

Luna 3-6-5 Healthcare Services Ltd

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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

About the service

Luna 3-6-5 Healthcare Services Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection five people were receiving personal care from the service.

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

Not all risk in relation to people receiving personal care was assessed. People had care plans in place, however, these did not include clear information to guide staff to provide care and support.

People were at risk of harm due to poor medicines management. There was a lack of information to ensure staff understood when to give medicines which were prescribed 'as and when required'.

Safeguarding and infection control procedures had not always been operated effectively and the provider was not working in line with the principles of the Mental Capacity Act 2005.

Systems and processes for care call monitoring were not effective. One person raised a concern regarding late calls.

Improvements were needed to ensure staff were safely recruited, had a programme of induction and training, and to ensure staff received ongoing support and guidance through supervision and the assessment of their competence to fulfil their role.

The provider had not operated effective systems and processes to assess, monitor and improve the quality and safety of the services. The provider's audits was not always effective.

We discussed these concerns with the provider/registered manager who was responsive to feedback and started making changes to improve the service. A consultant was being used to support these changes.

People's care needs were assessed before their care package started. People and relatives were involved in this.

People were well treated and supported. Staff knew people and their needs and preferences well and people received consistent care. Staff respected and promoted people's privacy and dignity and supported them to be as independent as possible. People and relatives told us staff were kind and caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 November 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to recruitment, medicines management, risk management, safeguarding, assessment and care planning, staffing and the management of the service.

We have also made recommendations in relation to the Mental Capacity Act.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Luna 3-6-5 Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who is also the provider.

Notice of inspection

We initially gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider/registered manager would be in the office to support the inspection. Due to the providers availability, the inspection started two and a half weeks after notice of the inspection was given.

What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 28 September 2022. We used all this information to help plan the inspection and inform our judgements.

During the inspection

Inspection activity started on 24 November and ended on 5 December 2022 at 5pm. We visited the location's office on 24 and 30 November 2022. We spoke with three people, three relatives of people using the service, one staff and the registered manager who is also the provider.

We reviewed a range of records. We looked at one staff file in relation to recruitment. We looked at five people's care plan records. We reviewed a range of policies, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from abuse and improper treatment as systems and processes were not operated effectively.
- A concern had been raised with the Care Quality Commission (CQC) prior to the inspection which we shared with the provider. Although this had already been raised with the provider, they had not informed the Local Authority safeguarding team as required. Therefore, we raised a safeguarding alert with the Local Authority safeguarding team.
- The provider had a safeguarding policy in place which offered guidance and advice; however, this had not been followed. We found systems and processes around safeguarding had not been effective to respond appropriately to the concerns and immediately inform the Local Authority.
- Prior to the inspection we reviewed the records for the concern, which had been investigated by the provider. The records did not include a clear investigation into all the concerns raised. The registered manager informed us all the concerns had been investigated although this had not been documented.

Systems and processes were not operated effectively to respond to allegations of abuse or situations where people were placed at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training records showed staff had received training in safeguarding.
- Staff spoken with told us they had access to the providers safeguarding and whistleblowing policy and understood the process to take should they have any concerns.
- People using the service raised no concerns regarding safety. Comments included, "No safety concerns, they are on the ball with this" and "No safety issues with them, at the moment everything is going well."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had not sufficiently assessed the risks to people. This put people at an increased risk of potential harm.
- The service had a number of risk assessment templates in place. These had not all been completed for people when necessary. For example, not everyone had environmental risk assessments in place and when people had individual risks such as falls there was not always risk assessments in place to help mitigate the risk.
- At the time of the inspection, no lone working risk assessments were in place for staff who were regularly

working alone. This placed staff and people at risk of harm.

- The provider had invested in electronic systems as they felt this would improve managerial oversight of the safety and quality of the service. The service was currently using both electronic and paper records whilst the provider was migrating all information from the paper records onto the electronic system. The registered manager advised staff had no access to the paper records stored within the office as these documents had not been added to the electronic system. These documents included environmental risk assessments, moving and handling risk assessments and catheter care plans that had been completed for some people. This meant staff did not have guidance available to ensure people were supported safely.
- Some people had catheters. One person told us staff supported them with this. Staff did not have access to a care plan to manage this person's catheter to minimise risks to them.
- We raised our concerns that staff did not have access to information they required to keep people safe, with the registered manager during the site visit. After the site visit the registered manager reviewed the care plans and risk assessments and sent them to the inspector. However, not all the concerns we had raised had been addressed. For example, a person at risk of falls had no risk assessment and not everyone had environmental risk assessments in place.
- The provider had an infection control policy in place. The policy stated a risk assessment was in place. The registered manager confirmed no risk assessment had been completed.

The provider had not always identified risks related to staff and people's health and wellbeing by developing risk management plans that included guidance for care workers on how they could mitigate those risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the site visit an infection control audit had not been completed. This was completed and sent to the inspector following the site visits.
- We were assured the provider has sufficient stocks of Personal Protective Equipment (PPE) available. People and relatives confirmed care workers wore PPE.

Using medicines safely

- The provider had failed to ensure medicines were safely managed.
- Care plans and medication risk assessments were not always in place, and did not provide clear guidance to ensure the safe administration of medication.
- The registered manager told us one person was prescribed an anticoagulant (blood thinning) medicine. This person's care plan contained no information about the medicines, no risk assessments to identify potential risks or guidance for staff to help keep the person safe from the risk of bleeding.
- A person required a transdermal patch (adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin) to be applied. This person's care plan contained no information about the specific details, including where the patch needed to be placed and guidance about rotating the location of the patch on the skin to avoid irritation.
- Clear guidance was not in place for controlled medicines and as and when required (PRN) medicines.
- The above concerns were raised with the registered manager during the site visit. The registered manager reviewed people's care plans and risk assessments and sent them to the inspector. However, not all the concerns had been addressed. For example, clear guidance was not in place for PRN medicines.
- Records and assessments for medicines support did not clearly define the level of support people needed. For example, one person's care plan stated they managed their own medicines although the level of support was detailed as 'Level 2- Medication management by support givers' and a risk assessment for self-medication was in place. The registered manager confirmed during the inspection they support this person with their medicines. Following the inspection, the inspector received an updated care plan and risk

assessments for this person. This stated this person doesn't manage their own medicine, although the risk assessment for self-medication was still in place. This meant guidance for staff was not clear on whether this person administered their own medication or required support with this.

The provider failed to ensure medicines were managed safely. This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- People's medicines were listed in the person's care plan indicating which ones were to be administered during each visit.
- Training records demonstrated staff had completed training on the administration of medicines and had completed competency assessments, including administration and topical medication competency assessments.

Staffing and recruitment

- People could not be confident staff were safely recruited. Staff files did not give evidence safe recruitment practices had been followed.
- One staff member had not provided a full employment history on their application form. This was raised with the registered manager during our visit who gave assurances this would be explored and added to this staff member's record.
- At the time of the visit the references within one staff file were not available. The registered manager advised verbal references had been sought. There was no record of these available at the time of the site visits and were sent to the inspector following the inspection.

Recruitment practices were not safe. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed Disclosure and Barring Service (DBS) checks on staff before they started to work for the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff. This included use of consistent agency staff who regularly work for the service. The registered manager was keen to ensure new packages of care were only taken on if there were sufficient staff to support this.
- The recruitment process for agency staff promoted safety. The service obtained candidate profiles from the agency that detailed DBS records and training undertaken by the staff member.
- A call monitoring system monitored when staff arrived at a person's home and when they left. The call monitoring system did not enable effective monitoring to take place due to poor mobile signals within people's homes. The provider was aware of the issues and told us they were taking action to ensure it was able to be used more effectively.
- We received mixed feedback from people and relatives regarding the timings of calls. Most people raised no concerns about the timings of their visits. However, one person and their relative raised a concern that staff were often late. This was raised with the registered manager during the inspection who told us they would work with the person and their relative to address the concerns.

Learning lessons when things go wrong

- The registered manager confirmed there had been no incidents or accidents since the service started operating. A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely.

- Some lessons were learnt when things had gone wrong. The provider had completed a lessons learnt exercise following the safeguarding concern raised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider needed to improve staff induction, training, ongoing support and monitoring of staff to ensure staff had the skills and necessary knowledge to meet people's needs and provide good quality care.
- Staff had received training in areas considered by the provider as mandatory. These included first aid, medication practice, infection control, moving and handling and safeguarding. Staff had not completed training in other areas to enable them to meet people's individual needs safely. This included catheter care.
- The registered manager did not have a system to ensure staff accessed training in a timely manner upon commencement of their employment to ensure they had the skills to support people safely. Records showed one person who commenced employment in July 2022, did not complete training in relation to dementia, diabetes, falls and the Mental Capacity Act until October 2022.
- One staff member new to care had not completed the Care Certificate, although records showed they started this on 26 July 2022. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed staff competencies and spot checks had been completed in relation to a number of areas. This included medication, moving and positioning people, infection prevention and control, hand hygiene, dignity and donning and doffing. A number of these were out of date as the registered manager advised the policy is for these to be completed every three months.

The provider had failed to ensure staff had the appropriate training and skills to support people safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us staff had received one to one supervision meetings. However, these had not been documented.
- Relatives and people told us they were confident with staff skills and knowledge. When asked if they felt staff were trained one person told us they had no worries with this. Another relative told us they are polite and pleasant and "as far as I can tell competent."

Ensuring consent to care and treatment in line with law and guidance

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- We were not assured the provider was working in line with the principles of the Mental Capacity Act 2005.
- People's consent to care had not been sought appropriately. There was no record anyone had been asked to consent to their care plan.
- We saw consent in a number of other areas had been obtained. For example, General Data Protection (GDPR). Where consent had been sought, some people's relatives without the legal power to give consent on their loved one's behalf had provided this consent.
- The registered manager told us there was one person whose capacity fluctuated and they believed an assessment of capacity was needed. This had not been completed at the time of the inspection.

We recommend the provider researches current best practice guidance to ensure they are following the principles of the MCA and updates their practice accordingly.

- The above concerns were raised with the registered manager during the site visit. Following the inspection, the registered manager created a new consent document that was going to be implemented.

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

- People's health and support needs were sometimes at risk of not being met. Gaps in risk management plans and guidance for care workers meant there was a risk of staff missing changes in people's health, for example identifying urinary tract infections from the use of catheters.
- People received personal care from the service and their health needs were met by other professional agencies. The registered manager informed us of how they worked alongside other healthcare professionals on a regular basis to support continuity of care for people.
- We were informed of examples whereby the registered manager had requested additional support from healthcare professionals such as district nursing teams for people when they needed this.

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

- People's care and support needs were assessed by the provider prior to them receiving care.
- People and their relatives were involved throughout the assessment process and the provider used the information gathered to develop people's care plans.

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

- Staff supported some people with nutritional needs.
- Care plans included information about people's nutritional and dietary needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect, and had their privacy, dignity and independence respected and promoted.
- The service identified people's faiths or religious beliefs and included this within their care plans.
- Care plans stated people's likes and dislikes and their preferences.
- People and relatives felt staff were caring and treated people with dignity and respect. One person told us staff were caring and "They are very good", with another stating they are "Very kind and caring."
- Relative's told us staff were kind, considerate and very caring.
- Staff told us they knew people well. One staff member explained that they treat people "Like my own family who deserve the right care."
- Staff respected and promoted people's privacy and dignity and supported people to be as independent as possible. One person told us their independence was promoted. They stated, "I always try to do something first and if unable to do it I will ask the carer for help."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by a small team of staff who knew them well and had developed good relationships.
- The provider had completed a survey to seek people's views in June 2022.
- The registered manager told us they frequently support people, they gain feedback during this time, but this was not recorded. One person told us, "When [registered manager] comes we sit down for a 10 minute chat and she makes sure everything is alright."
- People and their families told us they were involved in assessing and planning their care. One person told us an assessment was completed with them and their daughter. A relative told us, "[The registered manager] spent time with me and [family member] to know what was needed and put together a care plan."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

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

- The information within a number of care plans was limited and the provider did not ensure staff had sufficient information to ensure people's needs and preferences were met.
- Care plans did not cover the full range of people's needs or provide guidance for staff to ensure effective safe support. For example, one person's care plan states they were living with diabetes with no further detail regarding the support required in relation to this.
- Another person told us staff supported them with catheter care. The care plan staff had access too did not provide detail regarding the support required in relation to this.
- The impact on people using the service was minimal as it was a very small service and people had the same care workers who knew people's needs. Some people also lived with their families who were able to give input regarding care provision. There was a risk new staff, or in the case of staff shortages agency staff, would not know how to support people appropriately.
- The above concerns were raised with the registered manager during the site visit. The care plans and risk assessments were reviewed by the registered manager and sent to the inspector during the inspection. Not all the above concerns had been addressed. For example, one person's care plan still contained no details regarding the support required in relation to their diabetes.

Care plans did not always provide care workers with the necessary information to provide person centred care to people who used the service. This was a breach Regulation 9 (Person centred care) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed within care plans. This included their preferred method of communication and any impairments that could affect their communication.
- The provider has recently moved to an electronic monitoring system as they felt this would improve communication and accessibility of information to people and staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and reduce the risk of social isolation. Care plans identified relatives who were important to the person and information about their interests and hobbies.
- Some people using the service lived with their families which helped to reduce social isolation. They also had consistent staff which helped the staff to understand about the people they were caring for and helped them to build relationships. One person told us it's wonderful having the same carer most of the time.

Improving care quality in response to complaints or concerns

- The registered manager advised there was a complaints policy in place. The service had received one complaint since the service started operating. This was in relation to the safeguarding concern received.
- Due to the small number of people being supported by the service, the registered manager had regular contact with people and their relatives and felt they were able to address issues before they escalated.
- People and relatives told us they knew how to raise a concern. One person told us they would raise any concerns with the registered manager and were assured it would be dealt with. One relative told us, "If I had a complaint I would speak to [registered manager], who I am sure would satisfy my concern."
- During the inspection a concern was raised regarding the timings of calls. This was raised with the registered manager who told us they would work with the person and their relative to address the concerns.
- We reviewed compliments and thanks from people and relatives. Compliments showed people were satisfied with the support they and their loved ones received.

End of life care and support

- At the time of the inspection the provider was not providing anyone support with end of life care.
- Care plans we reviewed did not include any information on people's end of life care wishes. We discussed this with the registered manager. They confirmed they would consider how they could include this information as part of people's care plan.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Governance systems to review and improve care delivery were not effective and in some instances were not in place.
- Audits received following the site visit were not effective in identifying where improvements were required. We received a staff file audit form, care plan and risk assessment audits and medicines audits. These did not identify the issues we found during the inspection.
- Systems to monitor staff were suitably trained, skilled and competent were not in place.
- The system to monitor call timings and obtain feedback from people needed further improvement.
- Requested documentation was not always available at the time of the site visits. Some documents were requested and received electronically afterwards. The provider was given a timeframe to submit these documents. Although, at the providers request, an extension was given to this timeframe, some of these documents were either not received or were received up to 24 hours outside of the timeframe given. We did not review documents we received outside of the extended timeframe.

Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was in the process of transferring from written records to a computerised system. The computer system could enable the registered manager to monitor the actions taken by staff that they record on their mobile phone applications. The system can be used for auditing processes. However, this system was not yet embedded.
- The registered manager confirmed there was a duty of candour policy in place.
- Throughout the inspection the registered manager demonstrated a desire to improve the service. The Registered Manager had brought in a consultant to assist with the improvements required and ensuring the quality monitoring and processes were effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture within the service. The registered manager and care staff spoke positively and passionately about their work and the people they supported.
- People and relatives spoke positively about the registered manager and care staff. Comments included, "[Registered manager] is approachable, easy to talk to, a caring person" and "[Relative] gets on really well with her key carer, very caring and does the job to a high standard."
- People and relatives told us they were happy with the care received. Comments included, "We are very pleased with them", "Really pleased to have found them" and "Most impressed with the way they do their job."
- Relatives and people currently using the service were involved in decisions about care but had not yet been formally asked for feedback about their care due to the short time the service had been delivering personal care to them. One relative told us, "If anything happens [registered manager] will call or message me, always keeps me informed and involved."

Working in partnership with others

- There was evidence of partnership working with other professionals such as GPs and the district nursing team to ensure people's healthcare needs could be met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans did not always provide care workers with the necessary information to provide person centred care to people who used the service.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always identified risks related to staff and people's health and wellbeing by developing risk management plans that included guidance for care workers on how they could mitigate those risks.</p> <p>The provider failed to ensure medicines were managed safely.</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not operated effectively to respond to allegations of abuse or situations where people were placed at risk of harm.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good</p>

governance

Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment practices were not safe.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff had the appropriate training and skills to support people safely.