

Kare Support Services Ltd

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Inspection report

104 Bolton Drive
Shinfield
Reading
RG2 9LR

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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

Kare Support Services Ltd is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to older people who have dementia, learning disabilities or autistic spectrum disorder, mental health needs or physical disability.

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 our inspection there were two people using the service.

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

The registered manager did not operate effective quality assurance systems to oversee the service. They had not identified the concerns we found through their own monitoring systems.

The registered manager did not ensure effective and safe recruitment processes were in place to ensure, as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. Not all staff were up to date with, or had received, their competency checks and mandatory training. We did not have enough evidence to show the registered manager kept their knowledge and competencies checked and up to date.

The registered manager was able to describe how incidents or accidents were responded to. However, we were not assured they effectively identified, reported and investigated safeguarding concerns. People's records for risk management needed reviewing to ensure more detail about how to minimise and mitigate risks were available to staff. The registered manager did not inform us about notifiable incidents in a timely manner. The registered manager did not ensure that clear and consistent records were kept in relation to people's care and the service management. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We have made a recommendation about seeking guidance from a reputable source to ensure the Mental Capacity Act (MCA) legal framework and provider's responsibilities to people and their decisions were followed accordingly.

Staffing levels were reviewed and supported people to stay safe and well. People and staff told us there were enough staff to support people. The registered manager scheduled the visits and oversaw timings and length of visits. People and relatives were informed about the changes to their visits or the staff being late.

People, their families and other people that mattered were involved in the planning of their care. However, the care plans did not contain information specific to people's needs and how to manage any conditions they had. This meant staff did not always have detailed guidance for them to follow when supporting people

with their needs. This could put at risk of receiving inappropriate and unsafe care and support.

One person and a relative said they felt safe when staff were supporting them. They could approach the registered manager and staff with concerns. The registered manager had a process to deal with complaints, but they said they had not had any yet. Staff felt they could approach the registered manager and they communicated well in regard to the service and any related matters.

The management team was working with the local authority to investigate ongoing safeguarding cases. There was an emergency plan in place to respond to unexpected events. Staff had ongoing support via regular supervision and appraisals. They felt supported by the registered manager and other staff.

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 26 March 2021 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 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 monitor the service and will take further action if needed.

We have identified breaches in relation to quality assurance; safeguarding management; record keeping; management of medicine; staff training and competence and recruitment. We have made a recommendation about meeting the Mental Capacity Act legal framework.

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 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 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 findings below.

Requires Improvement ●

Kare Support 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

This inspection was carried out by one inspector and was announced.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual. They are responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced. 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.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key

information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 14 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. These included two people's care records. We also looked at a variety of records relating to the management of the service, including recruitment information for two staff, quality assurance, spot checks and observations, policies and procedures.

After the inspection

We contacted people and relatives for feedback and received two responses. We also contacted three more staff and received feedback from them. We looked at further training data, policies and recruitment information for two staff members sent to us after the inspection. We sought feedback from the local authority and professionals who work with the service and received one response.

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.

Recruitment and staffing

- The provider did not always ensure all required recruitment checks and information were gathered before staff started work.
- During inspection we looked at two staff files to check recruitment information. We found missing information such as explanations of gaps in employment and information on evidence of conduct from a previous employment working in health and social care. It did not include information of the verified reasons why the previous employment ended.
- Staff recruitment files included a declaration of health. In one file we did not find evidence that a Disclosure and Barring Service (DBS) check was completed. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults. We asked the registered manager to rectify those issues and send us evidence of it.
- After the inspection we received information that there were two more staff employed by this provider, therefore we asked the registered manager to send us recruitment information for those two staff. The registered manager was given more than 14 days to complete the information and send it to us. However, we did not receive it. Therefore, we were not assured appropriate checks were carried out before those staff started working with people who use the service.
- The regulation requires these checks to be completed prior to employment of a staff member. Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff. The registered manager put people at risk of being supported by unsuitable staff.

The registered manager had not obtained all 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.

- The registered manager determined the number of care packages according to staff numbers and the needs of the people using the service. The registered manager was also part of the team supporting people.
- The registered manager monitored the staff visits regularly. They also reviewed the staff capacity and how many care packages could be taken on. The registered manager said they did not take any further care packages at this time until new staff were recruited.
- People confirmed staff arrived and left at the right time and completed all the care and support needed.
- The staff confirmed they had time to complete all of the care and support required. Where needed, the registered manager also covered absences to help staff and people.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood some of their responsibilities and importance in regard to safeguarding people who use the service. They talked about reporting concerns to external professionals accordingly such as the local authority, police and the Care Quality Commission. The registered manager was not fully aware of procedures to follow in accordance with the Berkshire safeguarding adults' policy and procedure.
- After the inspection, we were alerted to one incident where a safeguarding alert was not raised to ensure it was investigated properly. This incident was not reported to CQC. By failing to inform the relevant authorities of this allegation of abuse, people were placed at risk of ongoing harm or abuse.
- Although there was a system and process to protect people who use the service from abuse and improper treatment, the registered manager and the staff did not ensure these systems were operated effectively.

The registered person did not ensure the provider's systems and processes to protect people from abuse and improper treatment were operated effectively and consistently. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person and a relative confirmed they were safe with staff and liked the staff who supported them. One relative added, "We had [no issues], nothing at all, and no concerns [with the service]".
- Staff told us 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 to contact the outside organisations. They were confident the registered manager would act on any concerns reported to ensure people's safety.

Using medicines safely

- The registered manager said they supported one person with medicine. They said staff would help take it out of the blister pack and then sign the person's Medication Administration Record (MAR). We looked at the MAR sheet and the information about each medicine was noted. However, there were no signatures to indicate the medicine had been given.
- The registered manager explained how they would support people with medicines, deal with errors and support people get help from health professionals when needed.
- The training matrix record showed staff had received training online in handling medicines however, it was not clear when it was done. The registered manager said they completed staff's competency assessments. However, they did not have appropriate training to carry out these assessments. They said they would complete the required training. This meant the registered manager could not assure us staff were competent and knowledgeable to support people with medicine and not putting them at risk of inappropriate support.

The medicine management was not robust enough to demonstrate that medicines were managed safely at all times. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager said they assessed and reviewed the risks to people's personal safety. The registered manager explained how they monitored people's care and wellbeing for any changes or issues, including checking the equipment used was safe.
- However, one risk assessment needed more detail to ensure staff had guidance to mitigate the risks; in another file reviewed, there were no risk assessments completed for the person. Where people received support with transfers and mobility, there was little record of what to consider about any risks and mitigation for safe practices specific to those people. For example, one person had issues with mobility, balance and coordination. In order to complete support with transfers, they had to be placed in "a safe

position", but it was not explained what that position would be and how to achieve it. Another person spent most of the time in bed. However, there was nothing recorded about maintaining their skin integrity, as well as, safety when transferring them.

- There was a system in place for recording accidents and incidents. The registered manager said if something happened it would be investigated, and they would ensure people were safe. The issue would then be discussed within the team and ways to prevent it recurring would be identified and implemented.
- After the inspection, we received information that there was an incident before the day of inspection. However, the registered manager did not provide any further information on how this was handled including support to the person and their family. We were not able to review if the system in place did highlight areas for improvement or actions needed to be taken to mitigate the risks to individuals. It was not very clear if themes and trends were identified and discussed with the staff team to ensure the quality of care could be improved.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- As part of the care plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity.
- The service had business continuity plans to ensure the service could continue in the event of an emergency.

Preventing and controlling infection

- Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection.
- Staff had training in infection control and followed procedures on this to use PPE. One person 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.

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

- We reviewed the training matrix provided to us which recorded the provider's mandatory and role dependant training. People had different needs including Parkinson's, diabetes, and epilepsy. However, staff were not provided with such training and skills to ensure they had the right knowledge and guidance to provide effective care and support to people.
- The training matrix did not show the dates of the training so we could not judge if the staff were up to date with their necessary training. We asked the registered manager to provide us with those dates, but we did not receive such information.
- The current best practice guidelines for ongoing social care staff training provides information on core and mandatory training topics. The guidance says the provider should assess staff members' knowledge and competence at least annually and provide learning and development opportunities at least every three years for various topics. The training information showed the mandatory training and updates provided to staff at the service was not always in line with the guidance.
- When new staff started, they had an induction that included online training and a period of shadowing before working on their own.
- The registered manager said staff completed the Care Certificate as part of their role. 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.
- To be awarded the Care Certificate the person must acquire knowledge and demonstrate understanding of the knowledge acquired as well as demonstrating and being assessed as competent in the standards. Where there are practical elements to learning which require staff to be 'hands on' and observed, face to face practical training and assessment needs to take place. The registered manager had completed staff competency assessments in relation to the Care Certificate. However, the registered manager did not have any further specific training to be classed as a competent assessor of the Care Certificate.
- We were not assured the registered manager ensured at all times people received effective care and support from all the staff who would be competent and guided by the best practice, with up to date knowledge and skills.

The registered manager did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Staff felt supported by the registered manager. Staff members received feedback about their performance and discussed training needs during supervision.
- A relative and one person confirmed staff had the training and skills they needed when supporting them.

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

- People's care needs were assessed initially to identify the support they required and to ensure that the service was meeting their individual needs. Records demonstrated the person and/or their family had been involved in drawing up their plan.
- Some parts in the care plan had basic information and did not include more detailed information for staff to follow, so they could meet specific people's needs safely. For example, the service supported a person to take medicine, but their medicine support plan did not provide information about how best to support this person.
- The records did not always contain clear guidance for staff on how to manage people's oral health and support they would need with it.
- Care plans also included people's personal likes and preferences and their interests.

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

- People were supported with their meals and drinks as part of their care package. Where someone needed help with eating or encouragement with it, staff provided support for it.
- Where needed, staff monitored people's food or fluid intake and advice would be sought from a health professional if necessary.

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

- People were supported to remain as healthy as possible. People's changing needs were monitored to ensure their health needs were responded to promptly.
- The service communicated with the families, GPs, community nurses and occupational therapists for guidance and support. The registered manager and the staff were informed about people's health and wellbeing. The care for people's health and wellbeing was proactive and organised well. People would be referred to various health professionals to address any health or changing needs.

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

- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- The registered manager understood the importance to support people with making decisions and encouraged staff to do the same.

- We noted to the registered manager the care and support records for one person were signed by the family members and it was not clear if they had a legal right to do that. We discussed this with them that it had to be changed to evidence people's consent was sought and recorded in line with the MCA legal framework.

We recommend the registered person seeks advice and guidance from a reputable source about MCA legal framework, and their responsibilities to ensure people could express their views and be involved in decision making.

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

- One person and one relative agreed their family members were treated well by the staff and the registered manager.
- The registered manager explained how they placed importance on ensuring continuous caring support to people.
- The registered manager and staff checked people during the visits, and whether people were happy with their support.
- Staff said they delivered care and support that was caring and person-centred. Staff explained how they understood the importance of treating people respectfully. The staff team made sure that people received care from familiar, consistent care staff.

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

- People and those important to them were encouraged and involved in making sure they received the care and support they wanted. People were supported to express their views and be involved in making decisions about their care and support. One person confirmed the registered manager visited them.
- People's records included information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- One person and a relative agreed staff respected their family members' dignity and privacy and made them feel comfortable.
- Staff supported people with their needs respecting privacy and dignity and promoting independence whenever possible. They agreed the care and support they provided helped people who use this service be as independent as they can be.
- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.

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 good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives were involved in the care planning process. The service was flexible to adjust to people's needs when necessary.
- Information had been sought from the person, their relatives and other professionals involved in their care where necessary. This information was then used to compile the plan of care and reviewed when needed.
- We spoke with the registered manager about the fact that whilst care plans included some details of people's individual support, the information needed to be more specific to the person. For example, describing parts of their routine or specific conditions and then ways to support and help them.
- Staff recorded care and support provided at each visit that helped them monitor people's needs and respond to any changes in a timely manner.

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.

- We spoke about AIS with the registered manager to ensure when necessary, to review people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive and understand it.
- Staff were aware how to help people communicate their wishes if they had communication needs.
- The service identified people's communication needs by assessing them and recording this in their care plans.

Improving care quality in response to complaints or concerns

- The registered manager said they had not had any complaints. But they said they would take complaints and concerns seriously. They would use them as an opportunity to improve the service, identify any trends and any prevention of recurrence.
- One person confirmed they could approach the registered manager or one of the staff if they had any issues.
- The staff felt they could approach the registered manager with any concerns should they need to, and it would be addressed.

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

- The registered manager did not effectively operate systems and processes so they could assess, monitor and mitigate any risks relating the health, safety and welfare of people using services, the service and others.
- The registered manager did not identify all of the concerns we found on the inspection. For example, missing recruitment information for staff suitability; issues with safe medicine management, lack of records for staff's training, competency and knowledge checks, risk management and care planning and related records were not consistently maintained. These issues were not identified through the quality assurance system in place.
- We asked the registered manager for any further audits or checks they carried out as an overall oversight of the service and how they would continuously review and assess the quality of the service. The audits provided during inspection and after did not indicate how the registered manger ensured compliance with all fundamental standards.
- Records were not always completed accurately or updated when necessary. The registered manager did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because accurate records were not maintained.
- The registered manager did not demonstrate integrity and transparency when they failed to inform us about an incident they were responding to during our inspection. Therefore, we were not assured that good governance was always in place to protect people from the risk of harm or abuse.

The registered manager 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 breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, we found one event that required a notification. The registered manager sent it without delay after prompting. Notifications are events the registered person is required by law to inform us of. The registered manager did not show they understood when to send a notification.
- The registered manager said they had not had any missed visits. They said staff, people and relatives communicated with each other should there be any issues with visits. The registered manager worked

alongside staff which helped them observe practice and pick up any issues promptly.

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

- We discussed duty of candour and what incidents were required to be notified to the Care Quality Commission. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- The registered manager and staff worked together to promote and support people's wellbeing, independence and safety.
- One person and relative agreed the service was managed well and they could approach the registered manager with their issues or concerns. The relative added, "[The registered manager] was a very caring man. [Staff] were very good, like a little family, very nice and friendly". However, we also received feedback from one relative who did not think the service and care to the people were managed well.
- The registered manager praised the staff team saying, "They are good staff and listen to what I have to say. We work together and look after the team".
- The registered manager was accessible and approachable and was motivated to deal effectively with any concerns raised.
- Staff felt they could approach the registered manager with any concerns. Staff were positive about the support from the registered manager.

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

- The registered manager had carried out a short survey for people and relatives. However, they also said that they regularly kept in touch with relatives and people to gain their views and feedback.
- The registered manager communicated on a daily basis with the staff to ensure all of them were aware of any issues, important information related to the service, actions to take or to pass on positive feedback.
- The registered manager worked in partnership with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- The service had links with the local community and the provider worked in partnership with other agencies to improve people's wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not ensured that the established systems and processes to protect people from abuse and improper treatment were operated effectively.</p> <p>Regulation 13 (1)(2)(3)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person 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 all the fundamental standards (Regulations 8 to 20A).</p>

Regulation 17 (1)(2)(a)(b)(c)(d)(f)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work and were not enabled to obtain further qualifications appropriate to the work they performed.

Regulation 18 (1)(2)(a)