was provided in a safe way. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider took immediate action to implement risk management processes and update care plans to address the concerns identified at inspection.

- The provider had taken measures to improve the way staff were alerted to people who are prescribed anti-coagulant medicines. These medicines increase the risk of bleeding and can cause significant harm following a fall or head injury. Having this information readily available enabled staff to seek timely and appropriate advice from medical professionals following a fall or injury.
- There was evidence of improved processes for people who required their medicines to be administered at specific times. Records showed that people who were prescribed medicines to reduce the symptoms of Parkinson's disease, had received their medicines on time and as prescribed. Medicines were administered by staff who were trained and assessed as competent to do so.

Staffing and recruitment

At the last inspection the provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to safely meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- People had mixed experiences of call times. People said that their support calls were never missed but call timings were not reliable. A person said, "Knowing someone is coming makes me feel safe". Some people told us they regularly did not receive their full call duration and a review of the staff electronic rota confirmed this. The registered manager told us they were addressing this with staff.
- The registered manager told us they had an active recruitment drive but were struggling to recruit staff. Staff picked up extra duties to ensure people received their care calls and the provider only took on new care packages if they had sufficient staff to meet people's requirements.
- People appreciated receiving their support from a core team of people. They told us staff were familiar to them and this was reassuring. People felt staff were skilled and knowledgeable and provided them with safe care. There was a lot of compassion and empathy for the staff who were described as, "Absolutely brilliant", "Very nice", "Very good" and, "Always make me feel better". The rota showed in emergency situations staff stayed over their allocated time to support people to receive medical attention.
- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider sought guidance from a reputable source to increase

their understanding about incidents that increase people's risk of harm. We also recommended the provider sought guidance to improve their safeguarding systems, processes and practices to help ensure these are always effectively implemented.

- Systems and processes were not robust to protect people from the risk of abuse. Processes were not in place to record or consider injuries such as bruises or skin tears that may have occurred when the person was not being provided with direct care. This meant people may be exposed to ongoing and preventable harm.
- Staff knowledge of safeguarding was not enough to keep people safe. Staff received safeguarding training during their induction and regular refresher training was available. Some staff we spoke with failed to demonstrate an understanding of the signs and types of abuse or their responsibilities within safeguarding processes. This meant people could not be assured staff would recognise potential abuse and report it appropriately.

There was a failure to establish and operate effective processes to identify and investigate evidence of abuse. Some staff lacked an understanding of the signs of potential abuse and the actions they needed to take in response to suspicion or alleged abuse. This was a breach of Regulation 13 (Safeguarding services users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider took action to address our concerns. Body maps were introduced so staff could record marks and injuries and processes were put in place for registered manager oversight and auditing of these.
- People told us they felt safe. People said they were treated kindly by staff and had no reason to be concerned about staff conduct towards them. Relatives described staff as "polite and careful", and "pleasant people".

Preventing and controlling infection

- On the first day of inspection, 28 November 2022, the Department of Health and Social Care (DHSC) Covid-19 PPE guidance for adult care services and settings was that face coverings should be worn for all personal care, domestic and social contact with people. Staff and people told us staff rarely wore face coverings when supporting personal care. This placed people and staff at an increased risk of contracting and spreading Covid-19 and other infections.
- On day two of the inspection DHSC guidelines changed. From the 15 December 2022 care workers and visitors to care homes are not routinely required to wear a face mask in care settings or when providing care in people's own homes. However there remains a number of circumstances where it is recommended. We sign posted the provider to DHSC guidance. Keeping up to date with DHSC guidelines is an area that requires improvement.
- Staff undertook infection control training. There were ample stocks of personal protective equipment including hand gels, aprons, gloves and aprons available to staff. The provider had infection control policies and procedures. These provided guidance to minimise the risk and spread of infections.



Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to support people safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- There was a comprehensive range of training opportunities to ensure staff had the skills and knowledge to carry out their role. Staff had access to regular training to ensure their skills and knowledge were current, as well as bespoke training to meet people's specific needs. This included training in supporting people to eat and drink safely and to support people living with dementia.
- Staff told us they received a robust induction that prepared them for their role and included training and shadowing more experienced staff. Staff new to care undertook the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People told us they were supported by competent staff. Relatives said that staff had the skills and knowledge to meet their loved ones needs. People and staff told us senior staff regularly undertook competency checks and observations of support staff providing direct care to ensure their conduct and skills were appropriate to their role. Relatives and people told us they were reassured by this.

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

- At the last inspection people who required texture-modified diets were at increased risk of choking and harm because processes were not in place to ensure they were supported appropriately. At this inspection a choking risk assessment was not in place for a person who had been assessed by a speech and language

therapist (SaLT) as having swallowing difficulties. There was no evidence the person had experienced any episodes of choking, however enforcement action taken against the provider following the last inspection required choking risk assessments to be in place for all people who had received a SaLT assessment.

- Where a person had capacity to choose not to follow SaLT guidance risk management processes were not in place to reflect known risks associated with this person's swallowing difficulties and food choices. This was a requirement of enforcement action taken against the provider following the last inspection.

The provider had failed to ensure systems to assess, monitor and mitigate risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager about this and they acted to implement choking risk assessments.

- People told us staff supported them to meet their nutritional needs and they had no concerns with the quality of the food being prepared. Staff were knowledgeable about people's nutritional needs and preferences. People were supported to retain as much independence as possible with meal planning and preparation and ensuring their food was in date and correctly stored.

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.

- We were not assured by the providers processes to consider people's capacity under the MCA. At inspection the registered manager and staff told us that everyone they supported had capacity to consent to care and treatment. We spoke to a family member who told us their loved one no longer had capacity and they had Lasting Power of Attorney (LPA) to make decisions on their behalf. This was not reflected within the person's care records.

- Staff received training in MCA. We received mixed feedback from staff as to their understanding of MCA and how to apply it. Some staff we spoke with had limited understanding of MCA; others told us it was about giving people choices and presuming people had capacity to make decisions. We were not assured as to the effectiveness of staff training in this area.

We recommend the provider consider current guidance on MCA and act to update their practice.

- People told us that staff were always respectful and ask before they provide any support or assistance. People said they were treated with respect and were involved in decisions about their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were involved in planning their care. People had comprehensive assessments prior to receiving a service to ensure their needs could be met. A relative told us the pre-assessment processes had been effective in enabling staff to fully understand and plan for their loved ones needs prior to them receiving a service. This information was not always transferred into people's care and risk management plans and this is an area for improvement.
- Where people had assessments undertaken by health care professionals, this information was reflected within their care records. For example, there were detailed guidelines in place for safe moving and positioning of people, including the correct use of equipment.
- There was evidence of working with health care professionals. People had been referred to specialist services when concerns had been identified. This included community nursing and the falls team. Mobility guidelines implemented following assessment had been effective at reducing people's falls.



Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection neither the registered manager nor the provider had ensured they assessed, monitored and operated the service to minimise risk or continually improve the service provided. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

Following the last inspection enforcement action was taken against the provider and conditions were placed on the providers registration for Carewise Limited. At this inspection the provider had not complied with the conditions and the required level of compliance had not been met.

- The service was not well led. The registered manager was also the registered provider. There was a shortfall in their oversight and governance of the service and a continued failure to implement robust quality assurance processes to improve the quality and safety of the service.
- There was a failure to make required improvements from previous inspections. This was the third consecutive inspection where the provider had been in breach of regulations 12 and 17. The provider had failed to ensure compliance with enforcement action taken following the last inspection.
- At inspection some records and documents relating to the management of the service and people's care were not available to view. This was because the office manager, who was also the nominated individual, held these documents on a portable electronic memory stick which they had left at their home. These

records and documents were not available on paper or any other electronic device including the office computer and registered managers laptop. This posed a risk to business continuity and security should the electronic memory stick be lost. Information relating to people's care and the running of the business were not held securely and consideration had not been given to the requirements of the Data Protection Act 2018.

- The provider had failed to implement robust systems to ensure electronic records were shared and accessible to authorised people. Staff and the registered manager told us it was usual practice for care co-ordinators, the registered manager and office manager to work from their home addresses rather than the registered office. This was also our experience when we arrived at the registered office. At inspection the registered manager did not have day to day oversight of, and access to, electronic records relating to people's care or the management and governance of the service. This is because this information was held by the office manager only.
- Systems were not in place to identify and monitor risks. As a result risks to people's health and wellbeing were not being assessed and documented to ensure that all reasonably practicable actions were considered and taken to mitigate the risk. Processes were not robust to protect people from harm. This meant the provider could not be assured people were safe.
- There was a failure to identify care records did not always contain enough information and guidance to ensure safe care and support. This meant records could not be relied upon as an accurate record of people's care.
- The office manager was responsible for the day to day management of the service including updating care records and implementing risk management processes. Staff told us sometimes the office manager undertook spot checks on their practice and provided them with advice over the telephone. The office manager did not have a background in care and was unable to demonstrate they had undertaken any care-based training including safeguarding and medicines. We spoke to the registered manager about their processes for ensuring senior staff have up to date training and knowledge to undertake their role. This is an area that required improvement.

The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they did not receive formal recorded supervision on a regular basis. Care staff told us they had limited engagement with the registered manager, however access to the care co-ordinators and office manager meant they could discuss matters as they arose. The registered manager told us that they were in the process of planning a more formal approach to 1-1 supervision and support.
- Records showed that when things had gone wrong the provider had notified the appropriate authorities. Outcomes were not always shared to ensure lessons were learnt
- People had the opportunity to provide feedback about the service they received. Satisfaction surveys were provided to people and those we viewed provided positive feedback. People were very complimentary about the care staff and the support they provided. Comments included, "Staff are courteous and helpful", and "The staff are very cheerful and work so well in difficult circumstances". One person had suggested that managers needed more contact with staff and managers needed more time to visit clients. The registered manager told us they visited people who raised concerns to see how these could be best addressed.

Working in partnership with others

- The service contacted relevant healthcare professionals if needed. This included GP practices, occupational therapists and community nursing. Staff were aware of the importance of working with other agencies and sought their input and advice.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There was a failure to establish and operate effective processes to identify and investigate evidence of abuse.</p> <p>Some staff lacked an understanding of the signs of potential abuse and the actions they needed to take in response to suspicion or alleged abuse.</p>

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always ensured care and treatment was provided in a safe way. There was a continued failure to manage risks. Risks to people were not managed. Care plans were not in place to ensure safe care Processes for recording accidents and incidents did not ensure people were protected from harm or that lessons were learnt. Medicine care plans were not in place and there was a failure to provide guidance to staff about people's medicines.</p>

The enforcement action we took:

Additional conditions were imposed on the providers registration.

We have taken this enforcement action because the regulated activity of personal care is being, or has at any time been, carried on otherwise than in accordance with the relevant requirements. As a result of these failures we have concluded service users are at risk of receiving unsafe care or treatment.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.</p> <p>There was a continued failure to implement robust quality assurance processes to improve the quality and safety of the service.</p> <p>Information relating to people's care and the</p>

The enforcement action we took:

Additional conditions were imposed on the providers registration.

We have taken this enforcement action because the provider failed to implement effective quality assurance systems and processes to identify the regulated activity of personal care was being, or has at any time been, carried on otherwise than in accordance with the relevant requirements. As a result of these failures we have concluded service users are at risk of receiving unsafe care or treatment.