

# Home Angels Healthcare Services Ltd

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## Inspection report

Suite 16, Innovation House  
Molly Millars Close  
Wokingham  
Berkshire  
RG41 2RX

Tel: 03330116777

Website: [www.homeangelscare.com](http://www.homeangelscare.com)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Home Angels Healthcare Services Ltd is a care agency which provides staff to support people in their own homes. People with various care needs can use this service including people with physical disabilities and older people. At the time of this inspection 10 people received personal care from this service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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

The provider did not ensure systems were in place to oversee the service and ensure compliance with the fundamental standards. The registered person did not always ensure they maintained clear and consistent records. They did not ensure the Care Quality Commission (CQC) was informed of notifiable incidents in a timely manner.

Medicines were not always handled and recorded correctly and safely. Complaints were not managed effectively and not according to the provider's policy. The provider ensured their safeguarding systems were operated effectively to investigate and follow the provider's policy and procedure after becoming aware of allegations of abuse, neglect or acts of omission. They did not have evidence to support the effective process. The provider did not ensure risks to people's personal safety had been assessed and that care plans were in place to minimise those risks.

There was a mixture of feedback about how staff felt regarding the provider support, accessibility, and the management of the service. Staff did not feel they could ask the management for help when needed at times. Staff felt the management was not always open with them and did not communicate what was happening in the service.

People received care and support that was personalised to meet their individual needs. People's diverse needs were identified and met and their right to confidentiality was protected.

There were contingency plans in place to respond to emergencies. The provider had started seeking feedback from people and families, which they would use to make improvements to the service and protected people against the risks of receiving unsafe and inappropriate care and treatment. Staff recruitment has been improved and we saw changes made to the recruitment and selection process.

At the last inspection we made a recommendation that future ongoing staff training and monitoring of practice is updated in line with the latest best practice guidelines for social care staff. We saw training has been improved. However, we noted to the provider there was no effective system in place to oversee it and ensure staff remained knowledgeable and competent to support people who use the service.

Staff felt they could visit people on time and stay the right time. The visits were scheduled using online system and overseen by the care coordinator. People and relatives felt the staff supported them well however some improvements could be made such as timings and consistencies of the visits.

People reported they felt safe with the staff providing their support and care. Relatives agreed they had no issues with people's safety. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. People and their relatives who provided feedback said people were treated with care, respect, and kindness by the staff visiting them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 January 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and sustained, and the provider was still in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 20 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, receiving and acting on complaints, good governance, and informing CQC of any provider changes and when notifiable safety incidents happened.

We undertook this focused inspection on 6 November 2020 to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions in Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Angels Healthcare Services (Wokingham location) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified breaches in relation to Regulations 12, 16, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 12 and 18 of the Care Quality Commission (Registration) Regulations 2009 at this inspection.

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

Follow up

We will request an action plan for 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 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** ●

# Home Angels Healthcare Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

An inspector and inspection manager carried out this inspection on 6 November 2020. An expert by experience (ExE) made telephone calls to gather feedback from people or their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The previous registered manager left in July 2019. The manager appointed to become a registered manager in their place withdrew their CQC application in October 2020. However, they remained working in the service and assisted us with this inspection. The nominated individual was also available and assisted us with the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. In the report we will refer to them as the provider.

Since the last inspection there was a change in nominated individual to represent the provider. The report refers to the nominated individual who supported us during inspection.

### 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 or registered manager would be in the office to support the inspection.

### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We sought feedback from the local authority who work with 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. We used all of this information to plan our inspection.

In addition, we contacted five members of the staff team and received feedback from four.

### During the inspection

We spoke with the nominated individual and the care coordinator and reviewed a range of records. These included four people's care plans, risk assessments, associated monitoring records, daily notes and medicine records. We also looked at a variety of records relating to the management of the service, including four staff recruitment file, quality assurance, incidents and accidents, supervision, spot checks/observations and policies and procedures.

### After the inspection

We contacted 10 people who use the service and we spoke with four people and two relatives. We looked at further training data and quality assurance records and policies and procedures sent to us after the inspection. We sought feedback from the local authority and professionals who work with the service and received one response.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure safe management of medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People did not always have their medicines managed safely.
- We found no evidence that audits had been completed on medicines administration record [MAR] between the months of May 2020 and October 2020. This was confirmed by the care coordinator and registered person. Therefore, there was no system in place to monitor administration of medicine.
- People did not have individual instructions for 'when required' (PRN) medicines that were prescribed for them. This was not in line with best practise set out in the National Institute for Health and Care Excellence (NICE) guidance for "Managing medicines for adults receiving social care in the community." It was also found that the provider did not have a PRN policy in place.
- The above meant staff had no instructions on the use and administration of prescribed PRN medicines for individuals, potentially placing people at risk of harm.
- Within the MAR [medicines administration record] charts, information including if the person had any known allergies, GP contact details and route of administration was not included and not in line with best practice set out in NICE guidance for "Managing medicines for adults receiving social care in the community." Failing to state the required information on a MAR chart potentially placed the person at risk of a medication error.

The unsafe management of medicine placed people at risk of harm. This was a repeat breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff administering medicines had completed medicine training and had their competency assessed to do so.
- We reviewed medicine training which was raised as a concern at the previous inspection. Medicines training had been given to all staff since the last inspection, further discussion with the provider and training certificates showed that staff had completed all relevant training required within the past six months.

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

- The provider did not ensure the risks to people's personal safety were assessed and plans put in place to minimise these risks. For example, there was a person at risk of falls, but the falls risk assessment was not in place to help staff mitigate these risks and reduce the risk of harm to the person. Risk assessments for two other people receiving care were not available which included continence risk assessments and pressure ulcer risk assessments.
- Risk management information should be part of the care plans to guide staff how to support people and ensure people continued to receive safe and effective support. However, people's care plans did not have sufficient information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required.
- The on-call system in place for staff and people who use the service did not work effectively should they need help and advice and staff confirmed this. For example, a person fell and a member of staff rang the on-call system for help but there was no answer. The staff member then had to call 111 themselves to obtain appropriate advice.
- People and relatives said they could contact staff if they needed help; but they were not aware who the manager or seniors were in the service.
- The providers "Incident and Accident Reporting Policy and Procedure" includes a number of forms to be completed as part of the system. One of the forms relating to learning lessons when things go wrong is entitled, "Accident and Incident Log- clients". The form requires an "investigator" to report how the incident/accident occurred, gain information from any witnesses and it also included any recommended actions to be taken following the incident/accident. No one had been carrying out this part of their policy, no forms were completed
- The policy also included an, "Accidents Statistics Total" form. This was required to be completed by the manager to keep a log of all incidents. No one had been carrying out this part of their policy. They were not following their policy, were not monitoring incident and accidents for patterns or trends and were not implementing changes as a result of lessons learnt.

The provider had not ensured risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. The provider had not done all that was reasonably practicable to mitigate risks and learn lessons when things went wrong. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was information in the care plans to ensure people's rights, independence and freedom were considered when managing risks.
- As part of the support plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity.
- The service had business continuity plans to ensure the service could continue in the event of an emergency.

## Recruitment

At our last inspection the provider had not followed their established recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.



- People were previously at risk of being supported by unsuitable staff.
- The provider had reviewed their process and informed CQC that they have taken action to improve them since the last inspection.
- The provider stated they had reviewed all recruitment files as part of their action plan to ensure the necessary information was available. A review of their employment documents showed that appropriate employment checks were being undertaken.
- This meant provider's recruitment practices indicated people were no longer at risk of having staff providing their care who may not be suitable to do so.
- In all staff files, the provider had checked the Disclosure and Barring Service (DBS). A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults. As the provider had checked the DBS for all staff, this reduced the risk to people using the service.
- The provider was unable to fully demonstrate that the new process put in place was effective, as they had not recruited any new staff since the last inspection. However, we were reassured the provider has updated their process and was able to tell CQC the process they would follow.

### Staffing

- People and relatives confirmed staff took time to support and care for them appropriately.
- Some people said the timings could be improved as it would affect their routines later in the day. The provider was aware the timings of visits were an issue. They told us they were reassessing with the care coordinator the number of care packages according to the geographical area and staff numbers to address this issue.
- The staff confirmed they had enough time to visit and support people. When needed, they helped each other to cover absences.
- The care coordinator said there were no missed visits at this time. Any late visits would be communicated with people who use the service and their relatives.
- The care coordinator also oversaw the rota using an online system that helped identify visits needing staff allocation. It was also reported a system was in place to alert them if a staff member was late for an allocated visit. They would call the staff member and check if there was an issue and address it.

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

- People felt safe in their homes and liked the staff who supported them. Relatives agreed they felt their family members were safe with staff.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They were aware of what actions to take if they felt people were at risk including to contact the outside organisations.
- All staff have received safeguarding training, and this was up to date at the time of the inspection.

### Preventing and controlling infection

- Staff were provided with and used personal protective equipment to prevent the spread of infection.
- People and relatives confirmed this and said staff wore the protective equipment while supporting 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection the provider failed to address and managed complaints effectively, and according to their policy. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 16.

- The provider had a complaints procedure entitled, "Complaints, Suggestions and Compliments Policy and Procedures".
- We had been made aware that there were three complaints to the service. The providers policy includes, "Complaints and Compliments register". Although the provider and care coordinator said there had been complaints within the last year, none had been recorded since October 2019.
- The provider policy states, "we will formally acknowledge a complaint within 3 working days". There was no evidence that this had been recorded or completed. The complaints were not managed according to provider's policy.
- When discussing complaints with the provider, they were able to explain the outcome of one complaint, however were not able to provide any documentation regarding the outcome.
- This meant the provider did not ensure people were informed of any remedial action taken and lessons learned to prevent it happening in the future after they raised their complaints with the provider.
- Not all people knew how to raise a complaint or concern with the provider or knew where the contact details were to raise a complaint.
- At our last inspection, an action plan was put in place to improve the services response to complaints and at this inspection we found there was no change.

The provider failed to establish and operate an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. This was a repeat breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives felt they could approach the staff members if they had any issues. When they raised some small issues, these were addressed.

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

## preferences

- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Where a care plan was in place, it clearly described people's abilities, likes, dislikes, preferences and wishes, support needed, and desired outcomes. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- People's needs, and support plans were not consistently reviewed for any changes in care and support. People and relatives told us they had not had a review for a long time now. When reviewing care plans, care plans had been reviewed in July 2020 however this was to implement information regarding COVID-19, including the use of PPE. Although the review had been signed by the person receiving the care, the care coordinator reported they had not been included within the review.
- Staff told us they communicated amongst each other if anything had changed about people who use the service. However, it was not clear that where a person's health had changed, it was reviewed appropriately with the person and/or their family and recorded accordingly.
- Since the last inspection, the provider changed the way staff recorded care and support provided at each visit. We received feedback the current system used did not record care and support provided at each visit such as personal care, support with food and medicine, and any other monitoring or observations. People and relatives also said they were not able to see what records were kept in regard to each visit.

## 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.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the provider to ensure all information presented was highlighted and in a format people would be able to receive and understand.

## End of life care and support

- At the time of our inspection there was no one receiving end of life care.

# 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 requires improvement. At this inspection this key question has remained the same. 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 being clear about their regulatory requirements

At our last inspection the provider failed to notify us of significant events and other incidents that happened in the service without delay. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- During this inspection, we found the provider had failed to ensure CQC was consistently notified of reportable events without delay such as allegations of abuse. Prior to this inspection, we were made aware of five safeguarding concerns, none of which had been notified to us by the provider.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

This was a repeat breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. The provider failed to notify the Commission of notifiable events without delay.

- There was a change in the statement of purpose since the last inspection in November 2019 but the provider did not notify us of this change as required.

The provider failed to notify the CQC when there are any changes to the service. This was a breach of Regulation 12 (Statement of Purpose) of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection the provider failed to notify us of the changes to the running of the service such as a change of directors. We have since the previous inspection received this notification and the director of the service has been updated. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15 (Notice of changes) of the Care Quality Commission (Registration) Regulations 2009.

- It is a condition of the providers registration with the CQC that the service has a registered manager in place. At the time of our inspection there was no manager registered. The previous registered manager deregistered in July 2019.
- The manager appointed to become registered had applied to CQC but recently had withdrawn their

application. At the time of the inspection, no new application had been submitted.

- The provider was aware of their responsibility to ensure a registered manager was in post to meet their registration condition. To address their being no current registered manager, the provider has agreed to endorse further training for the care coordinator for them to be able to apply as registered manager of the service.

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

At our last inspection we found the provider had not established an effective system to enable them to ensure compliance with the fundamental standards. The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At this inspection, we found non-compliance with five regulations. The provider had failed to ensure: safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, statement of purpose and notification of other incidents. The provider's system had not enabled them to identify they were non-compliant with these fundamental standards.
- Records were not completed accurately or updated when necessary. For example, the provider stated that all staff training was up to date however, the training matrix reviewed did not provide a record of when the training had last been completed.
- The provider was in breach of using medicines safely. For example, management of medicine 'as required' medicine protocols were not in place at the time of the inspection.
- The provider had no documentation of complaints received or the action taken.
- There were no safeguarding records available during the inspection although safeguarding concerns had been raised. For example, a concern was raised that the service was not demonstrating providing support with medication and non-clinical staff were giving conflicting advice, the provider was unable to evidence any action.
- The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. For example, medication audits had not been completed between May 2020 and November 2020. Daily care record audits had not been completed between January 2020 and November 2020. The provider had also not worked in line with their own policy which stated that medicine audits should be completed monthly and daily care records quarterly.
- The care co-ordinator said spot checks to ensure staff were working to their policy and procedures should occur every eight weeks. However, staff records had significant gaps in the recording of spot checks. This meant the provider could not be assured staff were following current guidance on infection control and protection. The provider was therefore unable to ensure staff were not exposing people to unnecessary risk.
- Supervision records identified that staff members had not received supervision for at least six months. This was not in line with the providers own policy.

The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a repeat breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had begun addressing various issues identified such as staff training needs and support, paperwork and practice since the previous inspection.

- The provider had an open-door policy and aimed to accommodate staff's needs.
- There was mixed feedback from people and relatives about the service being managed well. They were not always informed about staff changes and time keeping was an issue, but others disagreed it was the case. ● Some staff felt the managers were not always accessible or approachable. They were not sure if concerns raised would be dealt with effectively.
- Staff said they could rely on other team members but not so much on the senior staff. Staff did not feel they were asked what they thought about the service or took their views into account. Not all staff felt the service was well managed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We discussed with the provider the duty of candour regulation. They were clear about their role. The provider had a policy that set out the actions staff should take in situations where the duty of candour regulation would apply.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider started carrying out telephone surveys to seek feedback from people who use the service or their relatives.
- The provider started holding staff team meetings to ensure all staff team members were aware of any issues, actions to take and pass on positive feedback.

Continuous learning and improving care; Working in partnership with others.

- Where necessary, external health and social care professionals had been contacted or kept up to date with developments.
- The service worked in partnership with professionals such as GP's, occupational therapist, social services, mental health teams, community nurses and the local authority.

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 Registration Regulations 2009 (Schedule 3) Statement of purpose</p> <p>How the regulation was not being met:</p> <p>The provider failed to notify the CQC when there were any changes to the service.</p> <p>Regulation 12 (1)(2)(3) of the Care Quality Commission (Registration) Regulations 2009.</p>
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person failed to notify the Commission of notifiable events without delay.</p> <p>Regulation 18 (1)(2)(b) of the Care Quality Commission (Registration) Regulations 2009.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure the safe management of medicine. The provider had not ensured risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. The provider had not done all that was reasonably practicable to mitigate risks and learn lessons</p>

when things went wrong.

Regulation 12 (1)(2)(a)(b)(d)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Regulated activity

Personal care

## Regulation

Regulation 16 HSCA RA Regulations 2014  
Receiving and acting on complaints

How the regulation was not being met:

The registered person did not establish an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders.

Regulation 16 (1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Regulated activity

Personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

How the regulation was not being met:

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)(a)(b)(c)(d) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014



