

Home Angels 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Home Angels Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Home Angels Healthcare Services Ltd receives 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.

It provides a service to older people, younger adults who may also have dementia, a physical disability or a sensory impairment. The provider has detailed in their statement of purpose they can provide a personal care service to children aged up to 18 years, however, at the time of this inspection, the 10 people using the service were all adults.

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

The provider did not ensure systems were in place to effectively oversee the service and ensure compliance with the fundamental standards. The registered person did not always ensure staff recruitment records included all information as required. We have made a recommendation regarding staff training.

People told us they felt safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The provider ensured their safeguarding systems were operated effectively to investigate allegations of abuse or neglect. Individual risk assessments were in place meaning staff knew how to provide safe care to people.

There was positive feedback about how staff felt regarding the new registered manager. Staff felt they could ask the management for help when needed. Staff felt the registered manager was open and transparent with them.

Care plans were person centred; however, sometimes further detail was required. Care plans included the input of the people's relatives and legally appointed representatives where appropriate. People received care and support that was personalised to meet their individual needs. People's diverse needs were identified and met and their right to confidentiality was protected. There were contingency plans in place to respond to emergencies. The provider had sought feedback from people and families, which they used to make improvements to the service and protect people against the risks of receiving unsafe and inappropriate care and treatment.

Systems were in place for people to raise concerns and they felt they would be listened to. People felt that staff were caring.

The service had an open and transparent way of working to ensure the safety of the people living at the service. Staff knew people they supported well and cared about their wellbeing. People and their relatives said people were treated with care, respect, and kindness by the staff visiting them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 December 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment of staff, good governance and training at this inspection. Please see the action we have told the provider to take at the end of this report.

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 and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective 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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led below.

Requires Improvement 

Home Angels 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 1 December 2021 and ended on 8 December 2021. We visited the office location on 1 December 2021.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We checked

information held by Companies House and we looked at online reviews. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service and four relatives. We spoke to the registered manager and nominated individual and contacted five members of staff including the care coordinator, team leader and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including three people's care records and one medicines record. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Recruitment

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- The registered person did not use recruitment procedures in place effectively to ensure suitable staff were employed. This placed people at risk of receiving care from unsuitable staff.
- The registered person had not carried out all the required checks on applicants before allowing them to support people who used the service. The provider had failed to verify the applicant's reasons for leaving and evidence of conduct from previous work with vulnerable adults for the three newly recruited staff members.
- We found gaps in employment history for all three staff files viewed.
- The registered person did not check the barred list for one member of staff which meant they were not aware if the staff member had a criminal record.

The provider had not followed recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these omissions with the registered manager and the nominated individual. After the inspection they provided information about the action they took to gather necessary information.
- Following the inspector identifying the missing information during the inspection, the registered manager requested the information and has now logged this within the staff file.

Using medicines safely

At our last inspection the provider had failed to ensure safe management of medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care plans contained clear protocols for staff to administer 'when required' (PRN) medicines. This included signs and indications for use, maximum doses and when to seek professional support and advice. This meant staff knew how to administer people's PRN medicines when they needed them.
- Medicines administration records (MARs) included information about people's allergies, GP contact details and how the medicine was to be given, for example orally, was now included and in line with best

practice.

- MAR chart audits were now completed on a monthly basis and reported there had been no missed medicines or medicine errors since the last inspection.
- Staff who administered medicines had received training and regular competency reviews, including regular spot checks.
- The provider had policies and procedures in place, which staff followed to ensure medicines were managed safely, in accordance with current guidance and regulations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, the provider had not ensured risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. The provider had not done all that was reasonably practicable to mitigate risks and learn lessons when things went wrong. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care plans contained specific risk assessments. These were written in partnership with people and their legally appointed representatives where appropriate.
- Care plans were informative and written from the person's perspective. They contained instructions for staff to protect people from risks to their health and wellbeing and risks in their environment.
- However, some risk assessments were lacking information to notify staff of actions to take to mitigate risk further. For example, one person's care plan stated the person was at risk of developing a moisture lesion, however, did not include action to take if a moisture lesion developed.
- This was discussed with the nominated individual and registered manager. Where further information was required, further risk assessments had been created and were seen during the inspection to provide more detail when required and the provider planned to implement the updated risk assessments in the coming weeks.
- The on-call system had now been updated to ensure that any concerns were referred to the registered manager or care-coordinator. During the inspection, this was seen to be effective where concerns had been raised by care staff to the registered manager who immediately contacted the GP in order to meet the needs of the person.
- There had been no incidents or accidents since the last inspection however, the registered manager had created an incident and accident log and was able to explain the actions to be taken if one occurred and how this would be documented and shared with staff.

Staffing

- The registered manager used an online system to schedule visits and identify visits that needed staff allocation. This was also used to determine and schedule staff cover according to the number and the needs of the people using the service.
- Staff confirmed they had time to provide individualised support to people and helped each other to cover absences. Where needed, the registered manager covered absences and staff, people and relatives confirmed this. People and relatives confirmed staff took time to support and care for them appropriately without rushing.
- Some staff we contacted told us that they did not have enough time to travel between visits however, people using the service did not raise concerns.
- There were enough staff deployed to support people. Rotas showed and people confirmed that, when

possible, people were supported by the same staff enabling continuity of care.

- Late and missed calls were monitored on a monthly basis by the registered manager. Since the last inspection, there had been no late or missed calls.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff in their homes and liked the staff who supported them. Relatives agreed they felt their family members were safe with staff.
- The registered manager understood their responsibilities in regard to safeguarding people using the service and reporting concerns to external professionals accordingly.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They were able to explain what actions to take if they felt people were at risk including contacting local authority safeguarding teams.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Preventing and controlling infection

- Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection. There were previously concerns where some members of staff were reportedly not wearing PPE whilst providing care to people. The concerns were addressed appropriately by the provider and there have been no further concerns reported.
- Staff were trained in infection control and followed the provider's policies and procedures in this area. People and relatives confirmed this and said staff wore the protective equipment while supporting them.

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.

At the inspection in November 2020 we did not review this domain because we carried out a focussed inspection. At the inspection in November 2019, this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At the inspection in November 2019, we recommended the provider sought advice and guidance from a reputable source to ensure staff training provision was in line with the current best practice guidance for the ongoing training for social care staff. The registered person did not fully meet the recommendation.

- One staff member out of six did not have all their mandatory training updated which was due in September 2021. The same staff member had not had fire safety training since September 2017.
- Following the inspection, the staff member completed all outstanding training and all outstanding mandatory training was up to date.
- Although the staff member reported to having received sufficient training, the registered manager could not ensure at all times people received effective care and support from staff who had up to date training and knowledge potentially putting people at risk.

We recommend the provider ensures staff training is up to date and seek advice and guidance to ensure training is in line with best practice.

- The registered manager oversaw staff training and carried out spot checks to monitor staff member's practice and performance.
- When new staff started, they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt supported by the registered manager. They used the provider's performance and appraisal system. Staff members received feedback about their performance and discussed training needs during one to one supervision.
- Staff received their supervision and appraisals regularly and supervision records included the actions for staff from previous supervisions.

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

- People had their care needs assessed to identify the support they required. People received an initial assessment when they first started receiving care for the service and people's needs were reviewed on a monthly basis or when their needs changed.
- However, some information in people's care plans did not always include enough detail specific to the

person. For example, guidance for staff on how to support emotionally, help people make decisions or communicate. Some information was not always accurate for example, one person's care plan said the person could get angry but there was no further guidance as to how to prevent this or support the person appropriately.

- This was fed back to the registered manager during the inspection. Following the inspection, people's care plans were updated to provide clarity and accuracy.
- Care plans had basic instructions on how people should be supported in order to meet people's needs safely and effectively. Information had been sought from the person, their relatives and other professionals involved in their care.

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

- People had access to oral care supplies and when needed, staff would assist them as part of the personal care. However, there was no oral care assessment or care plan in place to ensure staff had specific instructions to support people's oral hygiene.
- After the inspection, the registered manager sent us examples of oral care plans and assessments which the registered manager would complete for all people who use the service.
- We saw evidence of good communication with other agencies, including health care professionals, social services and families where relevant.
- Advice was updated in care plans and risk assessments. Information was shared with the team within team meetings which meant people received care responsive to their needs in order to provide the best outcome.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 spoke with the registered manager about mental capacity considerations, decisions and assuming capacity to ensure people could make their own decisions.
- Within people's care plans, it documented if the person has capacity and if they require any support with making decisions
- Within their induction, all staff received training regarding the MCA.
- We noted the registered manager some consent forms could not be signed by the family members who were not legally appointed. We asked the registered manager to gather information about the lasting power of attorneys to ensure it was in line with the MCA legal framework. Following the inspection, the registered manager provided evidence of family members who were legally appointed to make decisions for people.
- People confirmed staff gained their consent before providing any care or support. People and relatives felt the staff were polite and respectful towards people and respected their decisions.

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.

At the inspection in November 2020 we did not review this domain because we carried out a focussed inspection. At the inspection in November 2019, this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives said staff supporting them were kind and caring. Some of their comments included, "they always make sure that they have covered everything before they leave [person]."
- People experienced good continuity of care from regular staff. People reported staff were focussed on caring for them and not completing tasks. One relative said, "[Person] has regular carers. Two of them are exceptional and really take good care of [Person]. They even anticipate things she might need and then tell me so that I can pick them up, or if I am busy, they will offer to do it. They also leave notes or call me if there is something I need to know... it has certainly improved [Person's] mental health."

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

- People and relatives told us they were involved in decisions about their care and support.
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments monthly or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information on how people would like to receive personal care including their likes and dislikes. The information allowed staff to understand the needs of the person. Relatives told us, "They [care staff] have always treated us with respect and dignity." And, "[Person] enjoys living independently and this service along with another company, enable him to do that."
- Care plan activities included requesting staff to monitor people's environments, keeping them clean and tidy prior to leaving in order to support the person to move about, supporting their independence.
- Evidence was seen of regular spot checks taking place, and this included ensuring that staff were treating people with dignity and supporting people with their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection, the provider failed to establish and operate an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. This was a breach of regulation 16 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Complaints had been recorded and the registered manager responded to and investigated complaints in a timely way.
- Actions taken following a complaint were documented in order to improve the service.
- People knew how to raise a complaint or concern with the provider. One relative stated, "I did complain about one carer who was coming at the weekend to give Mum her lunch and she kept arriving at 11am... [Registered manager] soon got onto this and spoke with the carer who now comes at the correct time."

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

- The care plans clearly described people's abilities, likes, dislikes and support needed. This provided staff with information and guidance on supporting each person, so they could continue to meet their specific needs. One relative told us, "I am invited to attend the regular care review meetings now and I feel that they really understand [person] needs now."
- People's needs and support plans were reviewed on a bi-annual basis for any changes in care and support or more often if their needs changed.
- Any changes to people's care were updated on their care plan and staff were notified of the changes through telephone calls and staff meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans to ensure staff were aware of how to support people.
- Risk assessments regarding people's communication needs were in place.
- There was some guidance in communicating with people in a manner they could understand. We discussed this with the provider to ensure all information presented was highlighted and in a format people would be able to receive and understand. We discussed with the registered manager including further information within care plans regarding their communication needs to ensure people received personalised care which they agreed to review.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 and risks

At our last inspection, the provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a repeat breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At this inspection, we found non-compliance with two regulations. The provider had failed to ensure good governance and safe recruitment of staff. The provider's system had not enabled them to identify they were non-compliant with these fundamental standards.
- The provider did not have an effective system in place to ensure all staff mandatory training was up to date therefore putting people at risk of unsafe care
- The registered manager had a quality assurance system in place that included different audits, so they could assess and monitor the service delivered. However, the registered manager did not always use their quality assurance systems effectively to promptly identify areas for improvement. For example, missing required information within recruitment files had not been identified during audits. Where we found inaccuracies with information contained within people's care plans, these had not been picked up through the quality reviews of care plans.
- We asked for evidence of all audits completed. The registered manager told us audits for daily care notes, care plan reviews and MARs had not been completed between February 2021 and April 2021. Following the inspection, they found and sent the audits for the missing dates.

The registered person had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. The registered person had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a continued breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since joining the service in May 2021, the registered manager updated and improved the quality assurance systems in place. This included a monthly review of documents including Medicine Administration Records (MARs), care plans, incidents and accidents and call times.
- Audits identified themes and trends and actions taken to improve the service. This was shared with staff members.
- People, relatives and staff all agreed the registered manager was supporting the improvement of the service. One relative told us, "the new [registered] manager has made a huge difference and brought it back up to where it should be. It is much calmer, better organised, I feel heard, and the staff are much happier...[registered manager] has done a great job, and everyone is benefitting." Staff also told us, "My manager is fantastic and helpful. Listens to my needs and gives great advice."

Managers being clear about their regulatory requirements

At our last inspection the provider failed to notify us of significant events and other incidents that happened in the service without delay. This was a repeat breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- During this inspection, we found the provider had notified CQC of reportable events without delay such as allegations of abuse.
- This meant we could check that appropriate action had been taken to ensure people were safe at that time.

At our last inspection, the provider failed to notify the CQC when there are any changes to the service. This was a breach of Regulation 12 (Statement of Purpose) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- An updated statement of purpose has been received and notifications of changes have been included.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively.
- The service had a whistleblowing policy in place. We spoke to the registered manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.
- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.

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

- There were no serious injuries reported as notifiable incidents in the last 12 months. Regulation 20 sets out some specific requirements that providers must follow when things go wrong with care and treatment,

including informing people about the incident, providing reasonable support, providing truthful information and an apology.

- We discussed the regulation and its requirements with the registered manager. They understood their responsibilities in relation to the duty of candour, to be open and honest with people and were able to explain the steps they would take if there were serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback from people and relatives had been sought on a bi-annual basis and themes and trends had been identified. Overall, people were happy with the care they had received and reported they were pleased with the new registered manager and the improvements that had been made.
- Staff were enabled to discuss matters affecting people using the service during regular staff meetings. Staff were encouraged to comment and share ideas about how practice and care might be improved.
- Themes and trends had been identified within complaints and audits and these were shared with staff to continuously improve the service.

Working in partnership with others

- Management worked in collaboration with external agencies to help ensure people received high quality care and support. We saw evidence of emails communication between professionals and the service to review and meet the individual needs of people.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. The registered person had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations.</p> <p>Regulation 17 (1,2, a,b,c,d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had not followed recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed.</p> <p>Regulation 19 (2b, 3a)</p>