

Forever Independent Limited

Forever Independent

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 announced inspection took place on 30 April 2018. This service is a domiciliary care agency and provides care and support to adults living in their own houses and flats. Not everyone using Forever Independent receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 95 people were provided with 'personal care' by Forever Independent.

The service had a registered manager who had been in post since September 2015. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people safety were not always appropriately assessed or kept under review. People were supported to take their medicines by staff if needed but further information was required by staff to ensure medicines were managed safely.

People were supported by a sufficient amount of staff and told us they felt safe. Staff were aware of how to respond if they suspected abuse. People were supported by staff who understood their responsibilities for maintaining cleanliness and hygiene and to report accidents and incidents.

An assessment of people's needs was carried out when they first started using the service but care plans did not always contain sufficient information about people's health conditions. People were supported by staff who received an induction and relevant training but who did not always receive regular supervision.

People were supported to eat and drink and staff sought medical attention if people needed it. However, further information was needed for staff about how they should provide support to ensure that risks were reduced.

People told us they were able to make their own decisions about their care. However, some people were not able to consent to aspects of care and mental capacity assessments and best interest decisions had not always been completed in these instances.

Staff were caring and respected people's privacy and dignity. Staff were provided with a sufficient amount of time on care calls to be able to provide compassionate care. People were supported by staff who knew their likes and dislikes and were involved in planning their care.

People's care plans lacked detail about the support they required. Care plans had not always been regularly reviewed or updated when aspects of care provision had changed. There was limited information about any

needs people had in relation to protected characteristics under the Equality Act and about their preferences about how they wished to be cared for at the end of their life.

Complaints about the service were responded to and people told us they had little cause to complain. They told us that their needs were met in a way and at a time that suited them.

Quality monitoring audits were not fully effective in identifying areas of improvement and sufficient action was not always taken in response to external audits and inspections. Staff felt supported by the management team but spot checks of their performance were not comprehensive. Feedback was sought from people regarding the service they received and people told us they were happy with the service they received.

This is the second time the service has been rated Requires Improvement. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back 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?

Requires Improvement ●

The service was not consistently safe.

Risks to people safety were not always appropriately assessed or kept under review.

People were supported to take their medicines by staff if needed but further information was required by staff to ensure medicines were managed safely.

People were supported by a sufficient amount of staff.

People felt safe and staff were aware of how to respond if they suspected abuse.

People were supported by staff who understood their responsibilities for maintaining cleanliness and hygiene and to report accidents and incidents.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

An assessment of people's needs was carried out when they first started using the service but care plans did not always contain sufficient information about people's health conditions.

People were supported by staff who received an induction and relevant training but who did not always receive regular supervision.

People were supported to eat and drink and staff sought medical attention if people needed it.

People told us they were able to make their own decisions about their care. However, some people were not able to consent to aspects of care and mental capacity assessments and best interest decisions had not always been completed in these instances.

Is the service caring?

Good ●

The service was caring.

Staff were caring and respected people's privacy and dignity.

Staff were provided with a sufficient amount of time on care calls to be able to provide compassionate care.

People were supported by staff who knew their likes and dislikes and were involved in planning their care.

Is the service responsive?

The service was not consistently responsive.

People's care plans lacked detail about the support they required. Care plans had not always been regularly reviewed or updated when aspects of care provision had changed.

There was limited information about any needs people had in relation to protected characteristics under the Equality Act and about their preferences about how they wished to be cared for at the end of their life.

People told us their needs were met in a way and at a time which suited them.

Complaints about the service were responded to and people told us they had little cause to complain.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Quality monitoring audits were not fully effective in identifying areas of improvement and sufficient action was not always taken in response to external audits and inspections.

Staff felt supported by the management team but spot checks of their performance were not comprehensive.

Feedback was sought from people regarding the service they received and people told us they were happy with the service they received.

Requires Improvement ●

Forever Independent

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit took place on 30 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that someone would be available to assist us with the inspection. We visited the office location on 30 April 2018 to meet with the registered manager and care staff, to review care records and policies and procedures. We made telephone calls on 24 and 25 April 2018 to people who used the service and their relatives. The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion, we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share relevant information with us. The inspection was also informed by other information we had received from and about the service. This included previous inspection reports and statutory notifications. A notification is information about specific events which the provider is required to send us by law. We also sought feedback from the local authority, who commission some services from the provider.

During our inspection, we spoke with 14 people who used the service and four relatives. We also spoke with the registered manager, the director, a trainer and three care workers.

We looked at all or some of the care records of six people who used the service, staff training records and the recruitment records of three members of staff.

Is the service safe?

Our findings

Some of the people we spoke with required support to take their medicines. People told us that staff ensured they took their medicines safely and on time. Staff told us they received training in medicines administration and records showed this to be the case. The registered manager told us they regularly checked medicines administration records (MARs) to assure themselves people were receiving their medicines. However, there was no records to show the competence of staff to administer medicines was regularly checked. This meant that processes to ensure staff had their competency to administer medicines assessed regularly were not robust.

We reviewed people's MAR's. It was not clear what the dose of some medicines were and when they should be given. The registered manager told us that the vast majority of medicines were administered from blister packs, which reduced the risk to the person. However, there was also no information about the person's preferences for taking their medicines. Current best practice guidance states that this information should be included in the person's care plan. Some of the medicines people were given had been prescribed 'as required.' People's care plans did not contain clear guidance for staff about these medicines such as the minimum time between doses and maximum dose in 24 hours. This meant that staff were not always provided with information to ensure that people were supported to take their medicines safely.

People could not be assured that risks to their safety were always identified, assessed and kept under review. For example, we saw that one person's risk assessment stated the person had not had a fall within the last 12 months. However, records showed they had a fall that resulted in a serious injury approximately four months prior to the assessment. Records did not contain information for staff about the risks associated with specific medical conditions, such as diabetes, and how staff could reduce, monitor and respond to those risks. In addition, risk assessments had not always been updated when people's needs changed or kept under regular review. For example, one person's risk assessment referred to the use of a specific piece of equipment however, daily records showed that staff were using a different piece of equipment. This meant we were not assured that risks to people's safety were correctly identified, assessed and reviewed.

Risk assessments had not always been completed to check that equipment was safe for people to use. For example, in relation to bed rails. Bed rails are sometimes used to reduce the risk of a fall from bed. It is important that consideration be given to whether the use of bed rails is suitable for the person because unsafe use could cause people harm. No risk assessment had been completed for one person to check whether bed rails were safe to use for them. In addition, risk assessments carried out in people's homes had not fully considered measures required to reduce the risk of harm from a fire, such as whether smoke alarms were fitted and the support the person would need to evacuate. This meant we were not assured that risks to people's safety from the use of equipment or the environment had been fully assessed.

All of the above information constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with staff. One person told us, "I feel safe because I have some nice regular carers who look after me really well." Another person told us, "I can't think of any reasons why I wouldn't feel safe. The carers let themselves in and out with my key safe and they always make sure the door is properly locked when they leave". People told us they felt confident to talk to senior members of staff if they had concerns about their safety.

People could be assured that staff knew how to respond to any allegations of incidents of abuse. Staff told us they had received training in safeguarding adults when they started working for the service, which was then updated on a yearly basis. Staff were able to describe the signs of potential abuse and how they would respond which included informing the registered manager. All of the staff we spoke with were confident the registered manager would take appropriate action in relation to safeguarding concerns. They were also aware of the role of external agencies, such as the local authority, and felt confident to escalate their concerns if required.

We checked our records, which showed that the registered manager had made a referral to the local authority when concerns were raised about possible abuse. This meant that systems to keep people safe from abuse were effective.

People told us that staff usually arrived on time to meet their needs. One person told us, "Sometimes, the time they arrive can be a bit late but I think that's only when they've either got held up in traffic or they've had an emergency." Some of the people we spoke with required two staff to meet their needs and told us that two staff were always provided. A person told us, "They (staff) always arrive together and as far as I can recall, I've always had two people come for each

Staff told us they felt there were sufficient numbers of staff to meet people's needs and were not aware of any late or missed care calls. They told us that cover for staff who were not at work or were off sick was provided. The registered manager told us that they were in process of recruiting new staff but that staffing levels were sufficient to ensure people's needs were met. We looked at the provider's electronic system to ensure that care calls were covered and this showed that care calls were allocated to staff as required. This meant that there was a sufficient amount of staff to meet people's needs.

People told us they usually received support from familiar care workers. People said that occasionally they received support from unfamiliar care workers and would appreciate being informed of any changes. The registered manager told us they tried to inform people of any changes in care workers, but accepted this did not always occur. They told us they would continue to try and inform people of any changes.

People could be assured recruitment checks were carried out to ensure that staff were suitable to work with them. The provider told us criminal record checks were carried out through the Disclosure and Barring Service (DBS) prior to staff commencing employment and that appropriate references were sought. Records showed these checks had been carried out.

People were supported by staff who understood their responsibilities for maintaining cleanliness and hygiene. One person told us, "We keep a box of disposable gloves and aprons in the bathroom that the agency has given us. The carers are very good and always change their gloves and aprons and wash their hands between jobs." Another person told us, "All the carers with this agency are extremely good at making sure they use both the gloves they are provided with and wash their hands regularly." Staff told us they received training in infection prevention and control and records confirmed this to be the case.

People were supported by staff who were aware of their responsibility to report any accidents or incidents.

One member of staff told us of the action they took after a person had a fall. They told us they sought support from emergency services and stayed with the person until their relative arrived. They also told us they would fill out an accident or injury form and report any incidents to the registered manager. We reviewed records relating to accidents and incidents that had occurred and these showed that appropriate action had been taken in response.

Is the service effective?

Our findings

People's needs were assessed by a member of staff before they started to use the service and an initial support plan was produced. Whilst records showed this to be the case, the information this contained was limited. The registered manager told us that within 28 days of a service being provided a full support plan would be produced. A person with significant support needs and risks in relation to falls, diet and pressure sores had started using the service over 28 days prior to our visit. A full support plan and risk assessments had not been produced. In addition, there was no indication that risks to the person were assessed in line with nationally recognised guidance.

This meant we were not assured that sufficient information was available to staff about how the person's support needs should be met and risks minimised.

Training records showed that the majority of staff had received training in areas of care provision such as health and safety, safeguarding adults, moving and handling. Some of the staff were due updates in some of these areas and we received confirmation following our visit that these were being provided. Staff told us they felt supported by the management team, however, not all the staff we spoke with or whose records we looked at, had received a recent supervision. Records showed that one staff member had not received a supervision (a one to one meeting with their manager to discuss work performance) or spot check until six months after they commenced working at the service. The registered manager told us that staff should receive supervision every three months however, acknowledged this required improvement. They told us of their plans to address this.

People told us that staff were competent in meeting their needs. One person told us, "The carers that I see couldn't be more attentive when they're helping me to have my shower and then getting dried and dressed. I don't have any problems with the level of training in that regard." Another person told us, "What I like about these carers is that they never rush me to do something if I don't feel absolutely ready for it."

Staff told us they received an induction when they commenced working at the service which they described as sufficient. This included a period of shadowing experienced staff before providing support on their own. Staff were supported to develop in their knowledge and skills by completing the Care Certificate or other vocational qualifications. The Care Certificate sets out common induction standards for social care staff.

People told us they chose what they wanted to eat and received appropriate support to eat and drink. One person told us, "The carer always makes sure they let me know what I've got so I can decide exactly what I feel like eating." Another person told us, "[Staff] will always leave me with a hot drink of my choice and a glass of water to see me through the morning."

Care records contained limited information about the support people required to maintain adequate hydration and nutrition. Risk assessments had not always been completed when people were at risk of not eating enough. For example, one person's local authority assessment stated that the person required encouragement to eat and drink well and staff should remain with the person while they ate to provide support and encouragement. There was no risk assessment for this person or guidance for staff about

staying with the person while they ate. The person's daily records indicated that the person was not always eating food which had been prepared for them. This meant that the risks in relation to eating and drinking were not always assessed and kept under review.

People told us that staff understood their health conditions and liaised with family members or healthcare professionals if they had concerns about people's health. One relative told us, "My relation has [medical condition] and we are fortunate that at the minute we have a carer who knows just how to look after them. [Care worker] is also really good at making sure that we are given all the latest information (about medical condition)." Another person told us, "They [Staff] will always tell me if they have any issues or concerns about [relation] whatsoever, so that if there is something starting I can keep an eye on it."

Staff were knowledgeable about people's health conditions and the support they required to maintain good health. However, we found that there was very limited information about people's medical conditions in their care plans which meant that staff were not provided with information about how these should be monitored and what action they should take in the event of a deterioration in health.

People told us they were supported to make their own decisions about their care. One person told us, "My carer will usually ask me if I'm ready for my shower, and if I'm not, they'll make me a cup of tea and then sort my breakfast out for me until I am ready."

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.

Records showed that people had provided their consent to the care they received. This was recorded by people having signed their care plans. For people who were unable to consent to their care, mental capacity assessments and best interest assessments had been completed for some areas of care but not others. For example, one person had bed rails in place but there was no indication whether they had consented to this or whether a capacity assessment and best interest decision was required. Another person regularly refused person care. There was no indication that the person's capacity had been assessed. The registered manager told us of the support they provided to encourage them to accept support with personal care but this was not documented in their care plan. This meant we were not assured that people's capacity was considered in all aspects of their care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager told us people receiving support from the service at the time of our inspection were not deprived of their liberty.

Is the service caring?

Our findings

People were treated with kindness and compassion by care workers. One person told us, "My carer noticed yesterday that I had very little food left so they asked me if I'd like to go to the shops tomorrow morning. It is little things like this that make all the difference to me." Another person told us, "My carers never rush me or stare at the clock, or rush me around so they can finish early. They make sure I am happy and everything is done before they go onto their next client." This meant that people were treated with kindness by the care workers who supported them.

People told us they were generally supported by familiar care workers who knew their likes and dislikes. One person told us, "Because I usually have a couple of regular carers most of the time, they have got to know me really well and they know my likes and dislikes. I actually told the agency that I was only really comfortable having female carers and that's all they've ever sent me." Another person told us, "I like a warm shower, so my carers will always warm the water up while I'm getting undressed and then puts my bath towel on the radiator to warm up while I'm finishing having my wash." This meant that people had positive relationships with staff who supported them.

Staff told us they were given a sufficient amount of time on care calls to provide compassionate care. One staff member told us they do have time to chat with people and get to know them. Staff told us they talked to people about their interests or family and gave examples of how they ensured people's communication needs were met. For example, one staff member told us that one person had poor eyesight and explained they would ensure the person was aware of where their drink was before they left.

People felt involved in planning their own care. People's views were sought about whether they wished to be cared for by male or female care workers. The people we spoke with told us that their preferences regarding the gender of care workers who provided support were respected. The people and relatives we spoke with felt involved in the care planning process. One person told us, "My care plan is in my folder, and one of the team leaders usually comes to do a review with me. I do feel involved with my care because I'm able to tell them which carers I like to see, and make sure that the calls come at the time of day I want them." A relative told us, "I have to say I feel fully involved with [relations] care and they are very good and will always contact me if they have any concerns."

The provider told us that at the time of our inspection they were not supporting anyone who required the support of an independent advocate. An advocate is an independent professional who supports people to express their views or represents their best interests. The registered manager told us they would put people in touch with an advocate if required.

People were treated with dignity and respect by care workers. One person told us, "Curtains never get opened in the morning until I'm well up and dressed and the bed room tidy." Another person told us, "They (staff) come a bit early on Thursday mornings so that I can still go to my usual hairdressing appointment which is important to me because I like my hair to look nice." The registered manager told us spot checks were carried out to ensure that people were treated with dignity and respect and records showed this to be

the case.

Is the service responsive?

Our findings

People's care plans lacked detail as to the support people required, their preferences and level of independence. For example, one person's care plan stated they required 'some support' with bathing and showering but provided no further information for staff. The registered manager told us that the person required encouragement to accept support with personal care and they had changed the times of care calls to better suit the person. However, this information was not recorded. The person's care plan stated that their anxiety could be easily triggered, but gave no information about potential triggers and what action staff should take to reduce the person's anxiety. Another person's care plan stated they required support from staff to have a shower however, the daily records did not reflect that the person had been supported with this. This meant that care plans did not reflect the level of support some people required and how staff should best support them.

People's care plans were not always regularly reviewed or updated when changes had occurred. For example, one person's care plan was dated March 2016 and there was no indication that a review had been carried out to check whether any changes to the level of support needed had occurred. Two other people's care plans referred to the use of equipment which the person was no longer using due to changes in their health condition. This meant that care plans did not always contain accurate and up to date information about people's needs.

People's care plans contained limited information about any religious or cultural needs people had. In addition, care plans contained limited information about how people wished to be cared for towards the end of their life. We looked at the care records of one person who the registered manager told us was coming towards the end of their life. This contained no information about how the person wished to be cared for or when healthcare professionals should be liaised with. This posed a risk that appropriate and personalised support may not be provided.

Despite the above, people told us that they received support in a way and at the time they required it. One person told us, "Because I get up fairly early every morning I do like to go to bed fairly early in the evening so I like the fact my carer can come to me shortly after 7.30pm to get me ready for bed. A person's relative told us, "When they first started to come we were finding it was just a little too early. We spoke to the office and ever since then, they have been coming at 8.30am which suits us much better. They are usually here on time and they do always stay for the full time that they should." This meant that people felt Forever Independent was responsive to their individual care needs.

People told us they felt involved in planning and reviewing their care. A relative told us, "[Relations] care plan is in their folder and it's probably now a good nine months since we last had a review with one of the team leaders. However, I know that I can just pick up the phone if I have any concerns and they come out and we can look through it again and determine whether there is anything that needs changing."

The registered manager was not fully aware of the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the

same information about their care as others, but in a way that they can understand. The registered manager gave us examples of how they had implemented measures to ensure that people had the information they required, such as using signs in people's homes to help orientate them. However, there was limited information in care plans about the support people needed to help them communicate and understand information. For example, one person's care plan stated they had very limited speech but there was no other information about how staff could maximise communication and understanding. This meant that staff may not always be provided with sufficient information to aid people's communication and understanding.

People told us that they had not had a reason to complain about the service they received. All of the people we spoke with felt confident to make a complaint or for a relative to make a complaint on their behalf. People were provided with information about how to make a complaint and the response they could expect. They were also provided with details of external agencies in the event they were not satisfied with the response. We reviewed one complaint which had been received by the service and records showed this had been responded to appropriately. This meant that people could be assured that complaints were dealt with effectively.

Is the service well-led?

Our findings

The management team carried out some audits but these were not fully effective. For example, care plans were not regularly reviewed and did not always contain relevant risk assessments or information about people's healthcare conditions. In addition, the provider's procedure to ensure that care plans were produced within 28 days of a person starting to use the service had not always been followed. It is of concern that little improvement had been made following our last inspection in March 2017 to ensure that sufficient information was available to staff about people's medicines, that mental capacity assessments were in place if required and care plans were reviewed. This meant we were not assured that the internal monitoring of the service was robust and that action was taken when external agencies had identified areas of improvement.

We reviewed a number of policies at the service and found these had recently been updated. However, the guidance these contained had not always been followed. For example, a diabetes policy stated that, "Within their main care or support plan each service user will have an individual diabetes support plan." We found this was not the case for two people with diabetes. In addition, policies stated that information about people's preferences for end of life should be gained and that recognised assessment tools for people at risk of pressure sores should be used. The guidance in these policies had not been followed. This meant, although there were policies in place covering different aspects of care provision, they had not been fully implemented to drive improvements at the service.

Although staff felt supported by the management team and confirmed their performance was kept under review via spot checks when they were providing care, this system was not comprehensive. For example, spot checks did not include information to show that staff competency in relation to medicines and moving and handling were kept under review and staff did not always receive regular supervision. This meant that any areas of improvement or staff development might not be identified in a timely way.

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

The management team told us they would review their audit system to ensure that care plans were reviewed and that risk assessments and mental capacity assessments were in place if required. The registered manager also confirmed that they would ensure that staff received regular supervision following our feedback.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. Our records showed that the registered manager had notified us of certain specific events that occurred at the service in line with legal requirements. In addition, the rating from our previous inspection was displayed at the office and on the provider's website. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments.

People told us they were happy with the service provided and would recommend it to other people who required support in their homes. They told us they considered the service to be well led. One person told us, "All I know is that my carers arrive usually when I am expecting them and they look after me well. So it works for me." Another person said, "I haven't really seen anything that I could point to, that I could tell you is an example of poor management."

People were able to contact the office if they needed to and told us that communication was good. One person told us, "I've only needed to contact the office a few times and that was usually to change the time of my visit because I've got something on. As far as I can remember, the telephone was answered each time I rang and they were able to sort me out then and there." Another person confirmed that an out of hours contact number was available to them and that any questions they had were responded to by staff.

Staff were also complimentary of the management of the service. Staff told us that the culture was open and transparent and they felt able to raise any issues of concerns they had. Staff were aware of whistleblowing procedures and felt able to speak up if they had made mistakes or had any concerns. Staff told us that there was always a senior member of staff they could contact and that communication within the organisation was good.

People told us their feedback about the service was sought and we saw evidence of this contained within people's individual care plans. Whilst the feedback we saw about the service was positive this had not been collated by the registered manager to inform an overall picture about service provision. Despite this, when improvements had been identified, such as ensuring people were provided with information about how to make a complaint, action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The system to assess, monitor and improve the quality and safety of the service provided was not fully effective.</p> <p>Complete records were not kept in respect of each service user.</p> <p>Feedback from external agencies was not always acted upon to improve the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Risks to people's safety were not always assessed or kept under review.</p> <p>Further guidance was needed for staff to ensure that medicines were managed safely.</p>