

A Buckley Limited

Independent Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 24 and 25 May 2015. Before we inspected the service we contacted the provider to make sure a responsible person would be available to assist with the inspection.

The service was previously inspected in June 2013 when we found that the service was meeting all of the regulations we assessed.

When we visited the service there was a registered manager in post. 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.

Independent care is registered to provide personal care and support to people living in their own home. At the time of our inspection there were 62 people using the service.

During this inspection we identified four breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staff training, staff supervision, medicine management and the lack of systems to assess and monitor the service delivered to people; you can see what action we told the provider to take at the back of the full version of this report.

There was a risk that people may not receive their medication as prescribed by their GP because there were not accurate recordings of the medication administration and adequate checking processes had not been implemented by the registered provider.

From speaking with the registered manager we found there were gaps in staff training for 2015. This meant some staff may not be appropriately trained and skilled to meet the needs of the people receiving a service.

Not all staff during 2015 had received regular supervisions and an annual appraisal.

Due to the shortfalls found during this inspection process the quality assurance processes need to be more robust.

Some parts of the support plans looked at did not contain enough detailed information to direct staff members on how to provide care and support for people taking into account the person's personal preferences and encouraging independence. We recommend that the service considers current best practice in relation to implementing and reviewing the plans of care that are designed to meet the individual needs and personal preferences needs of people who use the service.

We saw that call times were monitored on an informal basis. We recommended that the registered provider implements a formal recording system for call times.

People said they knew who to contact if they wanted to make a complaint and felt they would be listened to and action would be taken. However we recommended that all concerns/issues raised with the service are formally recorded, investigated and proportionate action taken in response and a system to review and learn from issues raised to continually improve the service is implemented.

The service had good recruitment processes to ensure only suitable staff were employed.

We were told by a person receiving a service, relatives of people receiving a service and staff that there was a relaxed and friendly atmosphere between staff, people receiving a service and their relatives.

We were told by the person we spoke with who was receiving a service and relatives we spoke with that staff were kind and respectful to people when attending to their needs.

The person receiving a service, who we asked, told us they felt safe and comfortable when being supported by the care staff.

Those staff we spoke with understood their responsibilities to protect the wellbeing of the people who used the service and were clear about the action they would take if an allegation of abuse was made to them or if they suspected that abuse had occurred.

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.

There was a risk that people may not receive their medication as prescribed by their GP because there were not accurate recordings of the medication administration.

Robust recruitment processes were in place to protect people who used the service from the risk of unsuitable staff.

Suitable arrangements were in place to safeguard people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff had received regular supervision or an annual appraisal to help make sure they were able to deliver effective care.

There were gaps in the training staff had undertaken. Staff had not received update training during 2015.

Is the service caring?

Good ●

The service was caring

The person receiving a service and people's relatives spoke positively about the attitude of the staff and the care they received from them.

We were told that staff were kind and respected people's privacy and dignity

People receiving a service experienced a consistent staff team and had built good relationships with the care staff.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some parts of the care files were inconsistent with the recording of people's personal preferences.

People told us they knew who to contact if they wanted to make a complaint and that they felt any complaint would be appropriately dealt with.

Is the service well-led?

The service was not always well-led

The quality assurances systems in place were not sufficiently robust to identify the issues and concerns we found during our inspection.

People spoke positively about the management of the service and felt appropriately supported.

There were systems in place to consult with people who used the service.

Requires Improvement 

Independent Care

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.

This inspection was carried out over two days on the 24 and 25 May 2016.

In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

The inspection was carried out by one adult social care inspector. During our inspection we spoke with the registered manager, a care coordinator and four members of staff. Following our inspection visit to the location's office we spoke on the telephone with one person receiving a service, five relatives and a healthcare professional in order to obtain their opinions about the service Independent care provided.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications that we had received from the service. We also contacted the local authority commissioners to seek their views about the service. They told us that they did not have any concerns and they thought a good service was provided.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion we had not asked the provider to send us a PIR before or inspection although we had received one during 2015 when we requested it.

We examined four people's care records including their medicine administration records. We looked at the recruitment files for four members of care staff and the supervision, appraisal and training records for staff and records relating to the management of the service such as auditing records.

Is the service safe?

Our findings

The service had a medication administration policy in place which included reporting adverse incidents and was included in the staff handbook so all staff had received a copy.

We saw that staff had received medication administration training that included a competency assessment to ensure staff were competent to assist people with their medication.

We looked at the care plans held in the location's office, for four people in relation to medication administration. Out of the four records we looked at one person was not given or prompted to have medication by the care staff. There were medication risk assessments and support plans in place for the other three people.

The registered manager told us that where possible medication was in a 'dosette box', which was usually filled and delivered by the chemist. A dosette box is an individualised box containing medication organised into compartments by day and time to simplify the taking of medication.

We were told that when medication had been prompted or given by staff, this was recorded on the medication administration record sheet (MAR sheet) that was kept in the person's home and then the registered manager told us the MAR's were brought back to the office approximately every three months. We saw that this had not always happened for example we saw for one person that the MAR's had not been brought back into the office for January, February and March 2016 which meant they had not been checked to ensure the person had received their medication.

We saw gaps in the recording on the two other MAR's that we looked at. For example we saw for one person that the MAR's had not been signed during December 2015, January, February and March 2016. During September 2015 we saw one signature, during October 2015 we saw two signatures and during November 2015 we saw four signatures.

The registered manager told us the process was a care coordinator would informally look at the returned MAR's and any issues identified would be recorded on the database and the registered manager would be informed. We looked at the database records for the people mentioned above but found that no recordings had been made. The registered manager told us there was no formal process to ensure that the MAR's had been checked and appropriate action taken if shortfalls were identified.

This meant there was a risk that people may not receive their medication as intended by the prescribing GP.

The above examples demonstrate a breach of regulation 12 (2) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A whistle blowing policy which was referenced in the staff handbook was in place. We saw the service had a safeguarding adult's policy, that included the contact details of the Local Authority's safeguarding team was

easily accessible for staff. There had been one allegation of abuse since the last inspection that had been appropriately reported to the local authority, however CQC had not been notified at the time but was notified retrospectively.

The person receiving a service who we spoke with told us that they felt safe and relatives we spoke with confirmed that they felt their family member was safely cared for. One relative said "Absolutely safety is not an issue, I have no worries at all". Other comments included "This is a fantastic agency," "I feel [my relative] is very safe" and "They are absolutely brilliant, I have no worries at all."

We saw that out of the twenty eight care staff employed twenty six had completed safeguarding adults training and four out of the six office based staff had also completed the training. The two staff that had not completed the training did not have any contact with the people receiving a service. Staff we spoke with were confident that the service provided by Independent Care was appropriate and safe. They confirmed they had received safeguarding training and staff understood their responsibility in relation to keeping people safe from harm.

Staff said that if they ever had any concerns about risks or people's safety they would phone the office or the out of office emergency phone number for advice and support. The registered manager told us that the out of office emergency number was also recorded in the front of the care files kept in people's homes for people who receive a service or their relative to contact the agency if needed.

We looked at a sample of risk assessments in place, for example moving and handling, the use of the hoist and environmental risk assessments. These helped reduce risks to the health and safety of people receiving a service and the care staff delivering a service.

We saw that the registered provider employed the services of an external company to undertake checks and maintain the fire extinguishers fire alarm system, emergency lighting and smoke detectors to ensure the safety of the office based staff. We saw evidence that the electrical equipment in the office had been portable appliance tested (PAT) to ensure equipment was safe for staff to use.

Records of accidents and incidents held in the office were up to date and the office manager was able to describe the procedure for informing the appropriate authorities of any accidents or incidents.

We saw a staff recruitment policy was in place. We looked at four staff personnel files to make sure recruitment processes, including evidence that appropriate pre-employment checks had been completed prior to someone starting work for the service.

We saw staff files contained a completed application form, documented interview questions, proof of identity and address and two written references, one of which was from the person's last employer. We saw evidence of a Disclosure and Barring Service (DBS) check and evidence of a valid MOT and car insurance that covered business use. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

The registered manager told us that during the second interview process they looked for people who demonstrated a kind and caring attitude towards care delivery to ensure a high standard of care was delivered.

Excluding the registered manager the service employed six office based staff and twenty eight care staff. We

were told that the agency covered nine geographical areas, North reddish, Heaton Norris, Heaton Moor, Heaton Mersey and Heaton Chapel, Didsbury, Edgeley, Davenport and Hazel Grove and as far as possible staff worked within the same area to minimise travelling time, maintain continuity of care and reduce the risk of late visits. Staff spoken with confirmed this.

The registered manager and staff told us that the number of staff employed were sufficient to meet the needs of the people receiving a service. We saw evidence there were sufficient staff to support people's needs and we saw evidence of surplus staff hours available which allowed holidays and sickness to be covered. The registered manager told us that on occasions she or a care coordinator would deliver care to cover unexpected circumstances or short notice staff sickness to ensure that calls were not late or missed.

The person receiving a service and relatives who we spoke with all told us that on the whole staff arrived on time and stayed the required length of time without rushing care. One relative said "They [the care staff] are never really late and go out of their way to help at all times." Everybody we spoke with told us that they had the same carers unless they were on holiday or off sick. One relative said "They [the care staff] have now become friends with mum, which is lovely."

We saw that call times were informally monitored on a live, computerised system so that action could be taken as needed.

We recommended that the provider implements a formal recording system for checking call times and any action.

The registered manager told us that personal protective equipment for example gloves, aprons and disposal wipes were given to all staff during induction and were kept in the office for staff to access at any time. The use of such equipment when carrying out personal care tasks ensures that people who use the service and staff are protected from the risk of cross infection.

We were told that infection control training was covered as part of the induction process and was included in the staff handbook as part of Health and Safety and included good hand washing techniques. Staff were also given a laminated copy of good hand washing techniques.

Is the service effective?

Our findings

The registered manager told us that staff training was recorded individually on the database. There was no overall training record and there was no system in place for the registered manager to review and audit staff training. This meant it was difficult to assess what training staff had undertaken and which training staff required. The registered manager told us that training had lapsed during 2015 which meant that there were gaps in staff training. For example there was no evidence that moving and handling, food hygiene, first aid and Dementia Care training had been undertaken. We saw that staff had undertaken safeguarding adult's training but a competency assessment had not been undertaken following the training to ensure that staff had understood the training.

This meant there was a risk that staff did not have all the qualifications, competence, skills and experience to meet the needs of people receiving a service.

The above examples demonstrate a breach of regulation 12 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From April 2015 new health and social care workers should be inducted according to the Care Certificate framework, which replaces the Common Induction Standards and National Minimum Training standards. We saw that the service had a service induction checklist and was in the process of implementing the Care Certificate. All new employees were in the process of undertaking the modules of the Care Certificate. Care staff were given access to the office computers and were given support to work through the modules. The registered manager said it was their intention that existing staff would access appropriate individual modules to further develop their knowledge.

All new employees attended a two day classroom based induction course which included working through the staff handbook which provided them with clear guidance on the standards of care that were expected.

New employees undertook a period of 'shadowing'; that is they worked three shifts working alongside experienced staff to gain familiarity and confidence in all aspects of their role. The registered manager said following the shadowing period new employees were invited to give and receive verbal feedback.

Staff we spoke with confirmed that they had undertaken induction training and found it helpful.

The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. We saw that the service had a staff supervision policy, which stated staff should receive supervision six times a year. The registered manager acknowledged that this had not happened which meant the service was in breach of their own policy.

From the four staff files we looked at we saw that two staff had not received an annual appraisal and none of the care staff had received six supervision sessions.

The above examples demonstrate a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decision and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. .

Staff spoken with confirmed they had undertaken MCA training and demonstrated an awareness of the MCA and the need for consent to be obtained. Staff were able to explain how they obtained consent from customers on a day to day basis.

The person receiving a service and relatives spoken with confirmed that care staff asked permission before undertaking care duties or domestic tasks.

The registered manager said that before a support plan is implemented they would go to the person's home and go through the plan with them and their relative if that was appropriate to ensure they were happy with its content. People we spoke with confirmed this. We saw that where possible the person receiving the service had signed their consent agreeing to their support plan. In one instance we saw that the registered manager had signed the support plan to evidence that the person had given their verbal consent as the person was unable to sign themselves. Such documentation indicated that people had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being offered/provided. The registered manager was aware that only people who had power of attorney for health and welfare decisions were legally able to sign on the person's behalf.

Some people received help with meal preparation and with shopping. We saw that staff had received food hygiene training during 2015 and we were told that a record would be kept of people's dietary and fluid intake if there was an identified problem with nutrition and hydration so it could be monitored and action taken if necessary. There was not a need for this document to be included in the care files we looked at during this inspection.

Is the service caring?

Our findings

The person receiving a service and relatives who we spoke with all told us they thought the service was caring. We were told that staff had built a positive relationship with the person receiving a service and their relatives. One relative said "They have got to know [their relative] very well and understand them and their needs very well." Another relative said "We get the same care staff and have built up really good relationships with them."

We were unable to observe care being carried out directly but people we spoke with commented in a positive way about the care received. One person receiving a service told us "I am one hundred per cent happy with the service; they [the care staff] are really nice people, very kind and friendly."

One relative told us "[their relative] is delighted with the care and the staff providing the care." Another relative told us "All the staff are kind, caring and professional." Other comments included "They are like angels and deserve the highest score you can give them" and "They [the care staff] are really nice, they go out of their way to help and are never late."

The people we spoke with all told us that privacy and dignity were respected at all times. For example we were told personal care was provided in private and staff were keen to make sure that curtains and doors were closed prior to any care being delivered.

Staff we spoke with understood the importance of offering choice to people and told us that where possible people were encouraged to make choices around how they wanted their care to be delivered on a day to day basis. We saw some parts of the support plans included details of people's personal preferences. The registered manager told us she visited the homes of all the people receiving a service to ensure they were happy with the support plans and ensure they were built around the person's individual needs and personal preferences. Relatives spoken with confirmed this.

We saw that privacy and dignity was covered during the induction process and staff had access to policies and procedures for maintaining dignity, equality and diversity, although the registered manager acknowledged these policy's required updating. All staff we spoke with described the importance of respecting people's privacy and dignity and were able to explain how privacy and dignity was respected. For example personal care was delivered in the privacy of the person's bedroom or bathroom and staff described how they spoke with people in a dignified and respectful manner.

The registered manager and the staff we spoke with demonstrated a caring and positive attitude about the people they delivered a service to. The registered manager was able to give several examples of staff kindness to people. For example when the spouse of one person passed away the carer regularly brought fresh flowers to put in a vase next to their photograph which brought great comfort to the person. Another member of care staff, in their own time, had researched a number of specially adapted hotels for a person who wished to take a holiday. The registered manager and the member of care staff then visited the preferred hotel to ensure it could provide a safe, effective and suitable holiday to meet the individual needs

of the person.

Staff told us they thought the agency delivered a high standard of care and they got to know people very well and over time had developed good relationships. One care worker said "We always put the service user first."

The registered manager told us that an annual observation, or more frequently if needed was undertaken with care staff. These observations included working alongside care staff and ensuring that staff respected people's privacy and dignity, observing staff were caring and promoting people's independence. Staff spoken with and evidence seen of the documented checks on staff personnel files confirmed this.

Is the service responsive?

Our findings

The registered manager told us that unless it was an emergency package of care an assessment of the person's individual needs would be undertaken prior to a service being delivered to ensure they could meet those needs. We saw if the referral was a local authority (LA) referral, the LA sent the service details of the care package required and as soon as possible after the referral the service would go the persons home and undertake their own assessment. This included obtaining personal details about the person including relevant risk assessments and a medication assessment. We saw evidence of this in the care files we looked at and relatives spoken with confirmed that they had been involved in this assessment. This meant that the service could be sure they could meet all of the assessed needs of the person.

During this inspection we looked at the care files for four people who used the service, which included individual support plans for that person. The registered manager told us that support plans were reviewed on an annual basis or more frequently if needed. The registered manager told us they or a care coordinator visit people's homes to undertake the review with the person receiving a service and their relative if appropriate to ensure they are happy with the updated support plans. Relatives spoken with confirmed this.

We saw three of the four support plans looked at had been reviewed during 2015 or 2016. However we saw one support plan had not been reviewed since 2013. The registered manager made assurances this would be reviewed as a matter of urgency.

We saw some inconsistencies in the support plans. For example some parts of the plans were person centred, describing the needs of the person in a detailed and individual way. For example in one support plan it described exactly what personal care was required while encouraging the person to be independent and including details of what drinks were the person's personal preference and what drinks the person liked to be left out for them by the carer for the afternoon. However other parts of care file did not include such detailed information to direct care staff to deliver care that reflected the individual personal preferences of the person whilst promoting independence. For example one care plan stated 'Would like some assistance with personal care and getting dressed.' In another care file it identified the person had mobility problems but did not direct staff to what these were and how best to support the person.

We recommend that the service considers current best practice in relation to implementing and reviewing care plans that are designed to meet the individual needs and personal preferences needs of people who use the service.

All the people we spoke with confirmed they had a copy of the support plans in the home and staff signed a record for each visit.

One visiting health professional we spoke with said "I do actually recommend this service and would use them myself." They went on to tell us that in their opinion the care was very good and they have never had any concerns about the service delivered. They told us the care staff were knowledgeable, helpful and

responsive to people's needs and were quick to ask healthcare professionals advice and then act on the advice given.

During our inspection we reviewed the policy in relation to complaints, which the registered manager said was included in people's care files kept in their own home.

We saw no formal complaints had been made in the last 12 months. The registered manager told us that they knew the people receiving a service and their relatives very well and sometimes delivered care themselves. Due to this they had good relationships and encouraged people to raise concerns or issues at the earliest opportunity so they could be addressed immediately, which meant that official complaints were rare. A person receiving a service and relatives we spoke with confirmed this. One relative told us "The manager is absolutely brilliant and always sorts any issues out straight away." Another relative told us they had never needed to make a complaint but said "The manager is great and very approachable so I would be happy to make a complaint if I needed to." Another comment was "I did once raise a concern and it was listened to no problem, I was happy with the outcome." This showed the registered manager addressed any complaints or issues people raised.

We saw that informal complaints/issues had been recorded on the database and a summary titled 'quarterly complaint and safeguarding records' were printed off. However the printout was confusing and did not accurately cross reference to the hard copy of recorded complaints/issues received. In addition we saw that one of database entries was not actually a complaint or an issue raised it related to a visit times.

We recommended that all concerns/issues raised with the service are formally recorded, investigated and proportionate action taken in response and a system to review and learn from issues raised to continually improve the service is implemented.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with CQC at the service since September 2010.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we asked the registered manager about any quality assurance processes/systems in place for monitoring the quality of the service provided.

We saw that the MAR charts were not being regularly checked and audited and gaps in the recording had not been identified.

We found although there were records on the database of complaints, staff training, accident and incidents, there was no structured and meaningful process in place to review the information to identify any trends or areas for improvement to continually improve the service provided. Although people's support plans were reviewed there was no checking or audit process for the care file to ensure all parts of the file were accurate, update and complete.

The service had a system in place to monitor the times and lengths of visits made by staff to people's homes if they were funded by the LA. The care staff used the telephone at the person's property, at no charge to the person, to register the start and end of each visit. This system allowed the management team to monitor if visits were late, missed or otherwise not as scheduled. This meant that swift action could be taken if a problem had been identified with visit times or length of visits. However there was no auditing system of this in order to identify any trends or patterns to missed or late calls.

We saw that policies and procedures were available and accessible to staff. However many of the policies and procedures we looked at required reviewing and updating as they made reference to the outdated, previous standards and regulations. The registered manager acknowledged that the policies and procedures required reviewing. This meant staff were not provided with access to up to date information that reflected current legislation and best practice guidance to support them in their roles.

There had been one allegation of abuse that CQC should have been notified about and was not. By not notifying us of incidents such as these, there was a risk that we are unable to assess if the appropriate action has been taken and the relevant people alerted. In this instance we saw that the relevant people had been alerted.

The above examples demonstrate a breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that people receiving a service and/or their relatives were sent quality questionnaires on an annual basis. We saw that these questionnaires had been sent out in March 2015 and the results and comments had been analysed. Some comments included 'Very friendly staff,' 'Always willing to help,' 'All carers are very nice' 'The quality of care is excellent, 10 out of 10 for a great service and 'For the past six years I have been very satisfied and I cannot thank you enough for what you do.' The registered manager told us it was their intention during 2016 to send staff an anonymous questionnaire in an attempt to let staff have their say on the service delivered if they so wished.

Staff told us that they felt supported by the management team based in the office and could speak to registered manager at any time if they wanted to and if they had a problem out of office hours they could use the on call system. One member of care staff said "The manager is great, she is always looking to improve care for people." Other staff comments included "I think this is a very good agency," "I love working here, I have never had a negative comment for any service user," "I feel very supported by the manager" and "I go into the office a lot and they always make time for me."

We saw that staff meetings were held in the office approximately on a quarterly basis, where the registered manager told us a buffet was provided. The registered manager told us a copy of the minutes were sent to all staff with their wage slips to ensure all staff received a copy. In addition we saw that staff received a monthly letter and text messages were sent to care staff to keep them informed of any issues they need to be aware of. Staff spoken with confirmed this.

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 did not take formal enforcement action at this stage. 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>We found that people may be at risk of not receiving their medication as intend by the prescribing GP.</p> <p>We found the provider did not ensure that all the persons providing care or treatment to services users had the qualifications, competence, skills and experience to do so safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a sufficient and effective system in place to regularly assess and monitor the quality of service that people received.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not fully protected against the risks of unsafe or inappropriate care because not all staff had not received all necessary direction and support to carry out their role</p>