

EXPERT CARE SOLUTIONS LTD

Expert Care Solutions Ltd
Fleet**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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Expert Care Solutions Ltd Fleet is a domiciliary homecare provider registered to provide personal care to adults, who may have a physical or learning disability, sensory impairment or dementia. They also provide care for people with an eating disorder. At the time of our inspection there were 76 people using the service.

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

People provided mixed feedback about their care. Some people felt they had experienced poor care from staff and reported they felt unsafe with them.

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 provide 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.

The registered manager who was also the provider did not fully understand all of the legal requirements and their responsibilities. There had not been sufficient oversight of the service. Monitoring systems and processes had not been operated robustly, to drive improvements for people.

The provider had not operated fully robust staff recruitment processes. There had been a failure to ensure all people's care calls were scheduled and delivered safely. A missed care call had not been reported to the relevant authority. The registered manager had not ensured all people had risk assessments in place. There was a lack of guidance for staff about the safe management of people's health conditions. Processes and procedures were not sufficiently robust to ensure people's medicines were always administered safely or recorded. Some people reported staff did not always wash their hands when providing their care.

People were not supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; but the policies and systems in the service did not support this practice.

People did not all report they felt well treated by staff who provided their care. Some people felt staff lacked compassion and an interest in them. Although records showed people's views about their care were sought, not everyone reported they felt listened to. People overall felt staff respected their dignity and privacy during the provision of their care.

The provision of people's care was based on an assessment of their needs. People's care was planned with them or their representative.

Staff received training for their role, and supervision and spot checks of their work. Staff supported people to eat and drink sufficient for their needs. Staff worked both together and across organisations to co-ordinate people's care between services. Staff had completed end of life care training.

People did not all feel the service was well-led. However, staff felt well supported in their role. Staff worked with external providers and commissioners in the planning and provision of people's care.

People were provided with information about how to complain and complaints were investigated.

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

Rating at last inspection

This service was registered with us on 9 August 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Expert Care Solutions Ltd

Fleet

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 completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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. They were also the provider.

Notice of inspection

We gave the service short notice of the inspection to ensure staff we needed to speak with would be available.

Inspection activity started on 19 May 2023 and ended on 23 May 2023. We visited the location's office on 19 and 22 May 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from commissioners. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 5 relatives. We also spoke with the registered manager, the compliance and quality assurance manager, 3 office-based staff and 6 care staff. We reviewed 4 people's care records and 3 staff recruitment files. We also reviewed records related to the management of the service.

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

- The registered manager had not ensured all the required pre-employment checks for staff had been completed. Overseas staff had a criminal records check from their country of origin, but not a Disclosure and Barring Service (DBS) check as required. The registered manager told us they thought the criminal records check was sufficient for up to 1 year, which was incorrect.
- The registered manager had not kept a record to show when they had checked the DBS record of a staff member who was registered on the DBS update service. Therefore, they could not prove this check had been completed as part of the staff member's pre-employment checks.
- The registered manager had not always ensured other required checks had been fully completed. Such as, ensuring staff provided a full employment history and evidence of satisfactory conduct in all of their previous health and social care roles. The registered manager had not fully followed their recruitment policy. Therefore, there was a potential risk unsuitable staff could have been recruited.

The failure to operate robust recruitment processes was a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us 33 DBS applications were made for staff between our site visits.

- Although some people were happy with their care call times and the duration, other people were unhappy. Their feedback included, "I never know if they [staff] are coming or not and that means I often don't have anything to eat," "We have had occasions when they simply have not turned up," and, "My main issue with them is timing and I am left stuck in bed all morning waiting and waiting for them not knowing if anyone is coming to help."
- Staff rostering records showed care staff were sometimes scheduled to attend more than 1 person's care call at the same time. The call monitoring log, which captured the time people actually received their care, showed staff were sometimes logged into 2 separate calls at the same time. People's care calls did not always take place safely as planned at the scheduled or recorded delivery times.

The failure to ensure people's care was provided safely was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager told us they were reviewing their staff call logging in system.

- Although people told us they had experienced missed calls, the provider had employed sufficient numbers

of staff to deliver people's care. Staff were allocated to 'care rounds' covering 1 geographical area, in order to reduce their travel time and to enable consistency of care. The registered manager only accepted packages of care for people in areas they knew they had the staffing capacity to cover.

Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback, some, but not all people said they felt safe with staff. Feedback included, "I don't really feel that safe" and "I wouldn't say I feel particularly safe with the carers, no."
- The registered manager had told us at the start of the inspection all people's care calls had been completed as planned. Three people told us they had experienced occasions when care staff had not turned up at all to deliver their care. We informed the registered manager who completed further checks. They then confirmed there was 1 missed call. There was no incident record for this missed call and the omission to provide this person's commissioned care had not been reported to Social Services under safeguarding procedures as required.

The failure to report an allegation of abuse was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed other safeguarding concerns about people had been documented, investigated and responded to appropriately. Staff had undertaken safeguarding training and had access to relevant policies. Care staff spoken to understood their role and responsibilities. Staff checked with people during quality visits that they knew how to raise any concerns.

Assessing risk, safety monitoring and management

- Some, but not all people reported feeling their care was safe. Feedback included, "I don't know if they (staff) understand any risks" and "No they (staff) do not understand the equipment or how [person] should be left to be comfortable and safe."
- A person's environmental risk assessment and the risk assessment for their outside wheelchair were empty. Commissioner's had assessed this person as at high risk of falls, the potential risks related to them falling had not been addressed. Staff used equipment to transfer a person, but their moving and handling risk assessment was empty. There was a lack of written guidance for staff about how to transfer the person safely. There was a lack of information for staff about a person's diabetes in their care plan, as required by the provider's diabetes policy to guide and inform staff if the person became unwell. There had been a failure to consistently assess and mitigate potential risks to people.
- A person's records contained conflicting information in relation to whether they had a do not attempt cardiopulmonary resuscitation form in place. This risked them being resuscitated against their wishes.

The failure to ensure risk assessments were always completed was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had risk assessment templates for staff to use when assessing risks to people. We saw some people's risk assessments had been completed, to inform and guide staff.

Using medicines safely

- Not everyone reported they had received their medicines on time. Feedback included, "Medication is not always given on time."
- Staff's role in relation to the prompting or administration of people's medicines or creams was not always clear. A person's medicines records were not clear about whether or not staff applied creams and prompted them with medicines. Another record was not clear if staff or family assisted the person. Where people were

prescribed medicines which had specific instructions for the time the medication was to be administered, there was a lack of written guidance for staff. The lack of clear guidance, risked people not receiving their medicines as prescribed.

- The registered manager told us staff documented people's medication support on an electronic medicine administration record (MAR) and people had a paper MAR as well, in case they were admitted to hospital, to ensure this information could be shared. However, we found not everyone had an electronic MAR. As the paper MAR's remained in people's homes, the registered manager could not demonstrate everyone's medicines had been administered.
- Some people took medicines 'as required', including morphine and paracetamol. There was a lack of PRN protocols as required to guide and inform staff about their administration. Therefore, people may not have received their medication safely.
- Staff did not document the application of people's creams or those purchased 'over the counter' on a MAR as required. There were no bodymaps to guide staff about their application. There were no risk assessments in place for the application of emollient creams which are a fire risk. There was a lack of written guidance to ensure people's creams were applied as prescribed and safely.

The failure to ensure the safe management of medicines was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the first site visit, the registered manager told us they had taken action to ensure electronic MARs were in place for the people whose care we reviewed.

- Staff had access to the provider's medicines policies. They had been trained by a competent person and staff's medicine competency had been assessed. Staff updated their medicines training annually.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were not fully assured that the provider was responding effectively to risks. Three people reported staff did not always wash their hands when providing their care. Staff told us and records confirmed, staff had been trained to wash their hands when providing people's care.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were expected to report incidents to the registered manager and staff we spoke with understood this responsibility. The registered manager told us they promoted a "no blame culture," to encourage staff to speak up.
- Processes were in place to share relevant information from incidents with staff.

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.

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 completed MCA training and understood the application of the MCA to their daily work.
- Records relating to how the provider recorded and documented outcomes of people's assessments and best interests, required improvement and we have reported on this further in the key question, is the service well led.

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

- People's care needs were assessed prior to the provision of their care, in order to identify their care needs and how these were to be met. Their care plan set out their care needs, the objectives for the delivery of their care and the expected outcomes.
- Staff had access to up to date policies which were sourced externally. They reflected good practice guidance and referenced further reading in order to guide and inform staff and were updated regularly.

Staff support: induction, training, skills and experience

- Staff completed a range of training based on the requirements of the Care Certificate to equip them for their role, which they then updated annually. Staff received a mixture of online training and face to face training for courses such as moving and handling before their competency was assessed. Whilst staff were happy with their training, people we spoke with provided mixed feedback about whether staff were sufficiently well trained.

- Staff received training from external health care professionals in areas which required additional knowledge and skills, such as stoma and catheter care.
- Although no-one with a learning disability was cared for currently, staff had completed learning disability awareness training. The registered manager was aware of the training requirements for staff who care for people with a learning disability.
- New staff shadowed more experienced staff as part of their induction. They then received supervisions and spot checks of their practice. Staff were also offered the opportunity to complete further professional qualifications.

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

- Staff had received training in food safety and nutrition and fluids. People's dietary needs and preferences were recorded in their care plans to inform and guide staff. People were positive overall about the support provided by staff. Their feedback included, "They [staff] do all my meals for me and that works well."

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

- Staff had received training in relation to basic life support and epilepsy. People's care plans had information about their medical diagnoses and GP contact details if required by staff.
- People reported staff had called an ambulance for them if required or felt staff would do so if needed. Relatives told us they were updated by staff if their loved one was unwell.
- Staff were instructed to escalate any issues to management for them to assess if further action was required, including referring people to external services. Staff told us they liaised with people's GP's and nurses as required.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People had conflicting views about whether staff were kind, caring and cared about them. Four people reported staff were. They said, "Yes I think they mean well and are pretty kind" and "They do listen to [person] and are a caring bunch of people." However, 5 people provided negative feedback. They said, "They [staff] just talk their own language over the top of me and even do sign language if they think I'm not looking." "They [staff] are heavy handed and rough." "No they [staff] are not caring." "There are a lot of different carers so they don't understand [person]."
- The registered manager told us they were aware of the issue of staff speaking in their own language and staff were now paired with someone with a different language to manage this risk. Records showed this issue had also been raised at a staff meeting on 27 April 2023. The registered manager had taken actions, but they had not been fully effective.
- Some people were happy with their care, whilst others reported their care was rushed, and said staff did not understand their preferences about their care. Feedback included, "I am just very lonely and would like them to chat with me but they [staff] don't want to." "They always seem to be in a rush and can't wait to get out of here and never talk to me." "They [staff] don't really know what I like and dislike."
- Staff had received relevant training in areas such as person-centred care, equality and diversity, communication and dementia. They also had access to relevant policies to guide and inform them and the staff handbook. There were sufficient staff deployed, so people's care did not have to be rushed. There were regular checks upon staff's work. However, people still did not all feel well supported by staff.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans showed their views about their care had been sought. Their expected outcomes from their care were recorded and staff told us they gave people choices. People did not all report they felt consistently listened to by care staff. Feedback included, "They [staff] don't listen and don't want to help." "I am unhappy because they won't listen to me." and "I have never given a preference for male or female carers and have never been asked." Not everyone felt listened to.

Respecting and promoting people's privacy, dignity and independence

- Everyone but 1 person felt their personal care was delivered with respect and dignity. Staff explained to us how they upheld people's privacy and dignity during the provision of their personal care. People were asked if staff were polite and courteous during their home visit audits. Staff were verbally polite but not always interactive with people.
- People confirmed staff promoted their independence. Feedback included, "They [staff] help me be

independent by helping me walk around and get moving" and "They [staff] get [person] to stand up and move about which is good for [person]".

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

- People's records demonstrated they and their representatives were involved in planning their care. Some people recalled their involvement in the care plan and others did not. Feedback included, "[Person] has a care plan and yes we have seen it. We have discussed it on numerous occasions and tweaked it."
- People's records noted their preferences about the delivery of their care and there was information for staff about their personal history to guide staff. People's needs were identified including those related to any protected characteristics and how they were to be met. People's care was then reviewed periodically or if required after any changes to their care needs.
- People's spiritual beliefs had been identified, to guide and inform staff and any cultural needs they had were noted.

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.

- Staff documented people's communication needs in their care plan and any factors which could have an impact on how these were met, such as a sight impairment.

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

- People's care plans noted their social circle and whom they had contact with. People's hobbies and interests were noted for staff' information. The service was only commissioned for the provision of people's personal care., so staff did not support people to go out into their community.

Improving care quality in response to complaints or concerns

- People were provided with a service user guide. This provided information about who to raise any complaints with and they were provided with a copy of the complaints policy.
- Records showed when written complaints had been received, they had been investigated and any required action taken to address the complaint.

End of life care and support

- Staff were not currently supporting anyone at the end of their life. However staff had completed end of life training and felt they would be supported sufficiently to enable them to support people at the end of their lives.

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

- The registered manager, who was also the provider, did not understand all the legal requirements. For example, in relation to obtaining DBS's for overseas staff or requirements relating to medicines. The registered manager had up to date policies in relation to areas such as recruitment and medicines however, they were not always followed. This had led to people being exposed to the risk of receiving unsafe care from unsuitable staff.
- The provider had 3 registered locations. They had a manager in post for the location who had left shortly before the inspection. There had not been sufficiently robust or effective oversight of the service either by the location manager or the registered manager/provider. This had resulted in potential risks to people not being identified or addressed.
- Staff had not recorded the outcome of people's MCA 2005 assessments and best interest decisions, as per good practice guidance and the provider's MCA policy. Therefore, the provider could not demonstrate how decisions made in people's best interests had been reached.
- Staff did not document the evidence they reviewed when they checked if people had a registered power of attorney. Therefore, they could not demonstrate if people's representatives were legally entitled to act for them.

The failure to operate robust systems to identify and mitigate potential risks, or to keep records to demonstrate decisions taken were in accordance with the requirements of the Mental Capacity Act 2005 was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were already aware of some of the issues we identified with the management of the location. They had just promoted a member of staff internally to the location manager role. They had also appointed a compliance manager to assist and support them. The registered manager told us they would be having much greater oversight of the new location manager's work.

- The registered manager was a member of a professional trade body and had links with other registered manager's, which enabled them to share ideas and information.
- The registered manager understood their responsibilities under the duty of candour.
- Providers have to inform CQC of certain events. We identified the provider had failed to submit statutory

notifications to inform CQC of 2 safeguarding incidents. CQC were not informed of relevant information about these people's safety.

The failure to submit statutory notifications was a breach of regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

The registered manager submitted 1 notification after the first site visit.

Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was not a robust system to ensure all people's medicines were documented on the electronic MAR. People's records showed an electronic MAR had been set up for them. However, when we checked, we found they did not always have one. The registered manager had not checked this work had actually been completed. There was no system in place to ensure if a paper MAR was the only record, then it was audited for completeness. There was a lack of robust auditing in relation to medicine records, to ensure they were completed.
- The registered manager ensured various aspects of the service were regularly audited, such as recruitment, safeguarding, medicines, care call times and duration. However, we were not assured these audits were completed robustly. For example, we were told there were not any missed calls and none were logged. Three people feedback to us their calls had been missed. The staff call log data had not been thoroughly reviewed. There was a lack of robust auditing, to identify and address potential risks with people's care.
- Office staff completed regular spot checks on staff providing people's care and people's feedback was sought regularly. However, the issues people raised were not always fully addressed. We saw feedback from 5 people in February and March 2023, about issues with their call times or lateness. Feedback we received indicated this issue had still not been adequately addressed.

The failure to robustly audit the quality of the service and to consistently act upon people's feedback was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff meetings were held monthly and staff could also share their views through their supervisions. The registered manager had a service improvement plan in place to address areas of the service they had identified required improvement.

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

- We received mixed feedback about whether the service was well-led. Six people provided positive feedback whilst 5 felt it was not well-led. Not everyone felt they had received good outcomes from their care.
- The registered manager used value based questions as part of their recruitment process, to identify if staff shared their values for the provision of people's care. Staff learnt about the provider, including their values and aims for the service during their induction.
- The registered manager was experienced in working in social care, which meant they understood staff's work. They split their time across the 3 locations and were available to staff when they were not physically on-site. Staff reported they felt well supported in their role and enjoyed their work. Their feedback included, "Good support from management" and "The owner is approachable - you can raise any issues." The office was well staffed and there were sufficient staff to support those working in the field if any issues arose.
- The registered manager was very supportive of their staff team and provided opportunities for

development and progression.

Working in partnership with others

- Staff worked with external providers and commissioners in the planning and provision of people's care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents People were not fully protected as statutory notifications were not always submitted as required. Regulation 18(1).
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks of unsafe care or from unsafe medicines management. Regulation 12(1).
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not fully safeguarded from the risk of abuse, due to the failure to always operate effective safeguarding processes. Regulation 13(1).
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected against the risks

associated with poor governance as systems to monitor the service were not sufficiently robust.

Regulation 17(1).

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

People were not protected against the risks of unsuitable staff due to the failure to operate robust recruitment processes.

Regulation 19(1).