

TrueCare Hampshire Limited

Community Angels Limited

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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 7 and 8 March 2016. The inspection was announced.

Community Angels Limited – Truecare Hampshire, provides personal care and live in services to people in their own homes. They provide services to older people, people living with dementia and people with complex health needs. At the time of our inspection there were 113 people receiving personal care from the service. There were 50 care staff and three co-ordinators who planned people's care. There was a deputy manager, operations manager, one administrator, managing director and registered manager.

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.

People did not always receive a visit and did not have confidence in the care staff who supported them. Staffing levels were insufficient to meet people's needs particularly in the evenings and at the weekend. People felt their care calls were rushed.

Safe recruitment practices were not always followed. Medicines were not always managed safely. Effective systems to manage and monitor accidents and incidents were not in place.

Staff did not always have the skills, abilities and training to provide the support people needed. Staff had a limited understanding of the Mental Capacity Act 2005. Staff received supervision but did not always feel supported during the supervision. Team meetings did not take place. Staff received an induction programme.

People were not always supported correctly by staff when preparing meals.

Staff were not always kind, caring or compassionate when care was provided. Most people felt their privacy and dignity was respected and promoted.

People knew how to make a complaint. Complaints were received and investigated however there was no record of the outcome of the complaint.

Concerns had been raised to the manager and these concerns were still apparent during the inspection process. Records were not in place to demonstrate that these concerns had been identified and dealt with.

Auditing systems were not in place to assess the quality of the service and assess and mitigate the risk to people who used the service.

Staff felt supported and confirmed some improvements had been made but there were some concerns with the communication between the office and care staff.

Safeguarding concerns had been dealt with and the Commission had been notified. Staff demonstrated a good understanding of the whistleblowing process.

Some improvements had been made with the service but people were still experiencing problems with receiving their visits on time and the skills and knowledge of staff.

People were involved in their care and felt they made decisions about their care. Staff promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do.

People were supported to maintain good health and access on-going healthcare support and the service worked alongside health care professionals for people who had complex health needs.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. Staff reported and acted appropriately when incidents occurred.

People's needs were assessed and reviewed and people were involved in the assessment of their needs. Care plans were individual, personalised and contained detail specific to their individual needs.

We found a four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

The service was not always safe.

People did not always feel safe because they did not always receive a visit and did not always have confidence in the care staff who supported them.

People and staff felt there were not enough staff, particularly in the evenings and at the weekend. There were on-going concerns with lateness of visits and people felt rushed and did not always receive their planned length of care visit.

Safe recruitment practices were not always followed. Medicines were not always managed safely. Staff did not always receive training on safeguarding.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. Incidents and accidents were reported and dealt with appropriately.

Requires Improvement 

Is the service effective?

The service was not always effective.

Staff did not always have the skills abilities and training to provide the support people needed. Staff had a limited understanding of the Mental Capacity Act 2005.

People were supported to eat and drink, however one person expressed concerns that their meal was not cooked sufficiently.

Staff received a joint supervision and spot check but did not always feel supported and team meetings did not take place. Staff received an induction programme.

People were supported to maintain good health and access on-going healthcare support and the service worked alongside health care professionals for people who had complex health needs.

Requires Improvement 

Is the service caring?

Requires Improvement 

The service was not always caring.

People felt that staff were not always kind, caring or compassionate when care was provided.

People were involved in their care and felt they made decisions about their care. Staff promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do.

Most people felt their privacy and dignity was respected and promoted.

Is the service responsive?

People's needs were assessed and reviewed and people were involved in the assessment of their needs.

People's care plans were individual, personalised and contained detail specific to their individual needs.

People knew how to make a complaint. Complaints were received and investigated however there was no record of whether the complaint had been dealt with to people's satisfaction, on-going or closed.

Concerns had been raised to the manager and these concerns were still apparent during the inspection process. Records were not in place to demonstrate that these concerns had been identified, collated or analysed.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Some improvements had been made with the service but people were still experiencing problems with receiving their visits on time and the skills and knowledge of staff.

Auditing systems were not in place to assess the quality of the service and assess and mitigate the risk to people who used the service.

Staff felt supported and confirmed some improvements had been made but there were some concerns with the communication between the office and care staff.

Requires Improvement ●

Safeguarding concerns had been dealt with and the Commission had been notified. Staff demonstrated a good understanding of whistleblowing and knew what to do if the concerns raised were not dealt with by management.

Community Angels Limited

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 7 and 8 March 2016 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 in.

The inspection team consisted of three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed safeguarding records and other information received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We spoke with the Local Authority safeguarding and commissioning teams. This inspection was brought forward as a result of receiving some concerning information about the service.

During the inspection we spoke with 22 people who used the service and seven relatives. We also spoke with 16 care staff, the deputy manager, the registered manager and managing director.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for 10 people which included specific records relating to people's capacity, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the training plan for 52 staff members, recruitment records and training records for eight staff members and spot check and supervision records for 50 care staff.

We asked the provider to send us information after the visit. This information was received.

The provider had purchased the care company who were previously based in this location in April 2015. Staff and service users had transferred from the previous care company to the provider. This was the provider's first inspection at the location.

Is the service safe?

Our findings

We received a mixed response when we asked people and their relatives if they felt they or their relative felt safe when receiving personal care from the service. We received positive responses such as, "I feel safe with my carer, I have the same one", "I have 3 different [carers] but it's always a face I know" and "having the same [carer] makes me feel safe." However we received comments that were not so positive, such as, "They miss me out sometimes", "The youngsters don't have a clue, I have to tell them" and "Different carers don't seem so good."

Before the inspection we had received information of concern informing us that staff did not always arrive to people on time and did not meet their needs. We were told staff were regularly turning up late and as a result people would not always get their full duration of care visit or their relative had to help provide the support.

At this inspection the registered manager and managing director confirmed they had experienced some staffing issues since purchasing the previous care company in April 2015 and transferring a large number of people and staff over to this service. The managing director said these concerns related to the previous care company and plans had been put into place to reduce late calls and provide people with the care they needed. The managing director confirmed they had introduced travelling time of five minutes for care staff between each care visit. Records demonstrated this. However comments received from people indicated that this was still a concern. One person said, "Sometimes they are quite late." Another said, "they come and 10 minutes later they are gone." One relative said, "They don't stay for the length of time they should, if they come late they leave early I'm now making [relatives] breakfast as they didn't do it."

People felt that the service did not have enough staff to meet their needs. One said, "I gave up with Sundays as they don't have enough carers so I manage myself now but Saturdays can be a struggle. They don't always have the staff. They sometimes let me know." One relative told us the service had contacted them during the inspection to inform them they could no longer provide care to their relative. The registered manager confirmed this was due to an increase in the person's needs and they did not have sufficient care staff available to support them. Staff felt there was not always enough staff particularly in the evenings and at weekends and to cover staff sickness. One staff member said, "Trouble covering evening and weekends and we have had to turn people away." Another staff member said, "It's difficult to cover sickness, I worry if there's missed visits." This person said the office tried to cover calls but they were aware that some people's visits have been missed. One person told us their visit was often missed out. This meant people might not always be receiving a safe service if certain aspects of their care were not provided at specific times, such as personal care, medicines and preparing meals.

A failure to deploy sufficient numbers of suitably qualified, competent, skilled and experience staff to make sure they can meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices were mostly followed. We looked at eight recruitment files for staff and saw

appropriate steps had not always been taken to ensure staff were suitable to work with people. All staff had received Disclosure and Barring Service checks (DBS) and employment history had been provided and gaps in employment had been explored. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

However work references had not always been provided in line with the provider's policy. The provider's recruitment and selection policy dated May 2014 stated, "An offer of employment is subject to two satisfactory references." Seven of the eight staff members recruitment records viewed contained one reference. This meant the provider did not follow their policy when requesting references.

Satisfactory information about any physical or mental health conditions which were relevant to the person's ability to safely perform the tasks for which they were employed were not present in six out of the eight staff members recruitment records viewed. The registered manager said these should have been completed but was unable to provide any documentary evidence to demonstrate that these six staff members fitness for work had been assessed.

Failure to assess the health and fitness of staff and their character to ensure they were able to safely perform the tasks for which they are employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they had received medicines training. Those staff who provided medicines support for people with complex health needs had received the appropriate training by a qualified nurse practitioner and their training was up to date.

Medicines were not always managed safely. The registered manager told us one person who received support with their medicines via a Percutaneous Endoscopic Gastrostomy (PEG) had their medicines drawn up by their relative the evening prior to the care staff administering the medicines the following morning. The registered manager said they were aware of the safety issues of leaving medicines out and that different temperatures could affect how well the medicines work. The registered manager was also aware of the concerns with staff administering medicines that they had not drawn up or witnessed themselves. However at the time of the inspection this person was still receiving this support. The registered manager said they would deal with this concern.

We saw in one person's care records they required their medicines to be locked away due to their health condition and the risk of medicines mismanagement. However documents showed that when staff supported this person with their medicines and the person refused their medicines, staff would leave them out for the person to take later. We spoke to the registered manager who said they would look into this. This meant people might not be taking their medicines at the right time and could be at risk of an overdose.

Most people who received support with their medicines felt their medicines were safely administered. However one person who had their medicines administered said staff did not always stay whilst they took their medicines and another person said staff had stopped their medicine after misreading a note which meant they did not have any medicine for four days. We spoke to the registered manager about this and they acknowledged that they were aware of this incident. Documented evidence was provided to demonstrate that this medicines error had been dealt with on 1 February 2016 which had resulted in the person only missing their medicines for one day.

A failure to safely manage people's medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Care staff knew how they could keep people safe from harm and could recognise types and signs of potential abuse to look for. Care staff said they would report any concerns to the manager and knew what to do if concerns were not dealt with. However whilst care staff understood how to keep people safe from harm and knew the action they should take, the provider had not ensured they had all received training to support this knowledge. For example, 10 out of 16 care staff said they had never received training on safeguarding. The provider's training spreadsheet showed 24 out of 52 staff had not completed safeguarding training and one staff member required this training to be updated. This meant staff did not always receive training on safeguarding and might not be equipped with the most up to date knowledge of safeguarding.

Incidents and accidents were reported to the office and staff confirmed they knew what to do when incidents and accidents occur. For example, staff told us they would contact the emergency services, office or police. One person confirmed they had an accident on the morning of the inspection and that staff had responded appropriately by contacting the emergency services.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. For example, one person's risk assessment stated their mobility was poor and they required the use of a wheeled walker to help them move safely around their home. Risk management plans were in place to ensure care staff supported this person safely. Staff confirmed they had received manual handling training. The provider's training spreadsheet confirmed staff had completed training in manual handling, however staff had not always received updated manual handling training in line with what the registered manager told us and dates were not always present to show when staff had received this training or when it required to be updated. The registered manager told us staff should receive yearly refresher training for manual handling and was aware that not all staff had received updated training.

Is the service effective?

Our findings

Before the inspection we received some concerning information regarding the lack of training provided to care staff. We spoke with the local authority commissioning team who also expressed concerns that staff were not adequately trained.

At this inspection people and their relatives did not always feel that staff had the skills abilities and training to provide the support they or their relative needed. One person who required support from care staff to monitor their health condition on a daily basis told us this task was not always completed because trained staff were not always provided. A relative told us they had to assist their relative with a piece of equipment because care staff did not always complete the task correctly. We received other comments such as, "I have to tell the youngsters as they do not appear to be well trained", "I don't think the young ones are trained very well they just don't seem as competent" and "I would not say they were all trained well."

Staff did not always receive training to ensure they had the knowledge and skills they needed to carry out their role effectively. The registered manager confirmed that most staff required their mandatory training to be updated. The training spreadsheet confirmed this. The registered manager confirmed mandatory training provided to staff should consist of manual handling, medicines, safeguarding, first aid, dementia, infection control, mental capacity and food hygiene training. We received some concerning information regarding the support care staff provided to one person when preparing their meals. This person told us that on regular occasions their food had not been cooked properly and on one occasion the "chicken was raw". The training spreadsheet demonstrated that 39 care staff had not completed food hygiene training. The registered manager said they were aware of this and had started to book staff on a food safety awareness course. Records confirmed this. Staff confirmed they did not feel they had enough training to care for people effectively. One said, "I'd like to learn first aid." Another said, "I haven't had training for a long while, I'd feel better if I had training." A third said, "Virtually no training."

The registered manager demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and the code of practice. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. However staff had not always received training on the MCA 2005 and demonstrated a limited understanding of the MCA 2005 and its codes of practice. One staff member said, "Never heard of it, enlighten me." Another said, "I don't know what it means. Is it the ability to say no?" We viewed 10 people's care records and people had consented to their care plans. There was a mental capacity assessment in one person's care record that had been completed by a social care professional and demonstrated that this person lacked the capacity to make decisions relating to their personal care. The capacity assessment was completed in January 2016 and was up to date. This meant although most people had consented to their care plan, staff might not be able to identify when a person begins to lack the capacity to consent to their care as training had not been given to support staff to have this skill and knowledge.

The failure to ensure that staff received appropriate training necessary to enable them to carry out their role effectively was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Staff employed by the service since April 2015 confirmed they had received an induction programme when starting work for the service which included shadowing experienced staff members. These staff members had started working on the Care Certificate. Records demonstrated this. The registered manager confirmed they would be introducing the Care Certificate into their induction and training programmes for all new staff. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records demonstrated that all staff had received a combined spot check and supervision since April 2015. The registered manager said staff appraisals were due to be completed, however appraisals had not taken place with staff because they had only been working for the provider for 10 months. Eleven staff said they felt supported and six staff felt the office did not communicate effectively when they contacted the office to inform them they were running late. These six staff also felt the combined spot checks were not very effective as discussions only took place with regards to identification badges and whether care staff were wearing the correct uniform. Staff team meetings did not take place.

Most people and their relatives did not express any concerns about nutrition or hydration. One person told us care staff did not always heat their meal up appropriately. Care plans and food and fluid charts were in place for people who required specialised support with food and fluids. Those that required support with meals and drinks were supported by care staff to have sufficient food and fluids. Care staff said they made sure people had drinks left for them. People's care plans highlighted the support they required with food or drink such as, "Ask [person] what [they] want for breakfast. Make [them] a cup of tea; [they] have 2 sweeteners with milk. Make a fresh glass of juice on every visit as [person] is known to have [urinary tract infections]."

For those people who required support to access healthcare services care staff would contact the office or family member and advise of any concerns and whether a health care professional would need to be contacted. Care staff said they monitored people's health and wellbeing when they were supporting them with their personal care. Records demonstrated that the service worked alongside other health care professionals for people who had complex health needs such as epilepsy.

Is the service caring?

Our findings

Before the inspection we received some concerns that staff were not compassionate when they were providing care. At this inspection we received a mixed response from people when we asked them if they felt staff were kind, caring and compassionate when their care was being provided. We received positive comments such as, "They are always kind and caring", "Marvellous they are very caring I have no problems" and "The regular ones I have are good and kind." However we also received responses that were not so positive, such as, "It would be nice if they talked to us rather than to each other we would like more conversation," and "Some of the carers are very rude."

We heard office staff speaking to people on the telephone in a kind and caring manner and they had good knowledge of the person and the support they required.

People felt involved in their care and felt they made decisions about their care. People had signed their care plans to indicate they consented to their care. The registered manager said people were always involved in their care and the development of their plan of care. People confirmed they were consulted by the managers or senior care staff as to their on-going care needs. Care staff confirmed they always involved people in their care. One said, "Normally I will ask them if they like items of clothing or if they want to stay in their pyjamas I will suggest clean ones."

Care staff said they promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do. For example, one staff member said, "Give them a flannel to do as much as they can for themselves." People and their relatives confirmed staff supported them or their relatives to be as independent as possible. One person said, "I wash my top half and they do the bottom half as I can't manage that." People's care plan's described what people were able to do for themselves and what care staff were required to support people with. For example, one person's care plan said, "Hand [person] the flannel to wash [themselves]."

Most people's privacy and dignity was respected and promoted. Staff gave us good examples of how they respected people's privacy and dignity when supporting them with personal care. One said, "Always covered, always use a towel, shut bedroom and bathroom door." Most people told us they felt care staff respected their privacy and dignity at all times. However one person told us that care workers could be rude to them. Another person told us staff did not always dress them in clean clothing because they did not have the time. A relative told us that staff did not speak to or engage with their relative when providing personal care to them; they had conversations with each other.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed by the registered manager. People were involved in the assessment of their needs and relatives were included if the person requested their involvement and attendance when the assessment was being completed.

Before the inspection we received some information of concern informing us that people's care plans were not reviewed, basic and did not contain sufficient details to support people appropriately to meet their needs. The registered manager confirmed people who had recently been transferred from their previous care company were currently undergoing a review of their care needs and new care and support plans were being introduced.

We looked at care plans for 10 people. People had individual care folders which contained a care plan, review pack, care needs assessment, risk assessments and completed daily logs. People's care plans were personalised and very detailed. People's care plans included their likes and dislikes, personal histories such as medical conditions, strengths, cultural needs and how they would like their support. For example, people's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for their self and what support they required from the care staff. People who required support with their complex health needs had additional support plans in their care records which included activity sheets and action plans which included their long term and short term goals and when they wanted these to be achieved by. For example, one person's action plan stated their goal was for staff to be trained in using a specific piece of equipment that would help the person become more independent. This was a short term goal and it had been achieved by May 2015.

People were involved in their care planning, confirmed they had a care plan and had choice and control over their care planning. The registered manager said they always tried to seek the views of people when completing a care plan and this was on-going through the care process. People living with dementia were involved in their care planning as the registered manager confirmed they were able to understand the care planning process. Care staff confirmed there was always a care plan available in the person's home and people were always involved in the planning of their care, which sometimes included their relatives. One person said, "The folder has all my details on it."

The registered manager confirmed a person's care plan would be reviewed annually from the date they commenced care with the service, or as and when the need arose. We viewed 10 people's care records, which included eight people who had transferred from the previous care company. All care plans had been reviewed and updated in line with the provider's policy. People and care staff confirmed care plans were updated regularly and they were informed of any changes. One person said, "Someone from the office comes occasionally and updates everything. Another said, "The office comes out now and again to check on the care plan."

People were given a copy of the provider's complaints policy which told them how to make a complaint. Staff confirmed people were encouraged to raise concerns and complaints. One said, "I'll phone the office if

someone has a complaint or the person will." We received a mixed response from people when we asked them if they had raised a complaint about the service. Most people said they had not made a complaint and did not have any complaints; however some people said they had spoken to the office on regular occasions regarding concerns over time keeping and insufficient staffing levels. There was no documented evidence to demonstrate that these concerns had been recorded, collated or analysed and information received during this inspection would indicate that this was still an issue.

Records showed two written complaints had been received into the service since April 2015. One complaint had been received on 20 August 2015 and the other had been received on 24 August 2015. The complaint received on 20 August 2015 was from a person's relative who had raised a complaint about care staff not turning up to their relative's care call in January 2015. The complaint in August 2015 concerned a breach of confidentiality. Records showed both complaints had been investigated and dealt with; however there was no documented evidence to demonstrate the outcome of the complaint, if the person who made the complaint was happy with the outcome achieved and whether the complaint was still on-going or closed.

Is the service well-led?

Our findings

People told us that the service had improved slightly in the last few months. One person said, "I think it has got a bit better recently and it improves for a while when I ring in and complain." One relative said, "I've got very close to changing care companies, the last couple of months have got better." We asked people what the service could do better and we received responses such as, "Better communication at management level", "No missed calls", "More continuity", "More communication from carers to service users" and "Better training for new staff." Staff confirmed they had seen an improvement since this provider had been responsible for the service.

There was no analysis of complaints, incidents and accidents. The registered manager and managing director agreed there was no analysis of complaints, incidents and accidents. They said they had plans in place to ensure complaints, incidents and accidents would be analysed, however they had not had the time to dedicate to this particular task due to other priorities. The service did not have any other auditing systems in place to assess and mitigate the risk to people who used the service, such as medicine audits.

There were no systems in place to gain the views of people and staff. The registered manager and managing director said they were reviewing a system for surveys to be used to gather the views of people; however they had only taken over the service in April 2015 and said they had "not had time" to dedicate to this particular task due to other priorities. The service did not have any other auditing systems in place to assess the quality of the service.

Failure to have effective systems and processes in place to monitor the service delivery and appropriately assess and review the risks to the health and safety of service users and identify, investigate and learn from complaints, incidents and accidents and mitigate risks to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received a mixed response when we spoke with staff about the support they received from management. Office staff felt very supported and said that the service had improved. Office staff said they felt their roles and responsibilities and the structure of the service were clearly defined. Some care staff felt management were open and supportive and confirmed praise was given when care staff helped the service with completing extra care visits. One said, "It's all good, you only got to pick up the phone." Some care staff felt communication between the office and themselves could improve. One staff member said, "Communication is not very good." Another said, "Sometimes it's not good, go to a client and find out they're not in. I have to walk and it's not good if they're not in."

Safeguarding concerns had been dealt with in line with the provider's policy. One safeguarding concern had been received into the service since the provider took over from the previous care agency in April 2015. Records demonstrated this had been identified, investigated and concluded. The provider had also notified the Commission of this safeguarding concern.

Staff demonstrated a good understanding of whistleblowing and knew what to do if the concerns raised

were not dealt with by management.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care was not provided in a safe way for service users regarding the proper and safe management of medicines. 12(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems and processes in place to monitor the service delivery and mitigate risks to people. 17(1), (2)(a), (2)(b)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to assess if persons employed were fit to perform the tasks for which they are employed. 19(1)(c)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet people's needs. 18(1)

