

Q Leaf Care Limited

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Inspection report

Office 17, Floor 2, Innovation House
Discovery Park, Ramsgatge Road
Sandwich
CT13 9FF

Tel: 07462221010

Website: www.qleafcare.co.uk

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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

Q Leaf Care Limited is a domiciliary care agency. It provides personal care to people living in their own home. At the time of our inspection there were 20 people using the service. 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. There were 19 people in receipt of personal care.

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

People shared positive feedback regarding their experience with Q Leaf Care Limited. However, we identified that medicines management was not always safe, and the registered manager and provider missed the opportunity to learn from incidents. When new staff started at Q Leaf Care Limited, safe recruitment practices were not always followed, and staff did not always receive training and supervision before working with people. Staff worked with people before they completed core training and competency checks to ensure they had the skills to work with people. When complaints were made there was not a robust system to ensure all the complaint was investigated and responded to, and outcomes were not always upheld by the registered manager. End of life care plans were not always in place. Checks and audits were not robust and effective in identifying the shortfalls highlighted during our inspection.

People and their relatives told us they felt safe when supported by Q leaf Care Limited. A relative told us, "Occasionally I have to pop out, and I feel quite safe to leave staff with my wife. She is in good hands and I wouldn't leave her with just anyone." People told us that care was delivered by a consistent staff team, who kept them updated if they were running late and completed all agreed care calls. One person told us, "They give me great confidence. They come four times a day." Relatives told us staff always wore personal protective equipment (PPE) and followed infection prevention strategies.

People's needs were assessed before they were supported by Q Leaf Care Limited. People who needed support with nutrition and hydration told us they always received this. When people's needs changed, or they needed support from healthcare professionals staff offered advice and helped people seek support. 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.

People and their relatives told us they were happy with the support they received. One relative told us, "We are all like a group of friends. We have build up a lot of trust." Another relative told us, "Without a doubt they are caring. We haven't come across it before. We live in a building where lots of people get care. A lot of the residents here comment on how polite our carers are. They get such nice feedback." People told us they had built strong relationships with their staff. A relative told us, "She is definitely treated with respect and dignity. They always ask for a smile."

People and their relatives told us they received personalised care specific to their needs. One relative told

us, "We had to change the care plan quite quickly and I spoke with the management team over the weekend they were so helpful and approachable."

There was a positive culture within the staff team, that promoted good outcomes for people. People told us their opinions were regularly sought and used to improve the service. Staff told us that the management team were always there to support them.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The registered manager and nominated individual were not aware of the guidance and how to support autistic people and people with a learning disability.

Right support: Model of care and setting maximises people's choice, control and Independence. People were supported to have maximum choice over their lives and the support they received. Staff were able to demonstrate how they supported people to be as independent as possible.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff were able to demonstrate how they promoted people's human rights, and people told us staff always treated them in a dignified way.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There was a positive culture and ethos set by the registered manager, which supported good outcomes for people. However, systems were not always in place to ensure people received the safest, most effective care.

The registered manager assured us that prior to supporting anyone with a learning disability or someone who was autistic they would ensure that they were able to comply with our guidance.

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 and this is the first inspection.

Why we inspected

The inspection was in part prompted in part due to concerns received about medicines management, staffing and recruitment. A decision was made for us to inspect and examine those risks. We registered this service on 2 July 2021 and this was the first inspection.

You can see what action we have asked the provider to take at the end of this full report.

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 medicines and learning from incidents, recruitment and checks and audits 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 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 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 ●

Q Leaf Care Limited

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 two inspectors.

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 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.

Notice of inspection

We gave a short period 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 29 June 2022 and ended on 4 July 2022. We visited the location's office on 29 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a 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 all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke to four care staff, the nominated individual, registered manager, deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Using medicines safely

- Medicines were not always managed safely and in line with national guidance. Medicine guidelines were not always followed. For example, on one occasion staff removed a pain patch from a person before the date on the prescription. Staff documented this was due to the person being uncomfortable and irritated by it, however staff failed to seek advice from a healthcare professional or report the skin concerns.
- When people were being supported with medicines, there was not robust processes or guidance in place for staff to follow. There were no measures in place to document the number of medicines in stock to ensure that medicines were not being misused or administered in line with guidance.
- The registered manager told us that staff who were supporting people with medicines had not all had competency checks completed to ensure they were able to administer medicines safely.
- The registered manager told us that when staff were supporting people with their medicines, medicine administration records (MAR) were not always in place. When these were in place we identified they were not meeting national guidance; there were entries written in pencil. There was no system in place to double sign written entries on MAR.
- Some people were supported with 'as and when' medicines. There was not always protocols in place for staff to follow to inform them, for example of maximum dosages the person could have.

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

- Accidents and incidents were not always used as an opportunity for learning. Incident forms did not always detail action taken to reduce further risks to people.
- One person could display behaviours of distress prior to care being delivered. There were four incidents logged for this person in March 2022, however there were no details of action taken to reduce the person's anxieties and implement guidance for staff.
- Some people were at risk of falling. When people had fallen, care plans were not always consistently updated to show action for staff to take to reduce the likelihood of the fall re-occurring.
- Not everyone had an environmental risk assessment in place to ensure the safety of staff when they entered people's homes. We discussed this with the manager who assured us this would be put in place.

The registered persons had failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. The registered persons had failed to manage medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some risk assessments and care plans did contain the information on how to reduce the risk to make sure

people were as safe as possible. Some people were supported to mobilise using special equipment. The risks connected to this had been identified and measures were in place to make sure people were moved safely using equipment that had been checked for safety. One person told us, "Yeah I feel really safe with them when they are using the hoist."

- When people's skin was at risk of becoming sore and 'breaking down' there was guidance in place to tell staff what to do to prevent this happening and also the action they needed to take if people's skin became sore.

Staffing and recruitment

- Staff were not always recruited safely. The provider had not ensured that all the information and safety checks required before new members of staff started work were in place. There was information missing from the staff files. Some staff had not provided a full employment history and when there were gaps in their employment history these had not been fully explored and recorded. One staff member stated that they had spent a year working with the elderly. There was no information as to what kind of work this was and what it entailed. Staff did not always have two references. Some staff only had one reference and one person had no references.
- Disclosure and Barring Service (DBS) checks were made before staff began work at the service. Other employment checks, such as right to work in the UK and a DBS had been completed. 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. However, some staff were from overseas and had not been in the country very long before they started work at Q Leaf Care Limited. No police checks had been obtained from where staff originated.
- There was a risk that staff might not be suitable to work in a care setting. The provider did not have systems in place to ensure oversight of recruitment was robust.

The registered persons had failed to operate a robust recruitment process. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and staff told us there were sufficient numbers of staff to meet people's needs and keep them safe. A relative told us, "Staff turn up on time, when they are supposed to. They care about that so that's really important."

Systems and processes to safeguard people from the risk of abuse

- Staff had not all received training in safeguarding before working with people. However, staff told us they knew the steps to take if they had concerns about people. One staff member told us, "I would whistle blow if I had concerns about people. I would go to the manager."
- When safeguarding issues were raised, they were responded to by the registered manager. However, there was no log of issues that had been raised or details of trends being analysed, or lessons learnt as a result. We discussed this with the registered manager, and they confirmed they would implement a process for this. We will review this at our next inspection.
- People told us they felt safe and were happy being supported by staff from Q Leaf Care Limited.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

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

- Staff did not always have the training, skills and experience to support people effectively. The provider's training matrix evidenced that staff supported people before completing mandatory training, including for example training to support people to transfer safely.
- Some staff had not worked with people in a caring capacity previously. Prior to our inspection not all staff supporting people had competency checks completed to check they knew how best to support people. The registered manager assured us that before staff supported people, their training and competency checks would be completed moving forward.
- The registered manager confirmed that they were in the process of supporting staff through formal supervisions, however not all staff had received supervision. Staff told us that they felt well supported by the registered manager and that they were always able to contact them when needed.

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

- People's needs were assessed before they started using the service. People were offered the support in the way they preferred and that suited them best.
- People and their relatives told us they were happy with the service, from the point of assessment. A relative told us, "I was impressed with the first meeting. The [nominated individual] came around we had a chat and he understood what was happening. It gave me confidence."
- There was information about people's past medical history and information about people's background. Peoples care and support needs were reviewed regularly.
- People's protected characteristics under the Equalities Act 2010, such as religion and culture were discussed with people.

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

- People's nutritional and hydration needs were met. Peoples likes and dislikes were recorded in their care plans. Some people did not need support with their meals or planning a nutritious diet as family members made their meals.
- Those people who did need staff assistance chose what food they wanted. Where people required support with their meals and drinks, this was agreed with them. A person told us, "They always make sure I have a drink out, and it's topped up. Sometimes I forget and they top it up for us." A relative told us, "Mum has severe dementia, it's difficult to eat but staff are so patient with her."
- Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for staff on how this needed to be done and what foods to prepare. One person was identified

as being at risk of choking but did not want their food liquidized. There was guidance for staff on how to prepare their food to reduce the risks and staff stayed with the person when they ate their meals. The person had been referred to the speech and language team (SALT) team.

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

- People had access to healthcare agencies and support in a timely way. Staff worked with professionals to provide good outcomes for people. A relative told us, "One thing I was impressed with, is that staff flag up when there's a problem. They told us she had a sore, they flagged it early so we could get the district nurse involved."
- People told us they trusted staff judgement to support with their healthcare conditions. One relative told us, "They keep a really close watch on her skin. Even her mobility capabilities – they say when she is good which is really nice feedback from someone else. They have fresh eyes and give valuable feedback."
- People told us staff were flexible with care calls. One person told us, "I can't fault them. They have been very good. They are very understanding. Today they came early so I could go to a GP appointment."
- People's care records contained details of their medical history and any health support 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 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.

Always use the following sentence:

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.

- People and their relatives told us that staff supported them to make as many choices as possible. This included if they wanted to get out of bed, what they wanted to wear and what they wanted to eat.
- When people were not able to make decisions about their care, the registered manager was aware that best interest meetings should be held with relevant parties to make decisions in people's best interest.
- Staff we spoke with understood the need to encourage people to make decisions about their care.

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

- People and their relatives told us without exception that staff were kind and caring towards them and their loved ones. One person told us, "They are very, very good. They are all very caring and very attentive. That's what it amounts to I suppose." A relative told us, "The carers that they send are great with mum. They are kind, patient and they are trying their best."
- A relative told us, "They are like a breath of fresh air, they hold a conversation with her. But they treat [person] like their own mother or grandmother. They are so gentle. They are excellent. I couldn't think of anyone who is any better. Nothing is never too much trouble for them."
- People and their relatives told us staff were respectful towards them. A person told us, "All the carers are very courteous, they spend a lot of time in our house and they are very kind people."
- People and their relatives told us they thought highly of the staff. One person told us, "Very, very pleased particularly with [staff name]. He's experienced, he's kind considerate, charming and helpful. He's everything you need a carer to be really."
- Staff had received a number of compliments and thank you cards. One card said, 'Thank you so very, very much for all the kindness and care you showed [name] over the past few months.'

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were respectful of their privacy and dignity. One person told us, "They always forewarn what they are doing. They ask if they can take the cover off me in the morning."
- People told us that staff respected their privacy, and for example gave them space when using the toilet. Relatives told us that staff ensured curtains were closed before supporting people with personal care.
- Relatives told us that staff understood people well, and how best to support them. One relative told us, "Sometimes he can be grumpy, but they wait and give him time to realise what's going on. They have a really nice manner of approaching him so he is not scared. They always encourage him to do for himself."
- People and their relatives told us staff supported them to be as involved in their care as possible. One person told us, "They dress me up in my best gear, brush my hair and put jewellery on me. They always ask me what I want."

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.

Improving care quality in response to complaints or concerns

- Concerns and complaints had not always been used to improve the service. When concerns were logged, the registered manager had responded to the concerns, however, learning and improvements were not always upheld. For example, loved one's raised concerns about a staff member. The registered manager responded to confirm that staff member would not complete care calls, however we identified that they had.
- Within a complaint raised by loved ones, we identified all areas of the complaint had not been investigated and responded to by the registered manager.
- People and their relatives told us they understood how to raise concerns. A relative told us, "Yeah I would go to the registered manager, the deputy and occasionally I see [the nominated individual]. I would just ring them up and things are resolved quickly."

End of life care and support

- Staff were not supporting anyone at the end of their lives, however, people's end of life wishes and beliefs had not always been recorded. We discussed this with the registered manager who confirmed end of life wishes would be discussed with people moving forward. We will check this during our next inspection.
- When staff had supported people at the end of their lives, they had received positive feedback. One family commented, 'We want to say a big thank you from all of us, her family for all the kindness and care you showed her during these few short months. Having you in her life brought her so much joy and strength.'

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

- There was information in peoples care plans to support staff to get to know people. There was information on 'Who I am', 'What's important to me.' 'What makes me feel better if I am upset or anxious.' This included who people wanted support from. A relative told us, "We discussed in the initial assessment that it would be good to have fewer staff rather than someone different each day. Mums happy with that and it's important."
- People and their relatives told us they received personalised care. A relative told us, "You can ask them to do things, or do things in a different way and they are open to do that." Another relative told us, "They build such a good relationship with my dad. They have a very good understanding of his condition. They have got to know him very well. They are so patient. It takes a long time to get to know him. They give him that time."
- There was an electronic system in place that recorded when staff started and ended a visit. The management team were able to check that staff stayed the allocated time with people. It also alerted the management team if any calls had been missed. There had only been one missed call since February 2022. This was identified quickly and addressed.

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.

- The registered manager had assessed people's communication needs and was aware of the need to offer information in different formats to meet people's needs. At the time of the inspection, no one was identified as needing information in a different format.

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; Continuous learning and improving care

- The registered manager, and staff completed a range of checks and audits to monitor the quality of the service. However, these failed to identify all the shortfalls highlighted within the inspection.
- For example, a staff member completed an audit in April 2022 on medicines administration records. The audit stated that all entries in the MAR has been written in pen, however, entries had been made in pencil. The medicine audit for March 2022 did not identify that a medicine had not been given in line with the prescription. Another medicine audit from May 2022 stated that MARs had been signed and there were no gaps, however we identified gaps within the MAR. This demonstrated that quality assurance systems in place were not effective in monitoring the quality of care being provided.
- The registered manager completed regular safeguarding audits; however these did not identify if safeguarding's had been investigated, and the outcome or learning.
- Accident and incident audits did not identify that actions had not always been taken to reduce risk to people. There was no system in place to analyse for trends and patterns and learn from these.
- Complaints had not been used as an opportunity to improve the service. Systems and processes in place to ensure complaints management was robust were ineffective and did not highlight issues we identified.
- There was not a robust and effective system in place to audit and review staff files to ensure the relevant checks were completed on new staff members.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us that there was a good culture with staff, and that people and their relatives were supported to achieve good outcomes. One family commented, 'Exceptional care provided for my elderly relative with dementia. What stood out for me was the extra care given to my family what to expect as dementia deteriorates. All the team were polite and respected our home which meant a lot to us.'
- People and their relatives told us that the support they had received had a positive outcome to them. One relative told us, "Overall very happy. I just can't praise them enough. I don't think my dad would be walking now if it wasn't for them helping get him moving. The hospital said he wouldn't be able to get him up but the

team and the physio confirmed that he could and he did. I just feel they give more, they give 150%."

- People and relatives we spoke with, told us that Q Leaf Care Limited delivered what was promised. One person told us, "They sometimes call to say they will be late. Generally they stay longer than they should I would say. I put this at the top of the list [of what is important to us] they do what they say they will. It's really important."

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

- People and their relatives told us they were happy with the care provided by Q Leaf Care Limited, and that their opinions were sought and acted on. One person told us, "I've been really lucky with them." Another person told us, "Overall I am really happy with them. And I'm happy I chose them."

- Formal surveys had been sent out to relatives and people to gain official feedback about the service, however there had not been many responses. People and their relatives told us they were asked frequently for feedback. One person told us, "They always ask us what we think of the service and we can only give the highest praise. That goes for the managers as well. The communication is great."

- Staff and the registered manager worked with healthcare professionals to provide joined up care. When staff were concerned about people's health they contacted the office and told us the registered manager and deputy always took concerns seriously. Staff had formed good working relationships with healthcare professionals.

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

- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

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 persons had failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. The registered persons had failed to manage medicines safely.</p> |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed.</p> |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered persons had failed to operate a robust recruitment process.</p> |