

Ark Home Healthcare Limited

# Ark Home Healthcare Sheffield

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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.

The systems in place to make sure people received their medicines safely were not robust. This posed a risk to people's health.

The procedures to handle people's money safely were not being adhered to. This posed a risk to people's safety. Following the inspection the manager confirmed they had taken action to safeguard people from financial abuse.

Staff recruitment procedures were thorough so that people's safety was promoted.

Staff were aware of their responsibilities in keeping people safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People reported poor communication from office staff.

Staff had been provided with relevant training and supervision to make sure they had the skills required for their role.

People had consented to the support provided by Ark Home Healthcare Sheffield.

Staff supported people to eat a balanced diet to maintain their health.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Some issues and concerns reported did not consistently demonstrate a caring approach.

People told us care workers were caring and kind.

People were supported to contribute to their support plan.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

People were not confident in reporting concerns and did not feel they would be listened to.

People's support plans were reviewed and updated as required.

Staff understood people's preferences and support needs.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

Checks and audits to make sure the service was running safely had not been undertaken or were ineffective

There was a registered manager in post who was an experienced health care professional.

The service had a full range of policies and procedures available for staff so they had access to important information.

**Requires Improvement** 

# Ark Home Healthcare Sheffield

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 17 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

On 15 January 2018 we visited four people who received support at their homes.

On 17 January 2018 we visited the services office on to speak with the registered manager, some staff and to review records, policies and procedures.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection visit, we reviewed the information we held about the service, including the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection including notifications of incidents that the registered provider had sent us.

We contacted Sheffield local authority to obtain their views of the service. All of the comments and feedback

received were reviewed and used to assist and inform our inspection.

We spoke with the regional operations director, the registered manager, the operations support officer, the quality officer, a team leader and a care coordinator in person during the visit to the office. We also spoke in person with one care worker during visits to people's homes and four care workers during the visit to the office.

We spoke with four people receiving support and four of their relatives in person at their homes to obtain their views.

We telephoned 24 people who received support and managed to speak with 12 people, or their relatives, to obtain their views.

We reviewed a range of records, which included six people's care records, four staff support and employment records, training records and other records relating to the management of the domiciliary care agency.

# Is the service safe?

## Our findings

We checked to see if medicines were being safely administered.

We looked at the medicines administration records (MAR) for one person at their home, and five people's MAR held at the office. All held unexplained gaps, which meant it was not possible to determine if the person had received their medicines.

One MAR checked held information stating the person needed their medicines in the morning, but the person's first visit of the day was at teatime. Care workers had been administering the medicine and signing the MAR at tea times. Whilst this had been identified by a team leader when they audited the MAR, care workers had not identified or reported this error.

Whilst some audits of MAR had been undertaken, they were not fully completed so did not fully detail the actions taken when an issue had been identified. This meant that audits did not identify any actions taken to resolve an issue and improve service delivery.

One relative of a person receiving support told us a teatime visit had been missed and they contacted the office on the same day to ask to be informed if the evening call would also be missed, so they could administer evening medicines. The relative did not hear back from the office staff. The relative also told us they had rung office staff to query why a recent record stated 'meds not given' with no other explanation. The relative did not hear back from the office staff. This showed that staff had not done all that is reasonably practicable to ensure this person received their medicines at the right time. This also showed the systems in place to identify when a person's call had been missed required improvement.

A further relative commented, "They [care workers] take tablets from the wrong day (from the cassette.) Then when [name of person using the service] takes their own they get confused."

We found there was a medicine's policy in place for the safe administration of medicines so staff had access to important information. Training records showed all staff had been provided with medicines training so they had the skills to administer medicines safely. All of the staff spoken with confirmed that had been observed administering medicines before being 'signed off' as competent. We found records of medicines competency checks in the four staff files checked. However, the concerns we found during the inspection showed that some staff required further training.

This showed the registered provider had not ensured care and treatment was provided in a safe way for service users. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 12, Safe care and treatment.

All other people spoken with told us they were happy with the way care workers supported them with their medicines. Comments included, "The carers give me my tablets. They see to all that so I don't have to worry" and "I get my tablets on time. They [care workers] are good with that."

We checked to see if people's money was safeguarded and handled safely.

The registered manager informed us, at the time of this inspection approximately 12 people were supported with shopping which meant care workers handled their money. The service had a policy and procedure in place to support people who used the service with their personal finances. The registered provider's policy stated a financial transaction form must be completed after each occasion when care workers handled a person's money. The registered manager explained the completed records would be returned to the office for auditing by team leaders or care coordinators at the end of every month.

Whilst we found no evidence of financial abuse taking place, procedures had not been fully adhered to, so that risk was eliminated. We found very limited or no records of the financial transactions undertaken, which posed a risk to people's safety. Only one financial transaction record was located at the office, dated 8 November 2017. No other records were available.

One person had their weekly allowance handled by care workers. No transaction records had been undertaken or returned to the office for auditing to ensure safe procedures had been adhered to. The registered manager found five envelopes containing receipts, two also holding loose change, that related to the identified person. No checks or audits had been made on the contents of the envelopes to make sure the monies spent tallied with the money provided to the care workers. This posed a risk and did not safeguard the person from financial abuse.

The registered manager took immediate actions to respond to the identified concerns. She gave assurances that financial transaction sheets would be provided at the homes of the 12 people supported with shopping. Staff would be reminded of their responsibilities for completing and auditing the records. In addition, the registered manager would complete safeguarding alerts to inform the local authority of the omissions in safeguarding people's money. Following this inspection, we received written confirmation from the registered manager stating these actions had been completed.

This showed the system and processes to protect people from financial abuse were not operated effectively. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 13, Safeguarding service users from abuse and improper treatment.

People using the service said they felt safe with their care workers. Comments included, "Yes, I feel very safe with them," "Yes I feel safe with the carers, they are wonderful," "I do feel safe I suppose, but I'm not happy when they just turn up and I don't know who is coming" and "They treat me well. I am safe."

Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

All of the staff asked said they would be happy for a relative or friend to be supported by Ark Home Healthcare Sheffield and felt they would be safe.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, 306 people received a service and 98 care workers were employed. In addition, the registered manager, an administrator, quality officer, four care coordinators and four team leaders supported the running of the service. Most staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. The registered manager explained that the service did not provide support to one contracted area and would not do so until additional care workers were recruited so that this area could be covered. The registered manager told us continuous recruitment for care workers was undertaken.

The feedback received from people who were supported by regular staff and experienced regular call times was positive. However, those people who were not supported by regular staff were less positive. Further recruitment of care workers would enable more service users to have regular care workers and improve their experience of the support provided.

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available.

We looked at the procedures for recruiting staff.

We checked four staff recruitment records. Each contained all of the information required by regulation and evidenced a Disclosure and Barring Service (DBS) check had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

We looked at six people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support and their relatives we spoke with did not have any concerns about infection control. They confirmed that health support workers always used gloves and other appropriate protective wear.

## Is the service effective?

### Our findings

People we spoke with told us they thought their regular care workers had the skills they needed for their role. Comments included, "They [care workers] are very good. They help me such a lot" and "I don't know what I would do without them." However, those people who were not supported by regular care staff raised concerns about the quality of care they had experienced. It is important that people have regular care workers to promote continuity of care.

People told us their regular care workers provided a consistent service and they stayed as long as they should. Comments included, "I have [name of care workers] and they are all lovely. They know me and know what I need. I can't fault them" and "I didn't like [regular care worker] at first, but they are smashing. They get me and we can have a laugh. They always come and stay as long as they should."

Some people told us they did not always know which care worker would be visiting them and they did not like this. Some people said they never knew which staff would be visiting and had asked for this information for peace of mind. One person told us, "My regular carer is very good, but when they're not working I never know who is coming. I've been promised a rota but never heard. I would like to know." Other comments included, "They [care workers] chop and change all the time," "[Name of family member] does have some regular ones [care workers], but at other times it could be anybody" and "I never know who is coming."

We discussed this feedback with the registered manager who informed us she would send 'provisional letters' each week to people so they knew which staff were scheduled to visit them.

Some people told us communication was good and they could always ring the office and speak with staff if they needed to. Some people reported poor communication from office staff. Two people told us they had rung the office when staff recently ran late. The office staff promised to get back to them, but did not return their call. Another person told us it was sometimes difficult to get through to office staff. Comments included, "I think the carers are very good, but they [office staff] are not reliable and I have plenty of problems with them. I try with the office, but always get excuses from them," "The office staff are terrible. They never get back to you" and "There is no point ringing the office, they are never any help."

We received similar responses when we asked people about reporting concerns. This is fully reported on in the responsive section of this report. We discussed this feedback with the registered manager who gave assurances discussions would be held with the office staff.

We found staff completed a record at each person's visit. This detailed the arrival and departure times. We checked some visit records and found these showed all staff stayed for the full length of time identified as needed.

Staff spoken with told us they were provided with a 'fixed' schedule so that they got to know the people they were supporting. Staff also said their schedule allowed for travel time between visits so they did not run late.

People spoken with thought most staff were well trained and had the skills to do their job. Comments included, "Yes the girls [care workers] are excellent now. We did have a problem with some of them a while ago, but that has settled down now," "The girls [care workers] are very good," "The older ones [care workers] are very good, but the younger ones are not as dedicated. Some know what to do, but some have to be told" and "They [care workers] are all okay."

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, first aid, medicines and safeguarding was provided. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "Good."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The records showed staff had been provided with regular supervision for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. The registered manager confirmed that staff would be provided with an annual appraisal when they had worked at the service for one year. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

We asked people about support with their healthcare. People told us that the service was flexible and accommodated their visits to healthcare professionals so that their health was maintained.

The care plans checked showed people's dietary needs had been assessed and any support they required with their meals was documented.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding MCA so that staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in

making choices and decisions about their support.

## Is the service caring?

### Our findings

Most people we spoke with made positive comments about their regular care staff. However, issues and concerns shared by people using the service, and reported on in this report, did not always demonstrate a consistently caring approach. During the inspection we received negative comments about how people were treated by the office based staff. One person comments included, "They [care workers] are very respectful, apart from the office. They have little respect for people." A further person told us, "I don't feel some of them [care workers] are very respectful." It is important that people are treated with dignity and respect by all staff working at a service.

People told us their regular care workers were kind. Comments included, "They [care workers] are very kind and caring. Nothing is too much trouble for them," "They [care workers] try their best" "Very much so (kind). They [care workers] are all great," "The older ones [care workers] know me well and they do try to fit me in at the right time in the morning, to save me getting up early." "They [regular care workers] are smashing. Like my family," "I can't fault them [regular care workers]. I couldn't manage without them" and "My regulars are great. Very caring and kind."

Some relatives of people supported were equally complimentary and positive about the regular care workers. One relative said, "[Name of regular care worker] is a Godsend. She is a lovely woman. We really like her."

Most people receiving support told us that care workers were respectful and maintained their privacy. Comments included, "They [care workers] are all very respectful and treat me very well. They do knock and shout as they come in," "They [care workers] always knock before they come in and most of them are very respectful."

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their health support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed that people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via their phones. This promoted people's privacy.

Staff we spoke with were motivated about their work. They could describe how they promoted dignity and respect and were caring in their approach.

People spoken with during visits to their home told us they were involved in writing their care plan and they told us that someone from the office had visited them to talk about their support needs. Comments included, "Someone came to talk about what I needed" and "My care plan is kept here (at the persons

home)." It says what I need."

All of the care records seen showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained some details of the person's care and support needs and how they would like to receive this. The plans gave some details of people's preferences so that these could be respected by care workers.

## Is the service responsive?

### Our findings

We checked to see if complaints and concerns were responded to.

We looked at the registered providers complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. Copies of these were seen in the people's homes we visited.

The registered manager kept a copy of complaints received and known to her, including concerns passed from the local authority contracts and commissioning team. The record detailed the actions taken and outcome of the complaints. However, the feedback from people receiving support and their relatives showed the manager had not been made aware of some complaints

The majority of people using the service and their relatives spoken with reported very poor communication from office staff. People told us they no longer felt able to raise any concerns as they did not receive a satisfactory response and did not feel listened to. Some people told us office staff were "Terrible" and "Ineffective." One person told us they had found office staff "Rude." People's comments included, "The girls [care workers] listen to me definitely, but the people in the office don't," "The people in the office don't listen at all," "I am fed up with ringing them and getting nowhere," "I used to complain but they [office staff] never did anything. It has improved a bit lately," "I know how to complain, but getting them to respond is another matter. They [office staff] never, ever, ring back" and "I feel able to (make a complaint), but there is no point. They are rubbish in the office." This showed the registered provider's complaints system was not being effectively operated.

The registered provider had not ensured that any complaint received was investigated and the necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. The registered provider had not ensured an established and effectively operated system for identifying, receiving, recording, handling and responding to complaints by people using the service or their representatives. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 16, Receiving and acting on complaints.

People receiving support we spoke with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by the staff in subsequent reviews of their support and the support plans.

Relatives spoken with confirmed that care plans were in place and told us these were reviewed regularly. They said that they had been involved in the reviews. One relative felt their family members care plan was due a review.

People's care plans contained information about their care and support. Those seen contained information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs. Regular care workers clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

The care plans checked contained clear detail of the actions required of staff to support specific medical conditions. This showed that this aspect of people's individual and diverse needs were known and met.

At the time of the inspection, no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.

## Is the service well-led?

### Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager told us audits were undertaken by a team of eight staff which comprised of four team leaders and four care coordinators as part of the quality assurance procedures. These included audits of care plans, visit records and MAR. Team leaders and care coordinators explained that completed visit records and MAR would be returned to the office at the end of each month for them to audit. This meant that in addition to other responsibilities, the eight person team had responsibility to audit over 300 records each month. The registered manager was aware that all audits had not been completed.

We found a 'client compliance' matrix was kept to show details of all audits undertaken. The record identified a majority of red sections which indicated audits were out of date. The registered manager told us team leaders were not logging on to the correct system to log audits. This meant the compliance record was inaccurate and it was difficult to monitor the audits undertaken. We checked the completed audits held in five people's care files and found different forms were being used to record the audits, which made it difficult to have an overview of the audits completed and consistency in the level of recordings. Some audits seen did not record the 'actions taken' and 'completed' sections when an error had been identified. This meant it was not possible to determine if any action had been taken to improve. In addition, we found no audits of financial transactions had been undertaken because staff were not completing the records as identified in the registered providers policy. This meant it was not possible for the registered manager to satisfy themselves that the service was running effectively, issues were followed up and patterns and trends were identified and acted on.

The registered provider had not ensured that all the systems and processes to assess, monitor and improve the quality and safety of the service were effective in practice. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance.

Following this inspection, the registered manager wrote to us to inform us a new post had been created so that an auditor was employed to ensure all audits were undertaken effectively and in line with the registered provider's procedures.

We found a quality assurance policy was in place to inform practice. As part of the quality assurance checks, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support. All the staff files we looked at had records of 'on site spot checks' of staff's practice. All of the staff spoken with confirmed that spot checks had taken place. We found surveys had been sent to people receiving support and their relatives in 2017 to obtain and act on their views. The results of the surveys had been audited. The regional operations director informed us the service was introducing a "You said, we did" report to make sure people knew their comments were being responded to. We saw this

had been identified in the services action plan. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate.

The manager was registered with CQC.

Staff spoke very positively about the registered manager. They told us they were approachable and supportive. They commented, "The manager is good. I could go to her to talk" and "She is very supportive."

We had mixed responses from people about recommending the service. Some people told us they would definitely recommend Ark Home Healthcare, other people said they would not recommend them.

Staff told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to be supported by Ark Home Healthcare. All of the staff spoken with displayed a pride in their caring role.

We saw an inclusive culture at the service. All staff said they were part of a good team and could contribute and felt listened to. They told us they had regular staff meetings and records seen supported this. Staff spoken with said they were always told about any changes and new information they needed to know.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.

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 provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to ensure service users were protected from abuse. The procedures in place to handle people's money were not adhered to.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider had failed to operate effectively an accessible system for responding to complaints.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure the audit and governance systems were effective. Limited audits had been undertaken.

