

Absolute Care Services Ltd

# Absolute Care Services (Bromley)

## Inspection report

11-13 Ravenswood Crescent  
West Wickham  
BR4 0JH

Tel: 02038155444  
Website: [www.absolutecareservice.co.uk](http://www.absolutecareservice.co.uk)

Date of inspection visit:  
04 July 2023  
12 July 2023

Date of publication:  
06 October 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Absolute Care Services (Bromley) is a domiciliary care service providing personal care support to people living within their own homes. People that could use the service included older people, people living with dementia, people with a physical disability, people with a learning disability or autistic spectrum disorder and younger adults and children. At the time of our inspection the service was providing care and support to 91 people.

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.

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.

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

**Right Support: Model of Care and setting that maximises people's choice, control and independence**  
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Risks to people were not always identified, assessed, fully documented, and mitigated to ensure people's safety and well-being. Guidance for staff lacked detail with the actions they should take to safely mitigate and manage risks. Systems and processes in place for managing and administering people's medicines was not always safe. The provider was not working within the principles of the MCA. Mental capacity assessments were not completed in line with legal requirement, guidance, and best practice.

**Right Care: Care is person-centred and promotes people's dignity, privacy and human rights**  
People were not always central to the planning and reviewing of their care and assessments and care plans were not always person centred.

**Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.**  
The service was not always well managed. Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying and addressing issues and concerns we found at this inspection and for helping to drive service improvements.

We have made two recommendations to the provider. They need to refer to current law, best practice and

up to date guidance in relation to ensuring people's needs and choices are documented and delivered in line with good practice standards and when assessing and documenting people's needs and wishes to ensure people receive personalised care and have choice and control.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 29 April 2019). This was the provider's first inspection since their registration at this new location.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Why we inspected

The Inspection was prompted in part due to concerns received about the quality and safety of care provided and the management and oversight of the service. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

We have identified breaches in relation to the need for consent, safe care and treatment and good governance. We have also made two recommendations.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standard 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Absolute Care Services (Bromley)

## **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 carried out by 2 inspectors who visited the location on the first day and 2 Experts 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. The Expert by Experience's made telephone calls to people and their relatives on the first day of the inspection.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a manager in post who was in the process of registering with the CQC to become the registered manager for the service.

#### Notice of inspection

We gave the service 48 hour notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 4 July 2023 and ended on 12 July 2023. We visited the office location on the first day of the inspection.

#### What we did before the inspection

We reviewed the information we held about 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 also gathered feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

We visited the office and spoke with the manager, 2 directors, quality supervisor, compliance officer, rota coordinator, and 4 care staff. We spoke with 12 people using the service and 4 relatives of people using the service to seek their feedback on the service they received. We reviewed records, including 10 people's care plans and risk assessments, 5 staff recruitment and training records and a variety of records relating to the management of the service, including quality monitoring systems and audits.

# Is the service safe?

## 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 good. At this inspection the rating has changed to 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

- Risks to people were not always identified, assessed, fully documented, and mitigated to ensure people's safety and well-being. Risk assessments were not always personalised and detailed to ensure staff provided support that was safe and appropriate to meet individual needs and risks. Guidance for staff lacked detail with the actions they should take to safely mitigate and manage risks.
- A person was living with diabetes. However, the documented guidance for staff to help manage the person's diabetes was not personalised and did not document what foods or drinks should be given to manage the person when their blood sugars are low. However, when we spoke with the manager about this, they told us that staff should give the person a banana. This information was not documented within the person's care plan and risk assessment.
- Another person's moving and handling risk assessment contained generic information that was non-specific to them although they were bed bound and required full support for all transfers. We noted that the person had chronic obstructive pulmonary disease and Asthma. However, their risk assessment failed to detail the actions staff should take in an emergency and or asthma attack and only stated that staff should avoid using strong perfume or deodorant.
- Another person's care plan and risk assessment documented that they had chronic obstructive pulmonary disease and was at medium risk. However, it failed to detail what the risks were and how staff should mitigate and manage them. It also stated that the person had eczema and was at severe risk, but failed to provide any details about this, for example, where on the body and how staff should use and apply creams. There was also no body map in place to guide staff.

We found no evidence that people had been harmed however, risk assessments were not detailed and robust to demonstrate risks to people were safely mitigated and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the concerns we found, people and their relatives told us they felt safe with staff and the support they provided. Comments included, "I feel safe with my carers", "Yes, I feel safe with the carer. She talks to me all the time", "I do feel [loved one] is safe. They have a good relationship. [Loved one] is happy to see them", and "I am safe and happy with my carers who arrive on time and complete all their tasks."

### Using medicines safely

- The systems and processes in place for managing and administering people's medicines was not always safe.
- Staff had received medicines training and had undergone a practical medicines competency assessment to

ensure they had the necessary skills and knowledge to manage and administer medicines safely. However, staff had not had their medicines competency assessment conducted on an annual basis to ensure continued safe medicines management. This meant that anyone employed for more than 12 months had not had their medicine competency and practice checked. We drew this to the managers attention who told us they would start to complete annual competency assessments for all staff; however, this would be a large backlog that would take time.

- Medicine audits were completed to monitor the safety and management of medicines. However, we saw that medicines audits in place reviewed the trends in people refusing their medicine and or relatives administering medicine but failed to address or identify medicines management issues with staff administration trends. We drew this to the attention of the manager and director to advise that their audit tool needed to expand to monitor and identify patterns and trends of medicine administration errors or missed medicine management.
- Mental capacity assessments had not been completed for people who lacked capacity or who had fluctuating capacity to make decisions in relation to their medicines management in line with guidance and best practice. Therefore, this could impact on people's care and support particularly if someone refused their medicines or if they had 'as required' medicines. We drew this concern to the attention of the manager and director.

Whilst we found no evidence that people had been harmed, the provider failed to ensure safe systems for the management and administration of medicines which placed people at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- There were safe recruitment practices in place. Staff files were organised and contained evidence of recruitment checks carried out before staff started work. These checks included, staff identification, employment histories, references and Disclosure and Barring Service (DBS) checks. This information helps employers make safer recruitment decisions.
- Recruitment records showed us and people and their relatives told us, that there was sufficient staff available to deliver care in accordance with people's individual requirements. Most people were positive about staff visiting times. Comments included, "My carer is unbelievable. They are pretty well on time. If it's really late, let me know. They have never not turned up", "Yes, they [staff] arrive within their time window", "Yes, they [staff] are wonderful carers. Turn up on time or within 5 minutes", and "I am happy with the carers who arrive on time or early. That's okay with me. They [staff] stay the full call time and complete all tasks."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Policies and procedures to help keep people safe were up to date.
- Staff received safeguarding training and were aware of the different types of abuse and the actions to take if they suspected abuse.
- The manager knew how to report allegations of abuse to the local authority and the CQC where required.
- There were systems in place to manage and learn from safeguarding, accidents, and incidents.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- People told us staff practice in relation to infection control was good. One person commented, "They [staff] wear gloves, aprons and masks." Another person said, "She [staff] wears a uniform and PPE."
- The manager confirmed, and we saw that staff were supplied with appropriate Personal Protective

Equipment (PPE) to keep them and the people they supported safe.

- Staff had completed infection control training and had a good understanding of infection control practices.

# 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.

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

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.

- The provider was not working within the principles of the MCA.
- Mental capacity assessments had not been completed in line with legal requirement, guidance, and best practice. When people had been assessed as lacking capacity or had fluctuating capacity to make decisions about their care, MCA's and best interest decisions were not completed, discussed, and recorded as legally required.
- Care plans did not clearly document people's capacity to consent and did not contain MCA's or best interest decisions. For example, a care plan documented that "during assessment [person] was quite confused" but failed to record the action staff took to address this.
- Staff had received MCA training, however, some staff we spoke with lacked understanding and knowledge of the MCA.

The provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's needs were completed however, care plans required further work to ensure they were relevant, people were central to the planning and reviewing of their care and assessments and care plans were person centred.
- Information documented within assessments and care plans was limited and some information was

generic and not specific to the individual. For example, a care plan stated that "English language I do not understand", documenting that English was not understood by the person and communication was possible with the use of visual displays and choices. However, there were no details or examples documented for staff guidance. There was little information regarding how staff were to support the person with personal care and in particular with regards to meeting their religious needs and wishes.

We recommend the provider refers to current law, guidance and best practice to ensure people's needs and choices are documented and delivered in line with good practice standards.

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

- People were supported to meet their nutrition and hydration needs where this was part of their plan of care. A relative told us, "They [staff] will communicate with us, they let us know what [loved one] has eaten and what [loved one] needs."
- Care plans documented the support people required with meeting their nutrition and hydration need; however, these were not always detailed or did not always identify dietary preferences, allergies and risks and this required some improvement. We drew this to the manager's attention who told us they would review and ensure care plans were fully reflective of people's needs. We will check on this at the next inspection of the service.

Staff support: induction, training, skills and experience

- Staff received an induction into the service and completed training in line with the Care Certificate when they started. 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.
- Staff told us they received training relevant to their needs and support from managers. A member of staff commented, "There is lots of training and refresher training is every year. There is always someone in the office if we need support and I feel well supported by the manager." The provider acknowledged that staff supervision and appraisals were behind schedule, however they had taken actions to address this, and staff feedback was positive stating that they felt supported.
- People told us they felt staff were appropriately trained and knowledgeable to support them safely. Comments included, "They [staff] are well trained providing maximum efficiency, 100%", "They [staff] are well trained and experienced", and "The regular carer is well trained. She knows exactly what to do to care for me. She always gives me choices."
- The providers staff training matrix documented staff training, however, this only showed limited information, for example, when staff had completed training and not staff who may have outstanding training needs. We also noted that the provider was not providing 'The Oliver McGowan' mandatory training on learning disability and autism which is the standardised training developed for this purpose and is the government's preferred and recommended training for health and social care staff. We drew this to the manager and director's attention who told us they would take action to ensure staff received the training as required. We will check on this at the next inspection of the service.

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

- People were supported where required to access health and social care services when they needed them. For example, GPs, nurses, chiropodists, and opticians amongst others. A person told us, "[Staff] is sensitive when I am not feeling right. [Staff] would always get help like the doctor if I need them."
- Care plans contained information about health and social care professionals involved in people's care and who staff could contact if needed.

# 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.

At our last inspection this key question was rated good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; cared for or treated with dignity and respect.

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

- Staff treated people kindly and with respect.
- People and their relatives spoke positively about the staff who supported and cared for them. Comments included, "The carers have time to care for [relative] and complete all tasks. They are very kind and compassionate", "They [staff] are kind and caring. They always spend quality time with me and never rush my care", "Excellent personal care. Cannot fault them", and "Always spend time with me, never rushed. My mobility and balance is poor and they [staff] really help me."
- Staff had received training in equality and diversity and were committed to ensuring people were treated well. One member of staff commented, "I know the people I support well, their likes and dislikes and their religions and cultures. I support and respect that and help them with all their needs like preparing foods."
- Staff knew the people they supported well, their history and preferences and used this knowledge to support them how they wanted to be supported. One person told us, "She [staff] always spends time with me and listens to me. She makes sure all my care needs are catered for. She knows me well and is so sensitive to my moods and helps me to regulate my condition." Another person said, "[Staff] are very much respectful. If I don't feel like having a shower, [staff] knows, and is a very calm and gentle person. When [staff] washes my hair, she knows everything without me asking. She [staff] is mindful of my privacy."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged to make decisions about the care and support they received, and staff respected their privacy and dignity. One person said, "The carers are caring and respectful. They shut the door when washing me. They will automatically ask for my permission." Another person commented, "The carer is respectful. She asks for my consent before doing anything."
- People's independence was encouraged and supported where possible. A relative told us, "They [staff] provide everything [relative] wants and needs, not too little or too much. They always ask if [relative] needs help but [relative] is capable of doing some things."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always person centred, did not always identify or reflect individual's preferences, life histories and social networks or contain detailed information about people's needs and wishes.
- A care plan documented that the person's religion and culture was very important to them but failed to detail how staff could best support them to meet their identified needs. It also documented that the person could not understand English language and effective communication was possible via visual displays and choices. However, the care plan failed to provide details or examples of this for staff guidance.
- Care plans lacked detailed information to support staff to recognise, support and understand people's individual health conditions ensuring their well-being. For example, how best to support someone living with dementia and or memory loss and how to support someone with anxiety or depression. These issues require improvement, and we will check on this at our next inspection of the service.

We recommend the provider refers to best practice guidance when assessing and documenting people's needs and wishes to ensure people receive personalised care, have choice and control and their needs and preferences are appropriately met.

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.

- People's communication needs were assessed and documented in their plan of care, however, information was not always detailed, and this required some improvement.
- Managers and staff were aware of the Accessible Information Standard and information was available in accessible formats upon request.

End of life care and support

- Care plans did not always include information regarding people's end of life care, wishes and preferences. We discussed the need for advance end of life care planning with the manager and provider. They told us they would address this and ensure people had the opportunity to express their wishes and preferences should they so wish. We will check on this at the next inspection of the service.

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

- Staff supported and encouraged people to take part in activities, access community services and to maintain social relationships where this was part of their plan of care.

Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the provider's policy and procedure. There was an up-to-date complaint policy in place which staff were aware of and systems in place to ensure complaints were monitored and responded to appropriately.
- People and their relatives told us they felt able to raise concerns and were confident these would be addressed. Comments included, "Yes, I do know how to make a complaint, but all is working well the last couple of years", "Yes, I know how to make a complaint, but I've no complaints", "I have no complaints or concerns; if I do I ring the office", and "I don't have any complaints. I did 6 months ago but that was resolved to my satisfaction."

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Continuous learning and improving care; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not always well managed. Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying and addressing issues and concerns we found at this inspection and for helping to drive service improvements.

Care plans and records were not always person centred and did not always comprehensively assess and document people's needs and risks to ensure their health and well-being. There were no care plan/records audit tools in place to ensure the quality and standard of care plans and the information document within them was good. We drew this to the manager and providers attention. They told us that the electronic records system used tracks changes made to people's care plans also tracks and audits any tasks that staff are meant to do during care visits but have not done. Although this system identified to office staff when care staff had not completed a task there was no monitoring system in place to check the quality-of-care records and this required improvement. Medicine audits were completed; however, these did not address or identify issues with staff administration trends. Staff support and training was not always monitored, and the staff training matrix only showed limited information about staff training and their needs.

- The providers electronic call monitoring system (ECM) was not always effectively operated and managed. Prior to the inspection we requested the providers ECM data so an analysis could be conducted. We analysed the call data for the period 1st May till 30th June 2023. We noted that 20% of calls had no travel time, 32% of all calls were short in duration, 28% of calls were 15 minutes late and 13% of calls were more than 45 minutes late. For people who required support from 2 staff we found 49% of calls have less than 15 minutes overlap between care workers including 7% which had no overlap. There were 879.5 pairs of calls where staff were logged in at two locations simultaneously. When widespread this can be a sign of ECM misuse. 20.8% of calls were manually logged. This meant that some people did not always receive their care how and when they required.

Effective systems had not been established and effectively operated to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service had a manager in post at the time of our inspection. They told us they were in the process of registering to become the registered manager for the service. They understood their responsibilities under

current health and social care legislation and knew the different types of events they were required to notify CQC about and were aware of the requirement to display their CQC rating.

- The manager and provider understood the duty of candour. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people, where appropriate.
- Staff understood their roles and responsibilities and told us they were in regular communication with the office and managers. Staff attended staff meetings where various topics were discussed in relation to the management of the service.

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

- People and their relatives spoke positively about staff and the service they received. Comments included, "Yes, I would definitely recommend the service. They [staff] have revolutionised my life", "I would recommend the service. My carer does what I ask", "The company is well organised and the office service is ok. I would recommend them", "I think the carers are excellent. However, the agency is a bit hit and miss at times. I think they are well organised though", and "The company is well organised and I would absolutely recommend them 100%."
- We spoke with the manager and provider who told us they would take action to address the issues and concerns we found. They told us that they were working closely with local authority commissioners to help develop and improve the service.
- Staff told us they worked well as a team and were supported by managers. One member of staff said, "Yes, I feel supported in this role. They [managers] support me in my personal life which is very important. I would recommend this is a nice place to work." Another member of staff commented, "The managers are nice people and I feel very supported. I have done lots of training and learnt a lot."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views about the service were requested and considered. The manager told us they had recently developed a quality monitoring survey which was completed to gather people's views about the service. They told us the survey had been sent to people and they were awaiting the results. One person said, "I received a survey to complete and send back, which I have done. I think the service is generally good."
- The manager told us they had also recently implemented a staff survey and they were awaiting the results.
- The manager and provider told us they worked effectively with the local authority commissioners and health and social care professionals when needed to ensure people's needs were met.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to work within the principles of the Mental Capacity Act (MCA). MCA's were not completed where required and staff required further MCA training.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks to people's health and well-being were appropriately identified, assessed and documented. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes in place for monitoring the quality and safety of the service were effective and helped drive service improvements.</p>