

Torcare Limited

Torcare Domiciliary Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Torcare Domiciliary Service is a domiciliary care service that provides care and support to adults in their own homes. Torcare also owns three care homes in East Cornwall, providing residential and nursing care to older people.

The service provides help with people's personal care needs in Torpoint and surrounding areas. The service supports some people who may require support with personal care needs at specific times of the day and/or night. At the time of the inspection 24 people were receiving support with their personal care needs.

There was a manager in place who also had responsibility for a residential home owned by the same company. They had been in post for three weeks and were in the process of registering with the 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.

Medicines were not always managed safely. The level of support people required to take their medicines safely was not always recorded in their care plan. Staff had not all received the correct training to provide the level of support some people required to take their medicines. This meant they might not be following best practice when providing this support. Medicines administration records (MARs) were not always completed fully which meant it was not always clear whether people had had their medicines or not.

People did not always have risk assessments in place to guide staff how to reduce risks to them or how to identify that their specific health risks may be affecting them.

The provider had not ensured records relating to people's care were monitored effectively to help ensure they covered all of people's up to date needs.

People and their relatives spoke highly of the staff and the support provided; and told us staff had the knowledge and skills to meet their needs. Comments included, "The staff are very good, exceptional." People were supported by staff who treated them with care and compassion. Comments included, "The staff are lovely. I wouldn't be without them."

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. People reported receiving care from a consistent staff team who had got to them know well and helped them maintain their independence.

People had care plans in place which gave staff guidance about the support they needed and their preferred routines. People told us they were able to make choices about how their care was delivered and knew how to raise a concern or a complaint.

People told us they felt safe using the service. Staff were recruited safely and had received training in how to recognise and report abuse. They confirmed they were confident any allegations would be taken seriously and investigated to help ensure people were protected.

Staff knowledge and skills were regularly updated to help ensure they remained aware of best practice. The manager and staff had received training about the Mental Capacity Act 2005 and knew what action to take if they suspected someone was losing their capacity to make their own decisions.

There was a positive culture within the service. The provider had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. People were consulted regularly for their views of the service and given opportunity to suggest improvements. Information was used to aid learning and drive improvement across the service. People and their relatives told us the management team were approachable.

We found breaches of the regulations. 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.

People's medicines were not always managed safely because staff had not always received the correct training and people's records did not always clearly show what support people needed or had received.

People did not always have risk assessments in place so staff were aware of all risks associated with their care, and how to mitigate them.

People told us they felt safe using the service.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse, or poor practice.

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe.

Is the service effective?

Good 

The service was effective.

People received support from staff who knew them well and were knowledgeable about their needs.

Staff were well supported and had the opportunity to reflect on their practice and training needs.

Staff had a good understanding of the Mental Capacity Act and asked people's consent before providing care.

Is the service caring?

Good 

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

People were treated with respect by staff who were kind and

compassionate and.

People's independence and wellbeing were maintained as far as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained details about how people liked to be supported and their preferred routines.

People received care and support which was responsive to their changing needs.

People were supported by staff who promoted choice whenever possible.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not identified that people's risks were not always assessed or that medicines were not always managed safely.

The provider had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People were supported by staff who were motivated and inspired to develop and provide quality care.

People were consulted for their views on the service. Feedback was used to improve the service.

Torcare Domiciliary Service

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 17 and 19 October 2017 and was announced. The provider was given notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The inspection was made up of one adult social care 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.

Prior to the inspection we sent questionnaires 22 people who used the service and 41 friends and relatives, 19 staff members and six professionals who know the service well. The questionnaires were completed by seven people, one relative, three staff members and two professionals. We reviewed the information collected through these questionnaires alongside information contained in the 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. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with three people and one relative in person and four people by phone. We reviewed four people's records in detail. We also spoke with three staff members and reviewed three staff personnel and training records. The manager and nominated individual were also present during the inspection.

Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included questionnaires to people who used the service, minutes of meetings and policies and procedures.

We also sought the views of six professionals who knew the service well. We received a response from an adult social care case co-ordinator.

Is the service safe?

Our findings

The service was not always safe.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated that care plans would detail the level of assistance people needed with their medicines. This was not the case for all people who received support with their medicines. Where it had been recorded, it was not always accurate. For example, one person's care plan stated "[...] deals with her own medication", but a staff member confirmed the person actually received help to get their tablets out of the packet.

The nominated individual told us that a staff member had recently highlighted that the support one person received with their medicines needed reviewing. As a result of the review, staff who supported the person received further training and, in consultation with a pharmacist, a new procedure was implemented to help ensure the person received the support they required, safely. Records showed the person had been contacted following the changes and stated they were happy with the new system and felt that it eliminated the risk of mistakes.

A review of everyone's medicines support needs was then completed. This concluded that no-one else required or was receiving a higher level of support than most staff were trained to provide. However, we found that out of four people's records we looked at, three were described as needing a higher level of support with their medicines; and of the three people we spoke with in person, two were receiving a higher level of support than had been identified. For example, one person's care plan stated, "Assist [...] to take medication orally." This meant people were receiving support with their medicines from staff who had not all been trained to do this.

Where people received support from staff with their medicines, staff used a medicines administration record (MAR) to record that the person had taken their medicines. However, the MARs were not always completed fully, which meant it was not easy to tell whether people had taken their medicines or not.

Where people were receiving support from staff to take their medicines, their records did not always contain clear detail for staff about how to do this. For example, one person's care plan stated staff needed to apply a topical medicine to a person but it was not recorded where the medicine needed applying. Another person had some pain relief medicine to take before they moved, if required. This was not mentioned in their guidance describing how to help them move, even though it was important staff offered it before helping them move. No-one raised concerns about staff not giving their medicines correctly, however, as people's records did not contain clear guidance, people may not have been consistently receiving medicines in a way that met their needs.

Staff understood people's individual risks, how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. However, clear guidance was not always available to help ensure staff mitigated these risks in a consistent way that was based on best practice. The PIR stated, "Each individual's

care support plan, identifies any risks and is constantly being updated and staff notified of the changes." Risk assessments were in place but these did not always cover all risks to people or all actions staff could take to reduce the risk. For example, one person had had two falls but had no falls risk assessment in place. Another person was prone to urinary tract infections. Normally, people would be advised to drink plenty of fluids to reduce the risk of recurrence, however due to other health needs, the person was 'on reduced fluids'. No-one raised concerns that staff were not supporting people with these risks but there was no risk assessment in place to guide staff on how to support the person safely with these health needs. The manager told us they would review everyone's needs to help ensure risk assessments were in place, where required.

The provider had not ensured medicines were managed and administered safely. The provider had not ensured people's risks were all assessed or clear guidance given to staff to help mitigate these. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following the inspection, the manager sent us an action plan in response to the concerns raised. The plan stated they would review each person's care plan and risk assessment relating to support with medicines and ensure they were clear. It also stated, "All Staff will complete appropriate medication knowledge training and competency on administering of medication observed will be clearly documented in training files."

People told us they felt safe when being supported by staff. One person confirmed, "I feel very safe. You're never rushed." People were supported by staff who understood how to help them feel safe at home. Support plans provided details for staff about what had been agreed with the individual about staff entering their home and any specific arrangements for ensuring the safety of the individual, their property and belongings.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel their concerns had not been dealt with appropriately. For example, the local authority or the police. All the people, relatives and professionals who responded to the questionnaires sent to them by CQC, responded they felt people were safe using the service.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

There were sufficient numbers of staff available to keep people safe. People confirmed they did not have missed calls, staff were rarely late and any delay to staff arriving was communicated to them. One staff member reported that even when there had been a high level of staff sickness, everyone received their calls for the correct length of time.

People who responded to the CQC questionnaire confirmed they received care and support from consistent staff members. One person stated, "All the ladies who have and do call on me are always lovely. I do have one person on a regular basis and only see 'new faces' when my lady is sick or on holiday." Feedback received by the service included, "I am always supplied with a rota, which I like." This helped ensure people knew in advance which staff member would be attending their call.

Is the service effective?

Our findings

People and their relatives spoke very positively about the staff and told us they were skilled to meet their needs. Comments included, "The staff are very good, exceptional", "Carers are excellent, my gratitude to Torcare." A compliment received by the service stated, "I just wanted to write to let you know how impressed by the team I am; unfailingly cheerful and a huge support."

The nominated individual told us the service aimed to provide "Quality visits, with consistent carers who take time for people and make sure they provide person centred care." They recognised that staff members were the key to delivering this, saying, "It's about the right staff with the right training and support, who will go the extra mile without stepping over the line (becoming unprofessional)." They added, "The owner is always recruiting. They never want to miss a good carer." People confirmed, "The carers are beyond excellent" and "The staff are wonderful."

New members of staff completed an induction programme. A new recruitment, training and development manager had recently been employed by the company. They told us they had altered the induction to make it more effective in preparing staff for their role. They explained the induction involved being taken through key policies and procedures alongside training to develop staffs' knowledge and skills. People and staff confirmed staff also shadowed experienced members of the team until they felt confident working alone. The recruitment, training and development manager monitored new staff's inductions and liaised with the staff member's manager and mentor, to help ensure they were completing it as planned. A new staff member told us they had felt supported throughout their induction into the service. The service was aware of the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

On-going training was planned to support staffs' continued learning and was updated when required. Staff told us they had the training and skills they needed to meet people's needs and could request extra training if they felt they needed it. The recruitment, training and development manager, told us, as part of their role they planned, sourced and developed training. For example, they had recently identified a course on hydration which they felt would increase the manager's knowledge and awareness. People and professionals confirmed staff were competent in their roles.

Staff told us supervisions were carried out regularly and enabled them to discuss any ideas or concerns they had. One member of staff told us, "I can raise concerns in my supervision but I wouldn't wait until then. I raise things immediately." They confirmed they felt listened to by the manager and that things changed as a result.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff

had received training on the MCA but reported that currently everyone they supported had the capacity to make day-to-day decisions. They understood what action to take if they felt someone no longer had the capacity to make these decisions. People told us staff always asked for their consent before commencing any care tasks.

People told us staff helped ensure they had enough to eat and drink. People's care plans described their preferred food choices and what support they needed. One person explained if they were unable to get to the shops due to ill health, staff would go for them.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. People told us staff recognised if they were unwell or their health had declined. A relative confirmed, "Any little ailment, they share"; and a professional told us the staff were reliable in informing healthcare staff of any deterioration or changes to people's health.

Staff had good knowledge of people's health needs but care plans did not always contain specific detail about how staff could help people maintain their health. For example one person was described as being at risk of urinary tract infections, transient ischaemic attacks (mini strokes) and chest infections. However, the person's records did not describe what staff could do to help them stay healthy, how to recognise they were unwell or what action to take about this. Another person told us they had a condition, which left their mouth very dry, and sometimes this caused it to feel sore. The staff member present was aware of this information and what the person did to alleviate the discomfort. However, this information had not been added to the person's care plan, which meant staff might not have been able to respond consistently to the person's needs. The manager told us this information would be included in people's care plans in the future.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "The staff are lovely. I wouldn't be without them", "The care is excellent" and "I look forward to seeing my carers." Compliments and feedback received by the service stated, "Right from the start, your staff have been lovely and remain so", "I am always touched by how genuinely the staff seem to care" and "The staff are lovely, kind, happy and helpful"; and a relative had fed back to the service to tell them "You and your carers could not have been more helpful to both mum and us as a family, always asking how we were." A professional confirmed service users always had good comments to make about the care received.

People were treated with kindness and compassion in their day-to-day care. Staff spoke about people in a particularly caring way and we observed one staff member gently stroke one person's hand whilst talking to them. The PIR stated, "Staff often run little errands for their clients, taking a prescription to the surgery, contacting the district nurse team, arranging a visit from the chiropodist or a visit to the local shop for bread." This helped people feel cared for and know that they mattered.

People received care and support from staff who had got to know them well. The provider had ensured systems were in place to help ensure staff developed close, trusting relationships with people. The nominated individual told us, "We try to match staff well with people." The PIR stated, care plans included, "Some personal history, so staff can engage the client in conversation." This helped staff get to know people and what was important to them. The PIR further explained, "A small circle of staff attending each client, helps build relationships, knowledge and understanding of individual needs. Staff gain an excellent knowledge of their clients their safety, individual needs and wellbeing." Staff were able to describe people's likes, dislikes, support needs and daily routines. People confirmed, "They know how I am and give me more encouragement one day than the other", "We have some fun!" and "Staff are pleasant and don't rush. They're friendly and you can talk to them easily"

People told us staff respected their privacy and dignity and were aware of confidentiality when visiting people. The PIR explained, "Staff are trained to respect and provide privacy and dignity to all clients." A compliment received by the service stated, "Your staff treated mum with dignity and respect." People told us staff were also respectful of their home and their belongings. One person confirmed, "Yes they're always respectful"; and a relative confirmed, "They [staff] only ever go where they need to go."

Staff told us they encouraged people to be as independent as possible; and people who responded to the CQC questionnaire confirmed the support they received helped them remain as independent as possible.

When people approached the end of their life, staff supported them and their families in a compassionate way. The PIR explained, "We work alongside other professionals with clients that are towards their end of life by supporting them and their families through this difficult time with well trained staff offering care, respect and dignity."

Is the service responsive?

Our findings

People received care and support from staff who were responsive to their needs. One person told us, "I am pleased with everything they do for me." People who responded to the CQC questionnaire reported staff always completed all the tasks required at each visit.

People had their needs assessed before they received support from the service. The PIR stated, "A manager or senior staff member visits each home before the care begins, producing an informative support plan." One staff member told us, "Reading the care plan gives you a good idea of the person's needs." Professionals completing the CQC questionnaire confirmed staff knew people's needs and preferences.

People were involved in planning their own care and making decisions about how their needs were met. The PIR stated, "We listen to the clients and their needs, learn about each client and build a picture of them as individuals and over time develop an individual support plan which is truly their own, supporting them in every way they wish it to." One person preferred to be supported by staff who knew them well. This was reflected in their care plan and staff reported that they did not attend these calls alone until they had shadowed experienced staff and knew the person well. Information about people's daily routines had also been documented. For example, one person's care plan stated they preferred a wash in the bathroom and detailed what support they required from staff to do this.

The PIR stated, "We recognise that circumstances for the clients will change and pro-actively look ahead at support and changing care needs, negotiating with appropriate professionals and making changes to the support plan to enable the client's wishes." Staff had identified one person's needs had increased significantly and this information had been shared with their family, the district nurse and the person's GP to help ensure they received the support they needed.

Records showed people were regularly contacted, in an informal way, to help ensure their needs were being met. Any changes were recorded and actioned. For example, one person had requested an earlier call one day and this had been fulfilled. The PIR stated, "Each district has a senior member of staff who is hands on, supportive to both clients and staff, and who regularly visits homes reviewing the support plans. They pick up on any situations and report back information to the manager and any potential problems they can see." Senior staff completed more formal reviews of people's care needs but these had recorded a summary of the person's health over the previous month or six months. There was no evidence people had been consulted about whether they were happy with the way their needs were being met, or whether they wanted any changes. This meant any changes people required might not have been identified. The manager told us they would ensure people were involved in the reviews of their care in the future.

The service was flexible and responded to people's needs. People and their relatives told us the staff were flexible and would often provide support in addition to these set arrangements. For example a compliment received by the service said, "Thankyou for providing a staff member to assist my mother at our daughter's wedding." Another person told us, "Sometimes if I have an early appointment, they'll accommodate by coming early to help me get ready." This helped ensure people were able to maintain relationships and

attend activities and functions that mattered to them

People were empowered to make choices and have as much control as possible regarding their care. One person told us, "They do what I want them to. They give me my shower, and make me an Ovaltine and have a chat whilst I drink it. When I haven't felt like showering, they listened"; and a compliment received by the service stated, "Your staff gave [...] choice and control about how she wanted her care delivered."

The service had a policy and procedure in place for dealing with any concerns or complaints. People had all been given an information pack about the service and this encouraged people to raise concerns and complaints and detailed how they could do this. People confirmed they would feel confident raising any concerns they had. The PIR stated the importance of, "Picking up on any little grumbles before they can escalate to possible complaints and dealing with them." Records showed complaints and concerns were taken seriously and used as an opportunity to improve the service.

Is the service well-led?

Our findings

The nominated individual had regular contact with the manager and supported them to take action to improve the service. They explained they had weekly meetings and regular contact with the manager, with an aim to provide support and give them the opportunity to raise any concerns they had. However, there was no system for monitoring the quality of records relating to people's care. This meant concerns we identified during the inspection had not previously been highlighted. For example, people had not always been included in reviews of their care, people's risks had not always been assessed, people's medicines were not always managed safely and staff did not always have access to guidance relating to people's health needs. Also, a recent review of the level of support people required with their medicines had failed to identify that some people required a higher level of support than staff were trained to provide. The nominated individual told us they would ensure records were monitored more closely in the future.

The provider had not ensured the quality of the service had been monitored effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, their relatives and professionals gave positive feedback about the service and the way it was run. Comments included, "We have found the service excellent" and "There's nothing they could do better." A professional confirmed they had confidence in the service. People and professionals who completed the CQC questionnaire confirmed they would recommend the service to others. The PIR stated the service was often recommended to people and staff, "Prospective clients ring us as they have heard we are a caring, reliable and a professional team. Care staff contact us for a job, wanting to move to our company."

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a manager in post who had overall responsibility for the service. They were new to the service and were in the process of getting to know people and staff. They were being supported in their new role by the nominated individual and other staff and managers within the organisation. The manager told us, "I definitely feel supported." They explained they were regularly contacted by various staff members in the company to check if they were ok and to offer support. They added, "The support I've received here has been exceptional. I've never had support like it. I never feel silly asking any question."

Staff were also positive about how the service was run. Even though the new manager had only been in post a short time, staff confirmed they felt confident any concerns would be listened to and dealt with appropriately. The new manager had used a recent meeting to set out their expectations for the staff and service and to encourage staff to share any problems or concerns they had. This helped ensure staff felt listened to and supported. Staff also received regular support and advice from managers via phone calls and one to one supervisions.

The service inspired staff to provide a quality service and staff told us they were happy in their work. Staff told us they were encouraged and supported to question practice and action had been taken. One person commented, "The staff seem quite happy, they don't moan."

People, relatives and staff all described the management of the service to be approachable, open and supportive. The nominated individual told us the organisation encouraged feedback from staff, explaining there was an "'open door policy' all the way up to the owner." Social care professionals who had involvement with the service confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

The provider had an ethos of continuous improvement. The PIR confirmed the service would, "Continue to be creative and forward thinking to achieve good outcomes for the clients." The nominated individual explained, "We recognise, the worst thing we can do as an organisation, is stand still." They added, "The provider is inspirational and challenges us within our practice. They are key to making us move forward." Information to drive improvement was sought from various sources. For example the nominated individual explained they had recently attended a care conference telling us, "We took away from it that it's the small things that we can do that make a real difference to people."

People and those important to them had various opportunities to feedback their views about the quality of the service they received. The PIR stated, "Feedback from clients, their families and professionals is welcome and acted upon." Questionnaires were sent annually to gain people's feedback about the service. People were regularly contacted by phone or email to ask if they were happy with the service and changes had been made as a result of these calls. One person confirmed, "The care staff and office staff ask if I'm happy with everything."

The organisation also held a 'Care standards committee', to consider how to make improvements to the service people received. People, relatives and staff were invited to attend and an action plan to improve the quality of care people received was created as a result. A recent meeting had been used to discuss the outcomes of the feedback questionnaires and what action should be taken as a result. The nominated individual told us, "We encourage everyone to be honest with us." This helped ensure people, relatives and staff were listened to and changes were made where possible.

Results from each of these activities and other learning, were shared throughout the organisation. The PIR explained, "Weekly meetings are held for Torcare's management team discussing changes, good practice and supporting each other."

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The provider had a policy relating to Duty of Candour. It was discussed during the induction of new staff and a newsletter sent to people using the service explained what the Duty of candour was and the provider's responsibility under it. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured medicines were managed and administered safely. The provider had not ensured people's risks were all assessed or clear guidance given to staff to help mitigate these.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the quality of the service had been monitored effectively.</p>