Immediate Quality Care (IQC) Ltd

Immediate Quality Care (IQC) LTD

Inspection report

Suite 516 Crown House
North Circular Road
London
NW10 7PN

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12 January 2021

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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
Immediate Quality Care (IQC) LTD is a domiciliary care agency providing personal care and support to people living in their own homes. They are registered to provide care to all adults including those who may be living with dementia and have disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was offering a service to 17 people, 15 of whom were receiving the registered service of personal care.

People's experience of using this service and what we found
Where there were risks to people's safety and wellbeing, we found on most occasions these had been assessed. However, we found some instances where specific risks to people had not been assessed. Furthermore, assessment of identified risks was not always robust enough to keep people safe from harm and staff guidance was not always available.

People were supported to have maximum choice and control of their lives and staff. Staff supported them in the least restrictive way possible and in their best interests; However, the policies and systems in the service did not always support this practice as some mental capacity assessments were not completed when a person lacked the capacity to make decisions about their care and treatment.

People and relatives were positive about the service they received from Immediate Quality Care (IQC) Ltd. They told us the care workers and the management team were professional and respectful. Care workers arrived on time and they confirmed the management team communicated well and responded appropriately if they raised concerns.

The provider assessed people prior to offering a service. These assessments informed person - centred care plans which included information and guidance for staff about people's diverse support needs.

The provider ensured staff received training, supervision and support so they could carry out their caring role.

The management team undertook checks and audits of records, but these had not always identified the shortfalls we identified during our inspection.

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

This service was registered with us on 21 October 2019 and this was the first inspection.

Why we inspected
We undertook this comprehensive inspection because the provider had not been inspected since they had registered with CQC.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches of two regulations, safe care and treatment and good governance.

We made a recommendation about further improvements required to ensure they work in line with the Mental Capacity Act 2005.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Immediate Quality Care (IQC) LTD

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 8 January 2020 when we visited the office location and ended on 12 January 2020 when we met virtually with the registered manager.

What we did before the inspection
We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
During the office visit we were supported by the nominated individual and met the field supervisor. 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 three people's care records, medicines records and daily notes. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

On the 12 January 2020 we met virtually with the registered manager. We telephoned and spoke with two people who used the service and eight relatives about their experience of the care provided.

After the inspection
We telephoned and spoke with four care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 for 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.

Assessing risk, safety monitoring and management

- The provider assessed people to identify the risks to them, but these were not always completed in a robust manner that indicated the seriousness of each risk and did not always have guidance for staff to know how to keep people safe from harm.
- For example, one person's care plan contained a one- word reference of them having epilepsy. There was no risk assessment to support staff to understand how this person's epilepsy presented, how often they had seizures, when they had last had a seizure or what staff should do specifically for the person in the event of a seizure.
- In two records reviewed risk assessments were not completed in a robust manner. This was because the risk assessment document required the level of risk to be determined and this information was for the most part not completed. Therefore, there was no indication of the level of risk for instance regarding medicines, moving and handling and skin integrity. There was no associated guidance for staff.
- COVID 19 Risk assessments had been completed for each service user. These had not been completed appropriately. The assessor had ticked categories which clearly showed the person would be at high risk from COVID 19 due to their age, Black and minority ethnic (BAME) considerations and underlying heath conditions. However, when completing the risk assessment, they had put the risk as low in each instance. Whilst staff guidance was available there was a danger staff would not know how serious the risk of COVID - 19 might be to these people.

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 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment records reviewed demonstrated staff completed application forms, attended an interview and undertook a literacy test. Checks of identity, right to work and Disclosure and Barring criminal record checks (DBS) were completed. We noted a delay in some instances in obtaining a current DBS and in the interim a DBS from a previous employer was provided. We brought to the nominated individual's attention it would be best practice to risk assess and state the measures in place to monitor staff whilst a new DBS was obtained.
- People and relatives told us they had experienced no missed calls. Their care workers generally arrived on

time or close to the allotted time. If there was a delay, on most occasions, they were contacted to give them warning the care worker would be late and explain why. Their comments included, "Yes they turn up on time and no missed calls" and "More or less on time always within 15 minutes or so which is fine."

●The provider monitored staff attendance at care calls via a telephone application (App). Staff logged in and out to demonstrate they had arrived at the call. If there was a delay this was flagged electronically to the management team who would then telephone to investigate what was happening. They would let the person know there was a delay and if necessary, make alternate plans to ensure the care call was not missed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● The provider had systems and processes to safeguard people from abuse. People and relatives felt the service provided was safe. Their comments included, "Yes I do feel safe," and "Safe in their hands." They received care from a consistent team of care workers who they recognised and had become familiar with their support needs.

●Staff had received safeguarding adult training and were able to tell us how they would recognise signs of abuse and what action they would take. Their comments included, "You can see, [there's something wrong], from the body there might be a bruising, they might be depressed you can see it in their face. I would call the office" and "Yes, we have safeguarding training. First of all, we would report to the office and record it. I would speak to [Registered manager] and make everyone aware to try and prevent it happening again."

●The nominated individual described to us how they reviewed records, spoke with staff on a daily and checked on a regular basis with people and relatives all was well. They told us they would report any concern to the local authority, notify the CQC and investigate. They described how they would share learning from safeguarding concerns with the staff team to prevent a reoccurrence and review systems and protocols to reflect their learning from the concern.

Using medicines safely

●The provider had supported staff to administer medicines in a safe manner. The staff had received training to administer medicines safely. The provider had undertaken competency observations to ensure care workers were using best practice.

●The sample of medicines administration records reviewed were completed without errors and had been audited by the field supervisor to ensure medicines were administered safely.

●People's care plans contained relevant information to support care workers to administer medicines in a safe manner.

Preventing and controlling infection

●The provider had equipped the care workers with PPE and provided training to maintain good infection control. They monitored to ensure PPE was being used appropriately to reduce the risk of cross infection.

●People and relatives confirmed care workers wore appropriate personal protective equipment (PPE) when they entered their home. Their comments included, "They wear PPE," and "Masks, they do wear them, and they are careful."

●Staff had received infection control training and told us they were always provided with a range of PPE. Their comments included, "Yes we have PPE at all times, sleeve and shoe covers, mask, aprons and gloves. They give it to us because we need to care for the clients."

●The management team checked the care workers were using PPE to minimise the risk of infection. They undertook occasional spot checks which included a PPE competency check. They telephoned people and their relatives on a regular basis and asked if PPE was being used appropriately by staff.

Requires Improvement

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.

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.

- The provider had, in some instances, recorded and evidenced people's relatives had lasting power of attorney (LPA). LPA gives a specific relative or friend the legal right to make decisions on a person's behalf when they no longer have the capacity to make certain decisions. However, the provider had not done so in all records reviewed when people did not have capacity because of their health conditions.
- In other instances, mental capacity assessments and best interest decisions were completed but they were not always decision specific and as such were not always in line with the MCA 2005.
- The nominated individual demonstrated to us they understood actions they should take to either assess a person's capacity with regard to specific decisions and record the best interest decision or have proof of LPA. However, the approach to MCA 2005 implementation was not always consistent in practice.

We recommend the provider review the way they implement the MCA 2005 to ensure they consistently act in line with MCA 2005 and best practice guidelines.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider undertook initial assessments with people and their relatives to understand how they wanted care to be provided. The nominated individual told us they reviewed and used the information received from the referring body but believed it important to start afresh and check the information was correct and make it person centred.
- People and relatives confirmed there had been assessment visits. One person commented "Yes I had a

meeting with, [Registered manager] and another member of staff. The staff wrote everything down and I signed forms. It has been a good experience with Immediate Quality Care so far."

Staff support: induction, training, skills and experience

●Staff confirmed they felt well supported by the provider. They had received induction training and shadowed a more experienced staff member prior to commencing their role. They received relevant health and social care training online as well as both virtual and face to face training.

●Staff told us they received training. One staff member told us for example, "Yes we have an induction and training. For instance, how to communicate well and manual handling. We have enough training online, like first aid, health and safety, all levels one and two are completed."

●Staff attended six-monthly supervision sessions and the provider contacted them daily through telephone calls and use of a staff telephone App.

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

●People's care plans recorded the support they required to eat and drink and included information about people who had fluctuating support needs due to their health. For example, support to cut food sometimes when they were feeling less able or for staff to note the person preferred to eat food slowly.

●Care plans indicated people's eating and drinking preferences, stated the time they liked their meals served, what they liked to eat and drink and how they indicated their meal choices. One relative told us their care worker supported their family member meal time choices. They said, "I leave meals ready, but [Care worker] knows [Family member] can chose, they know what they want."

●Care workers had guidelines promoting good hydration. For example, to leave a thermos flask of drink or their preferred choice such as juice or water.

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

●Each person's care plan contained the contact details of health professionals involved in their care. This included, GP, district nurses, palliative care team, and occupational therapists. The provider contacted professionals to flag changing circumstances or health deterioration and to ask for advice on behalf of people when there was not a relative to support them.

● Staff had received training to support them to manage people's health conditions. This included for example, dementia training. Information about dementia was also put in people's care records for staff reference. Relatives described staff were knowledgeable about their family member's health issues. Their comments included, "I am happy because [Care worker] knows how to handle [Family member] dementia and copes well."

● Care plans identified for care workers people's personal circumstances which put them at risk of developing pressure ulcers. Guidance for staff highlighted the measures to be taken to avoid pressure ulcers occurring and stated when district nurse support was in place.

Good

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

● Staff treated people with dignity and respected their diversity. People and relatives told us their care workers were respectful. Their comments included, "They are very, very respectful," "They are caring and friendly," and "The carer likes [family member] and says 'Hello, how are you?' when they arrive," and "[Care worker] is a nice person they are the only person who understands me."

●Several relatives told us the provider had matched their family member with care workers who could speak their preferred language. This had been important in managing some people's care and helped to provide care in an appropriate manner. One relative said for example, "I find the service a very good one [Care worker] speaks our language. This is very useful for our [Family member].

●Care plans reviewed stated people's place of birth, nationality, language of choice and religion. When appropriate care plans referenced for staff guidance if people needed support with aspects of their diverse support needs. For example, staff support to say prayers.

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

●People were supported to express their views and were involved in decisions about their care. Staff told us they encouraged people to make choices and listened to their decisions and requests. Their comments included, "I show I care for them, if they need something I do it straight away without argument or problem," and "I always ask what they want to eat or if they want a bath or prefer a shower. Whatever makes them happy I always assist them."

●Care plans stated how people preferred their care and the support needed. The management team checked at least once a month, and often more frequently, care was being provided as people and relatives wanted it to be done.

Respecting and promoting people's privacy, dignity and independence

●The provider and care workers respected and promoted people's privacy and dignity. People and relatives told us care workers respected their privacy. One relative commented, ''Yes, of course, [Respect our privacy] they close the curtains." Care workers described how they covered people to maintain their dignity when providing personal care and ensured they were not disturbed.

●Care workers had completed training to support them to work in a positive and affirming manner with people. This had included, equality and diversity, and privacy and dignity training. Care workers understood they needed to keep people's information confidential. One care worker told us, "You need to be polite, respectful and confidential. It is in their home they need to be able to trust you".

●The provider stated they promoted independence in all instances. The nominated individual gave an example where they had supported a person with a sight impairment by leaving items in a certain agreed place so the person would know where each item was and could continue to live in an independent manner with minimum staff support.

Good

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 had person centred care plans. These outlined if the person lived with a family member, and how access to their home was achieved. Plans contained a brief background so staff could have a sense of the person in the context of their life and included for instance, where they grew up and where they lived as an adult.

●There was guidance for staff about how they wanted their care and support provided. This included how staff should support them with their personal care and moving and handling. When equipment was assessed by an occupational therapist as required for safe moving and handling this was stated in the person's care plan. This included for example, when to use a sliding sheet, hoist and wheelchair.

●Care workers confirmed they had access to care plans in people's homes for reference. They felt there was enough information in the care plans to support them to work with people in a responsive manner.

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 plan templates contained prompts for assessors to complete any information which supported staff to communicate well with people. People's care plans contained information which indicated their preferred language, if they had sensory impairments and used glasses to read.

● A service user guide was provided to people and their relatives which informed them about what to expect from the service. The nominated individual described they had discussed with care workers how they must support people to understand if English was not be their preferred language or if people had a sight impairment staff must read information and explain to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●Care plans stated who were people's support network. This was usually family members who advocated on their behalf or arranged their care. In most instances people lived with their relative who supported this aspect of their well-being.

●Care workers demonstrated to us they recognised the importance of encouraging conversation to brighten people's day during their care call. In particular in times of social isolation due to the pandemic. One care worker told us, "I try to connect with them by telling them about the weather, what day it is, I communicate

with them and [person] will respond."

Improving care quality in response to complaints or concerns

●The provider demonstrated they had supported people and relatives to raise concerns and complaints and responded appropriately.

●People and relatives confirmed they knew how to raise a complaint or concerns and felt these would be speedily addressed. Their comments included, "The main person in charge is very responsive to any concern," and "Yes, I do think I could raise a complaint. I've always been sceptical about raising complaints with other agencies but with this one if I have raised an issue, they take it on board and the carers treat me just the same, [without reacting negatively because of the complaint]."

●There was a complaints policy and procedure available to both people using the service and staff. A file for suggestions, compliments and complaints was used to monitor concerns, but no complaints were recorded at the time of our inspection. The nominated individual explained there had been no complaints. Concerns and suggestions raised but these had been addressed immediately and appropriate measures put in place. They described to us how they would acknowledge, investigate and address any concerns made and share any changes in protocol or learning with the staff team.

End of life care and support

●The provider worked closely with palliative care professionals to support people who were reaching the end of their life. In such instances people's care plans contained the palliative nurse, GP and district nurse contact details. Relevant information was made available for staff reference and included if anticipatory medicines were available to use. (Anticipatory medicines are prescribed to make sure that someone has access to medicines they will need if they develop symptoms associated with the end of life in their home).

●The nominated individual told us they had experience in working with people who were at end of life and had undertaken an end of life train the trainer training in July 2020. They had delivered training to the care workers to support end of life care.

●Some staff confirmed they had received end of life training. One staff member stated they had not received the training yet but had been informed they would be undertaking this soon.

Requires Improvement

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 provider conducted checks and audits to monitor safety, quality and to make improvements when needed. However, these systems had not identified the concerns we found during our inspection.
- The assurance systems had not identified and addressed some risks to individuals' health and wellbeing. We found not all risk assessments were completed appropriately. For example, we found that risk assessments did not always address risks associated with people's health conditions and in some cases where risks were identified, the level of risks was not adequately assessed so that appropriate and relevant actions could be identified to mitigate the risks. In addition COVID-19 risks assessments for people using the service were not completed appropriately taking into account their individual circumstances.
- A review of records showed the provider did not consistently work in line with the MCA 2005. Although the nominated individual demonstrated to us, they understood their responsibilities under the MCA 2005, audits had not always identified when further action was required to ensure all necessary actions had been taken.

We found no evidence people had been harmed however, these issues indicated systems were not robust enough to demonstrate quality was effectively and consistently managed. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Daily notes and MARs were brought to the office every six months for audit. Following the inspection audits were provided to demonstrate the supervisor audited the daily notes in people's homes monthly.
- The nominated manager described the office team had specific roles, which included, human relations, supervision, assessment, monitoring and finances. Although each person had a designated role, they felt it important everyone understood each other's role and could if necessary, cover so the agency continued to function well.
- Both the registered manager and the nominated individual took responsibility of the oversight of service and took an active part in the running of the agency. The office team met once a week and discussed concerns and plans for the week. This ensured everyone was kept updated and well informed.

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

●The provider demonstrated they encouraged and welcomed feedback from people and relatives using the service. They were responsive to new ideas and made changes to promote people's well-being.
●People and relatives spoke positively about the service provided. Their comments included, "I find them very good to be honest, one of the better agencies so far," and "The best! We had some agencies before this company and these are very good, and "Generally good really, first time we have had a care worker and no complaints."
●The provider conducted regular monitoring calls to each person or their relative as well as occasional face to face visits. These calls were weekly when a care package first started and became monthly once the person had become accustomed and settled with their care support.
●Telephone survey questions covered a range of topics and included questions about PPE use. The provider asked if people and relatives were satisfied with both the care workers and office staff service. All records reviewed contained positive feedback from people and relatives.
●The management team also undertook spot check and competency checks. They fed back to the staff if people and relatives were pleased with their support and addressed any concerns. One care worker told us, "They feedback to us every week if our client is happy with our work."

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 registered manager demonstrated they understood when they were required by law to notify the CQC and described their duty of candour to be open and transparent in their dealings with the CQC, people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The provider demonstrated they had good communication systems and involved people, relatives and staff. People and relatives told us generally the office was good at communicating with them. One person said for example, "Good communication skills, they let me know when things are happening. Overall I'm very happy."
●The provider when they recruited staff recorded their equality characteristics so they could ensure they offered the right support and monitored they were promoting equal opportunities. They had completed staff risk assessments for COVID- 19 and these captured equality characteristics and considered other relevant factors such as BAME and health conditions.
●The provider spoke or contacted each staff member daily to check on their well-being. Staff confirmed they felt supported and were kept informed. Their comments included, "They are supportive, very good. They call every-one and we call them," and "It's a very interesting job, the manager is lovely and works in a good-mannered way. Communication is very good."

Continuous learning and improving care; Working in partnership with others
●The nominated individual kept their learning updated so they could meet peoples' changing care needs. For example, they had completed train the trainer in safeguarding adults, moving and handling and medicines to ensure they knew what was required from the care workers and could support them in their learning.
●The registered manager attended a registered manager's forum to give and receive support from peers in different care settings. This kept their knowledge up to date about changing approaches in adult social care. They told us, "I speak with other managers through Skills for Care. We share information and talk one by one or in a group. They have another group for outstanding managers they share their experiences and I learn a lot from there".
●The management team worked in partnership with health and social care professionals for the well-being

of people using the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always assess the risks to the health and safety of service users receiving care and/or do all that was reasonably practicable to mitigate such risks Regulation 12(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1) (2)