Care Boutique Limited

Caremark (Hounslow)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

We undertook an announced inspection of Caremark (Hounslow) on 17 and 18 December 2015. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.
Caremark (Hounslow) provided a range of services to people in their own home including personal care. At the time of our inspection 10 people were receiving personal care in their home. All of the people using the service were funding their own care.

This was the first inspection of the service since it was registered on 2 April 2015.

At the time of the inspection the manager was in the process of applying to be registered with the Care Quality 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.

Care workers were providing care to people in their homes while unsupervised before their Disclosure and Barring Service (DBS) check had been received.

The records relating to when medicines were administered by care workers were not accurate.

The provider had generic risk assessments in place but they had not identified possible risks in relation to specific issues for people using the service and had not provided care workers with guidance on how to reduce these risks.

The provider had a process for the recording of incidents and accidents but this was not always followed and information relating to any actions taken was not recorded.

There was a policy and training in relation to the Mental Capacity Act 2005. However, the provider did not ensure appropriate actions were taken when a person using the service had been identified as unable to make decisions about their care.

The care plans did not provide accurate information in relation to the person's current support needs.

The provider did not have a robust system of audits and checks in place to review the quality of the care and support provided.

There were safe practices in place in relation to recruitment. Care workers had received an induction and training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Care workers also had regular supervision with their manager.

The provider had a good working relationship with General Practitioners (GPs) and other healthcare professionals who provided support for people using the service.

People using the service and relatives felt safe when care was being provided in their homes. They also felt the care workers were kind, caring, treated people with respect and maintained their dignity when providing care.

The provider had a complaints procedure in place and people we spoke with knew how to make a complaint if necessary.

People using the service, relatives and care workers felt the service was well-led.

We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding people, medicines management, recording incidents and accidents, risk assessments, the Mental Capacity Act 2005, accurate care plans and quality assurance. You can see what action we told the provider to take at the back of the full version of this 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?

Inadequate

The service was not safe. The records relating to when medicines were administered by care workers were not accurate.

Risk assessments relating to people's specific support needs and associated guidance for care workers were not in place.

People using the service and relatives felt safe when care workers provided support in their home.

The actions identified following incident and accidents were not always recorded.

Is the service effective?

Requires Improvement

Some aspects of the service were effective. The provider had a policy in place in relation to the Mental Capacity Act 2005 but they did not have procedures in place to ensure appropriate actions were taken when a person using the service had been identified as unable to make decisions about their care.

Care workers completed a range of training identified as mandatory by the provider.

There was a good working relationship in place with healthcare professionals who provided support for people using the service.

Is the service caring?

Good

The service was caring. People using the service and relatives were happy with the care and support provided.

They also felt the care workers were kind, caring, treated them with respect and maintained their dignity when providing care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. The provider did not ensure the care plans provided an accurate record of the current support needs of the people using the service.

The provider had a complaints process in place and people knew

what to do if they wished to raise any concerns.

A detailed assessment of needs was carried out before a person started to receive support from the service.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The provider had limited systems in place to assess the quality of the service being provided. They did not provide adequate information to identify areas for improvement.

People using the service, relatives and care workers felt the service was well-led.

Caremark (Hounslow)

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 took place on the 17 and 18 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection and carried out telephone interviews with people using the service and their relatives.

Before the inspection, the provider completed a 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 the notifications we had received from the service and records of safeguarding alerts.

During the inspection we spoke with the manager and the managing director. We reviewed the support plans for five people using the service, the employment folders for five care workers which included training and supervision information and records relating to the management of the service. After the inspection visit we undertook phone calls to one person who used the service and two relatives. We contacted 16 care workers via email for their feedback and one care worker responded.

Inadequate

Is the service safe?

Our findings

The provider did not ensure that people using the service were protected from possible abuse and improper treatment by allowing care workers to provide support unsupervised before the results of a Disclosure and Barring Service (DBS) check for criminal convictions was received. Records viewed for three care workers evidenced DBS checks had been applied for, however there was no confirmation that the outcome of these checks had been received. The manager confirmed that these three care workers had been providing care for people in their homes unsupervised before the DBS checks had been received. The three care workers had completed the recruitment process and had received the DBS Adult First clearance which indicates if the person is registered on the barred list. We saw that one care worker had been working unsupervised for six months without the DBS check result being received. This meant that the provider could not ensure that the care workers providing support did not have any criminal convictions which could affect the safety of the care people received.

The provider had a policy and procedure in place to identify and respond to safeguarding concerns. We looked at the records for the one safeguarding concern which had been raised in 2015. The record included relevant information and any related correspondence. We identified one issue which related to a person who exhibited behaviour that could be challenging and the use of inappropriate restraint to resolve this behaviour which could put the person at risk. This had not been reported as a safeguarding concern to the local authority which meant that the person was at risk of inappropriate care.

The above paragraph demonstrates a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a policy and procedure for the administration of medicines but the care workers were not recording the administration of medicines accurately. When we looked at the records for one person we saw the authorisation to administer medicines for this person had been signed by the manager but not the person using the service. We looked at the medicine administration record (MAR) charts for this person relating to July and August 2015. We saw that the care workers who administered the medicines had recorded that the person had been suffering from vomiting so was unable to take their prescribed medicines for three days. We looked at the daily records for that period completed by care workers describing what support they had provided. We saw the person had been eating normally and was not suffering from vomiting but had been refusing to take their medicines. We also saw from the MAR chart a pain relief medicine that had been prescribed as two tablets to be taken four times a day when required. The MAR chart indicated that the person had run out of this medicine for three days, so had not received it.

We also saw on the September 2015 MAR chart a label from the pharmacy had been applied to the chart stating a medicine should be administered twice a day. The MAR chart showed that during a 14 day period it had been recorded that the medicine had been administered three times a day. The administration of the medicine was then not recorded after the 15 September but no reason for the medicine being stopped by the person's General Practitioner (GP) had been recorded.

We looked at the records for another person and saw a review of the person's care plan dated 7 December 2015 which indicated that, following a change in the person's support needs, the care workers should only prompt the person to take their prescribed medicines. A new risk assessment in relation to medicines had been completed at the time of the review. The person's relative had then left a note for the care workers to administer the medicines for their family member. The manager then completed a new risk assessment which stated that care workers should prompt the taking of medicines but further in the document it identified that medicines, including warfarin, should be administered. Also it recorded that a blister pack was not provided by the pharmacist but the person's family removed the medicines from the original packaging received from the pharmacy and would leave them in another container for the care workers to administer. The risk assessment indicated that this meant the care workers were not aware of the medicines they were administering but no actions were identified to resolve this issue. The medicine authorisation form confirming the person's agreement to the level of support provided by the care workers to either prompt or administer their medicines had been signed by the manager but not by the person using the service. The form had also not been fully completed and did not indicate if the medicines were to be prompted or administered. There was no record of the person agreeing to care workers providing the appropriate support in relation to medicines.

This meant that as the information recorded was not accurate and medicines were being administered from packaging not provided by the pharmacist, the provider could not ensure that people had received their medicines as prescribed.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk because the provider had not taken action when a person receiving support had an accident or action to prevent these reoccurring. The provider had a process in place for the recording and investigation of any incidents and accidents but not all the information relating to the action taken was recorded on the forms. We looked at five incident and accident forms and these had not been completed in full. The forms included sections for details of the event, what short and long term actions were taken and who had reviewed the information recorded. The five forms viewed did not include detailed information relating to both the short and long term actions taken to reduce the risk of the event occurring again. Some of the forms had not been signed by the manager to confirm they had reviewed the information. One form we looked at related to an incident when the hoist stopped working whilst a person was being moved to their bed. The care workers recorded that they had 'pushed' the person onto the bed and that they had tried to contact the maintenance company. There was no information recorded in either the short or long term actions sections to indicate how the issue was resolved and what actions were taken to reduce any reoccurrence. Another of the incident forms related to a person who became very unwell when care was being provided, which resulted in the emergency services being called. The information about the incident had been recorded but there was no indication of any actions being taken, for example if the care plan or risk assessments had been reviewed to identify any changes in care needs.

This meant that incidents and accidents were not being reviewed and monitored by the senior staff so that any trends or patterns could be identified.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had risk assessments in place for people using the service but detailed risk assessments for specific issues were not in place. In the care records we saw each person had a general risk assessment

document which covered day to day living. There were also a number of issues that had been identified in individual assessments and care plans that were specific to each person. Possible risks were identified but an assessment had not always been carried out and guidance for care workers on how to reduce these risks had not been provided. These issues included increased risk of pressure sores, falls, urine infections from catheter use and diabetes. The needs assessment for one person identified that they could exhibit aggressive behaviour. The provider did not carry out a specific risk assessment in relation to this and had not provided the care workers with appropriate guidance. This meant that care workers were not aware of any increased risk in relation to the person's specific support needs and how to reduce these risks. This resulted in an increased risk of people's needs not being met in a safe and appropriate way.

The above paragraph demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a recruitment process in place and the manager explained they asked anyone applying for a care worker role to complete the application form in the office as a literacy test. The provider requested that applicants provided a minimum of five years previous employment history. The manager told us they asked for either two references from previous employers or one character reference and one reference from the previous employer. In the recruitment records we viewed in one case the provider had only received one reference from a previous employer but had not received a character reference they had requested which was not in line with the provider's policy. The manager explained they had contacted the person given as the character reference a number of times but had started the applicant as a care worker as their other reference was from another home care provider.

The person using the service told us they felt safe when receiving support in their home from care workers. The relatives we spoke with also confirmed they felt their family members were safe when receiving care. There was a whistleblowing policy and procedure which explained how care workers could report any concerns they had relating to the care provided and staff understood these.

We saw the provider had a contingency plan in place to deal with a range of emergencies that might occur including bad weather and sickness. The plan identified what actions should be taken to ensure people continued to receive their care in a safe and appropriate way.

The manager explained that the number of care workers required for each visit was based upon the person's care needs which were identified during the initial assessments and in discussions with the person who would be receiving care and their relatives.

Requires Improvement

Is the service effective?

Our findings

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 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.

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. We checked whether the service was working within the principles of the MCA.

The provider had a MCA policy in place but actions were not taken to meet the requirements of the Act when a person had been identified as lacking mental capacity to make decisions or to support them to make decisions if they had capacity. We saw the care plan for one person indicated that their relative would make all the decisions relating to their care but the person's initial assessment stated they had capacity to make decisions. When the person's support needs changed and their relative was no longer involved in their care, the review of their care plan identified that the person could make all their own decisions relating to their care.

The provider did not carry out any assessments of the person's capacity as part of the initial assessment of support needs. When we looked at the care plans for two other people we saw it stated that their relatives made the decisions relating to their care. There were no records showing a Lasting Power of Attorney being in place. A Lasting Power of Attorney in health and care matters legally enables a relative or nominated person to make decisions in the person's best interest as well as sign documents such as the support plan on their family member's behalf. We saw the relatives of each were agreeing the care plans and providing feedback on the care provided with no involvement of the person using the service. There was no information on who could make decisions in each person's best interests.

This meant that processes that were in place were not being used to ensure these people's rights were being protected.

The above paragraphs demonstrate a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager explained new care workers completed a three day induction course which covered the modules of the Care Certificate. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. We saw in the employee records the Care Certificate workbooks had been completed during the induction process. The induction also included training on customer care, dementia and food preparation. Following the induction new care workers would shadow a more experienced care worker. The shadowing would take place in the homes of the people the new care worker would be providing support for to enable them to understand the specific care needs of each person. We saw

competency checks were carried out as part of the Care Certificate assessment.

The manager told us care workers had not completed the annual refresher training identified as mandatory by the provider as they had not been in post for more than a year. The care workers had completed all the training identified as mandatory by the provider as part of their induction. The mandatory training included medicines management, infection control, basic first aid and moving and handling.

The manager explained that new care workers had a supervision session at the end of their three month probation period. They also confirmed they aimed for supervision sessions to be completed every six to eight weeks following successful completion of the probationary period. There were also spot checks carried out to monitor the care workers when providing care. We saw from the employee records that a supervision session had been completed at the end of each care worker's probation and regular spot checks had been completed. The manager explained that appraisals were planned when each care worker had been employed for 12 months.

We saw there was a good working relationship with healthcare professionals who also supported the people using the service. The care plans contained the contact details for each person's General Practitioner (GP) and other health professionals involved in the person's care. During the inspection we observed the manager speaking with an occupational therapist and discussing what actions had been taken by care workers to clean and reduce the risk of falls in a person's home.

We saw each person's care plan identified if the care workers were required to prepare food and/or provide support for the person to eat. The care worker told us "I do help people with eating, drinking and I have received basic food and hygiene training."

When asked if the care workers arrived on time and stayed for the agreed time one person said, "Yes they are usually on time but they will phone if the bus is running late even if it is just a few minutes." Relatives told us, "There was an issue with carers not arriving for a call but this was resolved" and "For most of the time they arrive on time, they can sometimes be erratic but a carer is always provided." They all confirmed that the care workers stayed for the agreed time during each visit. The manager explained the care workers noted their arrival and departure times as part of the record for each visit but no other checks had been carried out to confirm they attended as agreed.

Good

Is the service caring?

Our findings

We asked the person who used the service and relatives if they felt the care workers were kind and caring when they provided support. The person said, "Yes the care workers are always kind and caring when they visit." One relative told us, "Yes, very much so. The care workers are nice and talk to my family member all the time when they are here." Another relative said, "The care workers were very good at looking after my family member. They have gone out of their way to provide care. They put the human element into what they do and the care they provide."

The person using the service and the relatives were asked if they felt the support that was provided by care workers helped maintain independence. The person commented, "Yes, all the support I get means that I can do the things I want to every day." A relative said, "They help my family member and stop me having to turn them and hurting myself."

We saw care workers were provided with general information about the personal history of the person they were supporting. The level of information available varied between each person's care plan and included their interests and hobbies as well as their work and family history.

We asked people using the service and relatives if they felt they were involved in how the care and support was provided. A relative told us, "The family were involved in the decisions as our relative can make some decisions but we decided how many hours care was needed."

Relatives and the person using the service were asked if they were happy with the care and support provided by the care workers. Everyone we spoke with confirmed they were very happy with the care and support. One relative said, "I am very happy. The care workers even came in overnight to provide support for my family member when I had to go into hospital."

We asked if people and relatives felt the care workers treated people with respect and dignity. Everyone we spoke with told us they felt the care workers ensured people's dignity and respect was maintained when care was being provided. A relative said, "Very much so. They call us both by our first names which makes us happy." We asked the care workers how they ensure a person's privacy and dignity is maintained. The care worker told us, "I do ensure people's privacy is maintained by introducing myself; by establishing what the service user prefers, what is their normal routine, their culture, beliefs. Also by ensuring all window blinds and doors are closed before giving personal care." The provider had a policy in place in relation to how care workers maintained a person's privacy and dignity. Care workers were also given guidance on how to maintain privacy and dignity during their induction training and in the handbook they were given.

Requires Improvement

Is the service responsive?

Our findings

The provider did not ensure the care plans provided an accurate record of the current support needs of people using the service.

We saw one care plan that stated the person's relative would be providing the majority of care and the care workers would visit once a day. A care plan was agreed in August 2015 and indicated that a care worker would be providing one hour of support with personal care each morning. The care plan stated the person's relative would be responsible for administering medicines and preparing food. Risk assessments were also completed based upon this level of care. Following a change in circumstances which meant that their relative was no longer involved in their care, the manager carried out a review of the person's support needs. This resulted in an increase to three care worker visits per day. It was also identified that the person's support needs now included administration of medicines and support with preparing meals. The manager had carried out the care and support review but had not completed a new care plan. We saw the care plan in the person's support folder still referred to the original support needs and the manager had not created a new care plan to reflect the changes. The manager confirmed the care plan in the person's home had not been updated.

We looked at the care plan for another person and it indicated that a care worker would visit the person twice a day to support with personal care and administering medicines. The care plan had been agreed by the person's relative in October 2015. We looked at the care and support review that had been carried out in December 2015 and saw the number of visits had now been reduced to one per day. The care plan had not been amended to show the change in the number of visits and the manager confirmed the care plan kept in the person's home had not been updated.

Cultural and religious needs were only identified in one of the care records we viewed. This meant the care workers were not aware of any impact a person's cultural or religious needs might have on the care they received.

This meant the care plans used by the care workers did not provide accurate guidance on the specific supports needs of the person and the agreed levels of care.

The above paragraphs demonstrate a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The person using the service and the relatives we spoke with confirmed they had been involved in the development of their care plan. The manager confirmed the care plans were reviewed every three months or sooner if the person's care needs had changed. We saw reviews had been carried out for the care plans we looked at.

The manager explained that a satisfaction questionnaire that could be sent to people using the service was provided by Caremark but this had not been sent to people receiving care and support from the Hounslow

office. The manager told us that they were planning to send out the questionnaire at the beginning of 2016 as the branch had not been open for a full year.

Detailed assessments of a person's needs were carried out before care was provided. The manager explained that they would either be contacted directly by a person wishing to have care in their home or by a relative. The service also arranged care for people when they were discharged from hospital. A referral form was completed which identified the type and frequency of the care required. The manager would then visit the person to confirm their support needs. The manager told us the service also provided rapid response care if a person required support in their own home the same day. If someone was being discharged from hospital a care worker would be waiting for them when they arrived home. The care plan was developed from the initial assessments. The manager told us the person using the service or their relatives would be contacted by telephone during the first week that care was being provided to ensure they were happy with the support they received.

Care workers completed a record for each visit to the person they provided care for. The manager explained the care workers returned the completed record books to the office when they were completed. They checked a selection of pages from random record books to check the information was written clearly and reflected the care provided. We looked at the daily records for three people and we saw these were appropriately detailed and reflected the needs outlined in the care plan.

We asked people using the service and relatives if they knew how to make a complaint about the care provided. One person told us, "I would call the office and speak to the boss." A relative commented that they had not needed to make a formal complaint but they were happy with the way the manager had responded when they raised some concerns about the care provided. There was a complaints policy and procedure in place. The manager explained when a person started to receive care from the service the complaints process was explained to them and complaints forms were kept in the care folder in the person's house. We saw that only one complaint had been received by the service and this had been responded to in an appropriate and timely manner.

Requires Improvement

Is the service well-led?

Our findings

The provider had not identified, managed or mitigated risks to people. During the inspection we identified a range of issues including the lack of specific risk assessments, management of medicines and reporting of incidents and accidents. These had not been identified by the provider using their existing processes. The provider did not have a robust system of audits and checks in place to review the quality of the care and support provided.

Checks were not carried out to ensure care workers were arriving at the agreed time and staying for the full time of the scheduled visit. The manager explained that care workers recorded their times in the daily record of the care provided but these had not been checked. The manager told us following two missed calls they had started to contact some of the people using the service to check the care worker had arrived but this was not done regularly and there were no records of the calls made.

We saw the provider used a checklist to record when the initial care plans, risk assessments and reviews were completed. The information was confusing as there was no consistency in what information was recorded and when the checklist was completed. One checklist we looked at indicated that a person's care had started in August 2015 as the dates recorded for the care plan and risk assessments were during that month. The care had actually started in June 2015 and the documents recorded on the checklist referred to care plan reviews that had occurred following a change in needs and not from the development of the original care plan. This meant the provider could not ensure all the required documents had been completed to identify a person's care needs and when the most recent version had been created.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the manager was in the process of applying for registration with the CQC.

We asked the person using the service and the relatives we spoke with if they thought the service was well-led. The person told us, "I can only go by the care worker that visits me who is good but I can't comment on the office as I have not had much to do with them." Relatives told us, "The service appears to be well-led. When I contact the office the calls are responded to and the manager answers my call quickly" and "I think the service is well-led." We also asked the care workers if they felt the service was well-led. One care worker told us "I think the service is well led because there is always help whenever you need help. The manager will always take you to any new client's house, to introduce you to the new service user and they are always there to help with giving personal care."

We asked care workers if they felt supported by their manager and the care worker commented, "Yes, I do feel that I know what I was doing and I felt that I have had proper support, training to do my job and to meet client's needs." We also asked the care workers if they felt the culture of the organisation was open and fair. The care worker told us, "I felt that the culture of this organisation is fair and open because they believe that everyone should have the right to choose to remain living in their own home and to be given the care and

assistance to do so as safely and as securely as possible. Also they believe that the mission can only be realised through shared beliefs and working together as a team."

The manager told us they held regular team meetings for the care workers. We saw the minutes from the team meetings held in September and December 2015 and the manager confirmed these had been circulated to all the care workers. The minutes we looked at included notes on discussions relating to what information must be passed on to the office and sharing positive feedback that had been received from relatives.

The manager explained they had recently implemented an 'employee of the month' scheme for care workers. They had originally planned for care workers to nominate each other but they had not received many nominations. It had therefore been decided that the employee of the month would be based upon feedback from people using the service, other care workers and their performance during spot check visits. We saw the name of the first employee of the month had been discussed at the care worker's meeting and had been circulated to ensure the care workers were aware of the new scheme.

The manager told us a handbook was given to new care workers during their induction. We saw the handbook included the philosophy of the service, code of practice and standards of performance. The aims and objectives of the service were also included in the handbook. This meant that care workers had information about the aims of the organisation.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure the care provided was appropriate, met their needs and reflected the preferences of the people using the service. Regulation 9 (1)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the Mental Capacity Act 2005. Regulation 11 (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess the risks to the health and safety of service users of receiving care and do what is reasonably practicable to mitigate any risks. Regulation 12 (2) (a) and (b) The provider did not ensure the proper and safe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not ensure systems were in place and operated effectively to prevent the abuse of service users. Regulation 13 (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not assess, monitor and improve the quality of the services provided. Regulation 17 (2) (a) The provider did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. Regulation 17 (2) (b)