

# Sihara Care Limited

# Sihara Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

Sihara care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care and support to a total of 78 people. The Care Quality Commission (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.

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

Medicines were not always managed safely. Medicines records contained unexplained gaps and lacked information in relation to topical creams and 'as and when required' (PRN) medicines. The service did not have robust processes to ensure that medicines were managed appropriately and we found a breach of regulation in respect of this.

Risk assessments were completed for people. However, some areas of potential risks to people had not been identified and appropriate risk assessments were not in place.

People who received care from the service told us they felt safe and supported in the presence of care workers. There were systems in place to safeguard people from the risk of possible harm. Staff understood their responsibilities with regards to safeguarding people. The service had safe recruitment procedures in place.

The majority of people and relatives spoke positively about care worker's punctuality and attendance. The service monitored punctuality using an electronic call monitoring system. However, we noted that this was not working effectively as care workers were not always logging in when arriving at people's homes and logging out when leaving. We discussed this with the manager and director who advised that this was an area that they had already taken action in respect of but would ensure they improved this further.

Care workers we spoke with told us that they felt supported by the manager. They told us that management were approachable and they raised no concerns in respect of this. Staff had completed training relevant to their role. We noted that staff received supervision sessions but we found these did not occur consistently. We also noted that some staff appraisals were overdue.

People were supported to maintain good health and access healthcare services when needed. People were supported with their nutritional and hydration needs. People told us care workers were kind and caring.

People and relatives confirmed they were involved in their care and feedback was actively sought about the quality of the care being provided.

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.

Care workers were aware of the importance of treating people with respect and dignity. Feedback from people indicated that positive and close relationships had developed between people who received care from the service and their care worker. The majority of people we spoke with praised their care workers for their caring attitude and helpful approach.

Staff we spoke with told us they enjoyed working at the service and they were well supported by the management team and their colleagues. There were procedures in place to respond to complaints.

The service had a system in place to monitor the quality of the service being provided to people. However, we found that there were some instances where the service failed to effectively check various aspects of the care provided and identify deficiencies with aspects of care. For example, the service had failed to identify issues in respect of the completion of MARs and risk assessments.

#### Rating at last inspection

The last rating for this service was good (published 10 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified two breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# Sihara Care

## 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 one inspector. Following the inspection, one expert by experience telephoned people who received care from the service and relatives to obtain feedback about their 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

Sihara care provides personal care to people living in their own houses. It provides support mainly to elderly people and also reablement services to adults with physical and mental health needs.

At the time of this inspection, there was a manager in post. However, the manager was not yet registered with the CQC. The previous registered manager had left the service in September 2019. The current manager in post had commenced their role in September 2019 and prior to this inspection had submitted an application to the CQC to register as the registered manager and this was in progress. A registered manager is 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 two working days' notice of the inspection because the service provides care to people in their own homes and extra care living settings and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 7 January 2020 and ended on 21 January 2020.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. 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.

#### During the inspection

We visited the office location on 7 January 2020 to see management staff and review a range of records which included people's care records, medication records, staff files in relation to recruitment and staff training, incident and accident records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks.

On the day of the inspection we spoke with the manager, one care-coordinator and one field care supervisor.

#### After the inspection

The inspector and expert by experience telephoned people who received care from the service and relatives after the inspection. They spoke with eight people who received care from the service and three relatives about their experiences of the service. We spoke with five care workers. We also spoke with one external care professional. At the time of the inspection, the director was away. However, following the inspection we spoke with him.

We continued to seek clarification from the provider to validate evidence found. We looked at training data, punctuality and attendance records, policies 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 our last inspection, this key question was rated good. At this inspection, we found the provider had deteriorated to 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. Medicines records did not accurately reflect the support people received. Therefore, we cannot be assured that people received their medicines as prescribed. At the time of the inspection, the service provided medicines support to five people. We looked at a sample of MARs for four people and found that half of the MARs we looked at had unexplained gaps. The gaps ranged from one day to several days and in these instances it was not clear whether the person had taken their prescribed medicines. We also noted that where medicines prescribed were in a blister pack, MARs stated 'blister pack', but did not include a list details of what medicines were included in the blister pack so that medicines administered were identifiable.
- Staff were trained in the safe administration of medicines and we saw documented evidence of this.
- One person was prescribed 'as and when required' medicines (PRN) for pain relief. However, there was no clear PRN guidance which showed when, how much and in what circumstances this was to be given to the person.
- Some people required support with the application of topical creams. However, details of the creams including where they should be applied on people had not been included on their medicines records.
- We saw evidence that some medicines audits were carried out to check discrepancies and/or gaps in recording on people's MARs were identified and followed up. However, we found these had not been carried out consistently for each MAR we looked at and were not always effective as they did not identify the shortfalls we found at this inspection.

Systems in place were not effective to ensure the safe management of medicines. This is 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

- Potential risks to people's safety were not always assessed appropriately. People's care records included a home risk assessment, moving and handling risk assessment and a medication risk assessment. However, we noted that these contained limited information about how to mitigate risks and some areas of risks to people were not identified. For example, we noted that four people out of the seven people whose care records we looked at were diabetic. However, there was a detailed diabetes risk assessment only in one person's records. The other three care records did not contain a diabetic risk assessment. Another person had limited mobility and used a walking stick and zimmer-frame, but there was no risk assessment in place in relation to the risks associated with this.

Risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the manager and director and they explained that they would take action to ensure that appropriate risk assessments were in place for each person. We will follow this up at the next inspection.

#### Staffing and recruitment

- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from working with vulnerable adults.
- Feedback from people and relatives in relation to punctuality and attendance was mostly good. One person told us, "Staff are on time and there are no missed visits." Another person said, "Timekeeping in the past was a concern but now have no issues." People and relatives told us that there were no missed visits and care workers stayed for the duration of their visit.
- We asked the manager how the service monitored care worker's timekeeping and attendance. She explained that they used an electronic system for monitoring which operated on a real time basis. We looked at the visit log details for October, November and December 2019 and found that there were numerous instances of 'missed visits'. We queried this with the manager and she confirmed that there had not been any missed visits in October, November or December 2019 and explained the issue was that care workers were not always using the system to log in and log out when arriving and leaving people's homes. She explained that the office were able to monitor whether care workers had logged in and if they hadn't, an alert would come up on the system and office staff would then contact the relevant care worker.
- It was evident that there were inaccuracies on electronic calls logs. We raised this with the manager and director. They explained that they were aware of the inconsistencies and explained that they had already taken steps to address this issue and had communicated with care workers the importance of logging in and logging out on each visit. They explained that this was an ongoing issue but said that they were committed to ensuring that this improved.

#### Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe when receiving care and support from care workers. When asked if people felt safe in the presence of care workers, one person said, "I have the same carers which makes me feel safe." Another person told us, "I feel safe." People's relatives told us they were confident people were well looked after when receiving care and support from staff. One relative said, "I'm confident [my relative] is safe." Another relative told us, "I feel happy when I know the staff are coming to [my relative]."
- There were policies and procedures in place to safeguard people from abuse. Staff received training in safeguarding people. They knew that they needed to report any suspected abuse and/or discrimination to the manager immediately.
- Management were aware of their responsibility to liaise with the host local authority if safeguarding concerns were raised. Where safeguarding concerns were raised, we saw documented evidence that the service had liaised with the local authority to assist with investigations.

#### Preventing and controlling infection

- Measures were in place to protect people from the risk of infections. Staff were provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- We observed that there was a sufficient stock of personal protective equipment available in the office.



Care workers we spoke with told us they always had sufficient quantities and raised no issues in respect of this.

- The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection. Staff received training in infection control.
- People using the service and their relatives told us that staff observed hygienic practices when attending to people who used the service, and this included wearing gloves and aprons when needed.

Learning lessons when things go wrong.

- The service had a system in place to report, record and monitor incidents and accidents. However, we noted that there were no incident or accidents recorded since the last inspection. We queried this with the manager who confirmed that there had not been any. She provided us with the incident and accident template form which included details of the incident, details of immediate action and recommendations to avoid reoccurrence. She confirmed that in the event of an incident or accident, this form would be completed fully.

# 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 last inspection this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The majority of feedback obtained from people and relatives indicated that care workers had the appropriate skills and knowledge to meet people's needs.
- We looked at staff files and found that these contained training certificates. These indicated that staff had completed a range of training relevant to their role and responsibilities so that they were able to provide people with the care and support that they needed and wanted. Topics included medicines support, safeguarding adults, moving and handling, food hygiene, medication, fire safety, health and safety, infection control and dementia awareness. Training was a combination of online and classroom based.
- The service had a system in place to monitor staff training, supervisions and appraisals. Following the inspection, we were provided with a matrix which detailed when staff had completed training, supervisions and appraisals and when these were due.
- We noted that supervision sessions had taken place, however there was a lack of evidence to confirm that these had been carried out consistently since the last inspection. We also noted that some annual appraisals were outstanding. The manager and director explained that they were aware of this and assured us that they would make improvements in this area.
- Staff we spoke with told us they felt supported by management and other staff.
- Newly recruited staff received an induction that included shadowing experienced staff to learn about their role in supporting people and completing care duties effectively and safely.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care. One relative told us, "I was involved in the care plan, which made me feel a part of it." Another relative said, "Care planning was good, they really listen to [my relative's] needs."
- Guidance was in place for staff to follow to deliver personalised care and to provide people with the support that they needed to achieve their wishes and goals.

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

- People told us they were supported to eat and drink enough to maintain their health and well-being. They told us that they were always given a choice when care workers prepared meals. This was confirmed by relatives we spoke with.
- Care workers prepared breakfast for people and in some cases, staff were responsible for heating meals and assisting people where necessary. We saw evidence that care workers had undertaken food hygiene

training.

- People's support plans contained information about their dietary needs and preferences. This included information about people's cultural, religious and preferred dietary needs.

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

- The service worked with other agencies including social care and healthcare professionals to ensure people received a level of care that met their individual needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed. We spoke with one care professional who had regular contact with the service. The care professional told us that the service communicated well with them and kept them informed of changes and developments.
- People's care and support records included essential information including information about people's health needs and the assistance and support required from the service to meet those 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.

- Staff received training of the requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- People's support plans included a MCA form which included details about people's ability to make decisions about their lives and care. These included day to day decisions to do with their care. People's care records included information about whether a person was able to express their views and if relatives were involved.
- Care workers we spoke with had a basic understanding of the principles of the MCA and said they always asked for people's consent before providing 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.

At the last inspection this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with mostly told us they were well looked after by care workers. People told us that care workers were caring, kind and friendly. They said that care workers made time to talk to them and ask how they were. One person said, "Very caring staff, cannot do enough for me." Another person told us, "Carers go that extra mile." Another person said, "Wonderful care staff." This was confirmed by relatives we spoke with. One relative told us, "[My relative] loves her carers."
- Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers. One person said, "My carers are lovely, they really do care."
- There was some information about people's individual equality and diversity needs in people's support plans.
- People received consistency and continuity in the level of care they received. People told us they received care from the same group of care workers who understood their needs. One person said, "I have the same group of carers." Another person told us, "Overall care is excellent."
- Whilst the majority of feedback obtained was positive, the way the service was organised detracted from the overall caring rating of good. Our judgement was that the issues we found under safe, effective, responsive and well-led adversely affected the delivery of care by the service so that the rating of caring is 'requires improvement'. The service have to improve medicines management, risk assessments, monitoring of staff times in people's homes and quality assurance systems.
- People's diverse needs were recognised and supported by staff. People's beliefs, likes and wishes were recorded in their care support plans. People's cultural choices were respected and staff we spoke with were knowledgeable about these and knew how to support people to meet these needs.

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

- People's preferences were documented in care records. However, these were not consistently recorded in every care support plan.
- A copy of people's care plans was kept in their homes and the staff updated them in response to any changes or comments people had made. However, one person told us there was no care plan in their home. We raised this with the director who assured us he would look into this.
- People had opportunities to express their views during reviews, telephone monitoring calls and home monitoring visits.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff respected their privacy and dignity. They told us that care workers were

respectful to them and their homes. They told us they felt listened to and supported. One person said, "Really caring staff." Another person told us, "They really do care."

- People's independence was supported by the service. People's support plans included guidance to promote and support their independence.
- Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's care records were stored securely in the office so only staff could access them.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans included details about people's medical background, details of medical diagnoses and social history. There was also information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. They included information about people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. Care support plans were specific to each person. However, we noted that the level of detail in each person's care records varied and information was not consistently recorded.
- Some care plans included more information than others and we discussed this with the manager. She confirmed that she would ensure that information was consistently documented in care plans.
- The manager explained that she had plans to change the format of care support plans so that they were more person centred and included more detail about people's history and interests. She showed us an example of one care support plan that was in the new format. She advised us that she would be working to ensure all people's care support plans were in the new format.
- There was no information in people's care support plans about people's oral care needs. This was discussed with the manager who advised that she would ensure care support plans included this information.

### 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.

- Care support plans contained information which showed how they communicated and how staff should communicate with them.
- There was an AIS policy in place. The manager told us they were able to tailor information in accordance with people's individual needs and in different formats if needed. She explained that documents could be offered in bigger print or braille and could be translated.

### Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments.
- People and relatives we spoke with said that they felt able to raise concerns. One relative told us, "If I have a complaint, I call the office." Another relative said, "I know who to contact if I have any problems."
- Records showed the service had not received any formal complaints since the last inspection and this was

confirmed by the manager. With one exception, people and relatives we spoke with, told us that they had no complaints. One person we spoke with raised concerns about the level of care they received. We noted that this person had not made a formal complaint to the service. We raised the concerns with the director and he assured us that he would respond accordingly. We noted that where complaints had been made to the local authority about the service, the service had liaised with them accordingly.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. The manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were identified and measures put in place to ensure they were met.

# 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 good. At this inspection this key question has now deteriorated to 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.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- Management completed some audits in areas such as care plans, MARs and staff files. However, these were not carried out consistently and had not identified the issues that we identified at this inspection, regarding the completion of MARs, inconsistencies in risk assessments, staff timekeeping and lack of consistent and regular supervisions and appraisals.

The current auditing systems in place were not robust enough to assess and improve the quality and safety of the services being provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been changes in relation to the management of the service since the last inspection. The previous manager left the service in September 2019. A new manager commenced her role at the service in September 2019.
- Care workers we spoke with told us that staff morale was positive and they enjoyed working at the agency. They told us they felt supported and valued. They also spoke positively about the way the service was managed. One care worker told us, "It is wonderful working here. I have no issues with the service." Another care worker said, "I am happy working here. Management are fine. I have no issues."
- Feedback from staff was positive in respect of communication between management, office staff and care workers. One member of staff said, "Communication is good here. If we need to speak to other staff it is no problem. We work as a team." Another member of staff said, "I have no problems here. The manager is approachable and I can talk to her."

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

- When asked about management of the service, the majority of people and relatives we spoke with spoke positively about how the service was operating. They told us that they were confident in how the office operated and felt the agency was well-led. Feedback indicated that management at the service had improved since the new manager had started working at the service. One person said, "I feel this is a great company." One relative told us, "I am very confident in the agency." Another relative told us, "I am very



satisfied with this company." Another relative said, "Things have improved recently."

- Staff we spoke with told us they felt well supported by office staff and management. They confirmed that management were approachable and provided guidance and direction whenever they needed it. One member of staff told us, "I have noticed some good changes since the new manager started. We talk a lot more – more communication between staff. I like here. She is encouraging. Motivates me to work well." Another member of staff told us, "I have confidence in management."

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

- Management understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- The manager and director were aware of the need to notify CQC or other agencies of any untoward incidents or events within the service.

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

- The service obtained feedback from people and relatives about the service through review meetings, telephone calls and spot checks to improve the service where needed. One person told us, "I was involved in the care plan and reviews." One relative said, "Care plan and reviews do take place, I am involved."
- The manager promoted an inclusive and open culture. One care worker told us, "I feel able to raise issues."
- We saw evidence that staff meetings had taken place quarterly throughout 2019. We noted that the last meeting was held in January 2020. During these meetings important changes and updates were discussed. Staff also had the opportunity to share good practice and concerns they had. The manager also explained that since she had started working at the service, she ensured that office staff had a weekly meeting at the start of the week to ensure office staff were aware of their responsibilities and knew what needed to be done.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this. This was confirmed by one care professional we spoke with.

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>Effective systems were not in place to demonstrate that medicines were managed safely. Risks to people were not assessed effectively.</p> <p>Regulation 12 (1) (2) (a) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>