

Mr Donald Smith

Riverside House

Inspection report

38 North Street
Goole
DN14 5RA
Tel: 01404 764350
Website: www.beech-tree-hall.co.uk

Date of inspection visit: 05 November 2015
Date of publication: 12/01/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The inspection of Riverside House took place on 05 November 2015 and was unannounced. At the last inspection in January 2014 the service was meeting all of the regulations we assessed.

Riverside House is a residential care home that provides accommodation and support to a maximum of ten adults who may have a learning disability or autistic spectrum disorder. The service is on the edge of the town centre in Goole, East Yorkshire. At the time of the inspection there were five people using the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there

was a manager in post. 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.

People that used the service were protected from the risks of harm or abuse because there were safeguarding

Summary of findings

systems in place for staff to follow. We saw that staff were trained in safeguarding adults from abuse and they were aware of their responsibilities to make referrals to the local authority safeguarding adults' team.

We found that people were protected from discrimination of any kind on the grounds of disability because the service upheld their rights and ensured people were represented by advocates or were equipped to represent themselves. Risks to people were reduced because of the risk assessment and management systems in place to protect them.

There were sufficient staff to safely care for people and we found that staff were appropriately vetted to work with vulnerable people before their employment began. People were protected from receiving the wrong medicines because medication management systems were safely followed.

We found that people were supported by trained and competent staff that received induction to their roles, were supervised by the registered manager and took part in an appraisal scheme, to ensure they were the right staff to care for vulnerable adults.

People and staff communicated well and staff sought consent from people before any support was given. People's rights were protected because the principles of the Mental Capacity Act were followed and upheld.

We saw that people's nutritional needs were met, but sometimes the foods they chose to eat were not always as healthy as they could be and so sometimes people made unwise food choices. People's health care needs were met by monitoring needs and attending appointments whenever necessary and advice given by health care professionals was followed to ensure people's optimum health.

People enjoyed premises that were suitable for purpose, were adequately furnished and decorated and offered satisfactory comfort. The premises were maintained in line with health and safety requirements.

We found that people were cared for and supported by kind and caring staff that also exercised a firm approach when needed to ensure people were appropriately guided to safer lifestyles. Staff offered advice and guidance to assist people to lead a fulfilling life. People were supported to undertake activities of their choosing.

People's general wellbeing was monitored and efforts were made to assist them to improve their mental and physical health. People experienced high levels of privacy and dignity, which meant they were respected as individuals.

We saw that people had person-centred care plans to instruct staff on how best to meet their needs. These were well written and reviewed regularly.

People were able to complain if necessary, which meant their issues were satisfactorily resolved.

There was no effective quality assurance system in place to help drive improvement. This was a breach of regulation. You can see what action we have told to the provider to take at the end of the full version of this report.

People experienced a positive culture at the service and the service aims and objectives were clearly stated within the 'statement of purpose'. Records held on people that used the service and staff and for the running of the service were appropriately kept and maintained and they were safely stored.

Summary of findings

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 safe.

People that used the service were protected from the risks of harm or abuse because there were safeguarding systems in place. Staff were trained in safeguarding adults from abuse and they were aware of their responsibilities.

People were protected from discrimination on the grounds of disability. People's risks were reduced because of the systems in place to protect them. People experienced safe premises.

There were sufficient staff to safely care for people. Staff were appropriately vetted to work with vulnerable people. People were protected from receiving the wrong medicines because medication management systems were safely used.

Good



Is the service effective?

The service was effective.

People were supported by trained and competent staff that received induction to their roles, were supervised by the registered manager and took part in an appraisal scheme.

People and staff communicated well and staff sought consent from people before any support was given. People's rights were protected because the principles of the Mental Capacity Act were followed.

People's nutritional needs were met, but sometimes the foods they chose to eat were not always healthy. People's health care needs were met and advice of health care professionals was accessed.

People enjoyed premises that were suitable for their purpose.

Good



Is the service caring?

The service was caring.

People were cared for and supported by kind and caring, but firm staff. Staff offered advice and guidance to assist people to lead a fulfilling life.

People's wellbeing was monitored and efforts were made to assist them to improve it. People experienced high levels of privacy and dignity.

Good



Is the service responsive?

The service was responsive to people's needs.

People had person-centred care plans to instruct staff on how best to meet their needs.

Good



Summary of findings

People were supported to undertake activities of their choosing. People were able to complain and have their issues resolved.

Is the service well-led?

The service was not always well led.

There was no effective quality assurance system in place to help drive improvement.

People experienced a positive culture at the service and the service aims and objectives were clearly stated. Records were appropriately kept and maintained.

Requires improvement



Riverside House

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 was planned to check 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.

The inspection of Riverside House took place on 05 November 2015 and was unannounced.

The inspection was carried out by one Adult Social Care inspector. Information had been gathered before the inspection from details we already held at the Care Quality Commission (CQC), from speaking to officers of the local authorities that contracted services with Riverside House, and from people who had contacted CQC, since the last inspection, to make their views known about the service.

We interviewed and spoke with two of the five people that were using the service at the time, two staff and the registered manager. We asked two people if we could have permission to look at their care files, but they did not want to give this to us and so we respected their wishes.

We looked at recruitment and training files belonging to two care staff and at records and documentation relating to the running of the service; including quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at staffing records, equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas and we observed the interactions between people that used the service and staff. We looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

We asked the service to complete a 'provider information return' (PIR) before the inspection was carried out and this was returned to us in the timescales we requested. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also asked for information from the local authorities that contracted with the service, so that we could see what they thought of the service provision and support that people received.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Riverside House. They explained to us that they found staff to be very supportive and knowledgeable about safety and security. People said, “The staff and the manager are really good. They know what they are talking about” and “I am alright here, the staff are ok.”

Staff we spoke with told us they had completed safeguarding training with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC. We saw from the staff training record and individual training certificates that care staff had completed safeguarding training.

The information we held about the service told us there had been no safeguarding adult’s incidents where the registered manager had needed to make a referral to the local Safeguarding Adult’s Team. There had been no incidents notified to us using the appropriate notification documentation and so we understood that incidents had not met the criteria, as set by the local authority safeguarding team, for reporting them. However, because the registered manager and staff were aware of their responsibilities concerning safeguarding issues, we judged that the service would be able to act appropriately and quickly if a referral was required. The registered manager and staff assured us that incidents would be recorded properly, investigated and learned from. Systems that were in place to prevent and address safeguarding incidents, and staff having completed appropriate training to manage these issues, meant that people were protected from the risk of abuse.

Staff we spoke with told us they knew about the whistle blowing policy in place and the procedures they were to follow. They said they would not hesitate to use the procedure should they feel it necessary to do so.

There was a strong sense within the staff group of supporting people in a way that was right for each individual and this was also in respect of people’s rights and personal choices and preferences. Staff did not discriminate on the grounds of ‘difference’ but supported people to maintain their individuality and be accepted in

their circle of friends and acquaintances. For example, one person was receiving consistent support from staff to help them adapt their behaviour so that it did not make other people feel negative towards them. This meant the person was beginning to become more integrated into society and the local community and was therefore feeling better about themselves and enjoying more variety of experiences.

People showed us that they understood the many risks that arose in their daily lives and were aware of the need to risk assess these. People were included in the management of these risks, for example, with smoking, drinking and accessing the local community. People had risk assessment documentation in their care files to reduce risks happening to them and these were regularly reviewed.

The provider’s information return stated ‘Riverside House has a maintenance team that organise annual gas check, five yearly electrical tests, portable appliance testing, plumbing and general maintenance. Gas, electric, pest control, plumbing, Legionella checks and fire extinguishers and alarm checks are all conducted by outside contractors.’

We saw that the premises at Riverside were appropriately maintained in respect of supplied utilities, furniture, facilities and fixtures. There was no moving and handling equipment used in the service, as people’s needs did not require this. People were responsible for keeping their own rooms in good order but any damages were addressed quickly by the organisation. We saw that maintenance contracts and certificates were held, for example, for fire safety, gas and electricity, to show when the service had been checked by an outside organisation or contractor. We saw that people’s individual bedrooms had safety window restrictors fitted, that radiators had safety covers and hot water outlets were fitted with thermostatic control valves to prevent water being dangerously hot.

Accidents and incidents were appropriately managed by the registered manager and staff. Up-to-date and accurate records were maintained to ensure accountability and to work towards reducing the level of accidents and incidents across the service.

We saw that there were sufficient staff on duty to meet the needs of the number of people that received support from the service. Staffing rosters we looked at and information we received from staff confirmed to us there were usually two care staff on duty at each shift throughout the day and one staff on sleep-in duty at night, with occasionally only

Is the service safe?

one staff in the day time if people were away from the premises and being supported elsewhere. This was because there were only four of the five people living at the service, the fifth person was in London at University during term-time. People we spoke with were clear that they did not require any support from staff regarding their personal care needs and that their main needs were for support with decisions, behaviour and living their lives within acceptable social boundaries.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. The registered manager ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults and checks if the person has a criminal record that would bar them from working with vulnerable people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in the two staff recruitment files we looked at.

Files contained evidence of application forms, DBS checks, references and people's identities and there were interview documents, health questionnaires and correspondence about job offers. There were induction records, opt-out forms for Working Time Regulations 1998 and records of disciplinary/grievance issues. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

The 'provider information return' told us about future plans for recruitment and stated, 'We are currently working with our employment law company to devise and implement an improved recruitment process using a values based

recruitment model, which will assist us in employing people who have a naturally caring disposition and candidates will prove this by competency based interview questions and case studies. We are also devising a suitable format to assess the physical and mental stability of candidates without encroaching on the person's rights within employment law.' This will improve the recruitment procedures further and ensure people that use the service are only supported by employed staff with the right values.

We were informed that one of the people that used the service had assisted with recruitment of the most recent member of staff. The person had asked questions in interviews and had shown candidates around the service. They had been part of the decisions making process as well, giving their view of the candidates' suitability to fit in with the rest of the staff and particularly gel with people that used the service.

There were systems in place to manage medicines safely. Only senior staff trained to give people their medicines did so. We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used. Only one person was currently receiving medication from the staff, but they signed their own medication administration record (MAR) sheet, because they were learning to take responsibility for the administration of their medication. Another person chose not to take their medication and while this was offered to them each night by the staff their decision to not take it was respected. Staff maintained discussions with the person's GP to ensure they were not placed at risk of ill health. We saw that MAR sheets contained clear details of when and how medicines were to be given and they had been completed accurately by staff and the person learning to self-administer, in those cases where people took or accepted medicines.

Is the service effective?

Our findings

People we spoke with thought that the staff were skilled at their jobs, with the exception of one person who said, “I think staff are not trained in Asperger’s Syndrome, reason why is because staff don’t always know how to talk to me.” They went on to explain that staff were guided well by the registered manager, who had established a good rapport with them.

Staff told us they completed training necessary to carry out their roles. We saw evidence of staff training in their recruitment and training files and this showed that staff were appropriately skilled and qualified to support people with learning disabilities, including Autism and Asperger’s training. There was evidence of induction completed and supervisions and appraisals carried out to support staff and ensure they were kept up-to-date with issues for their personal development.

We found communication between people that used the service and staff was very much in the everyday language that people used and understood, as influenced by electronic technology: phones, computers and messaging mediums. This enabled people to relate to the messages of support that staff gave them so people could develop their behaviour and social abilities accordingly. We were told by the registered manager that people that used the service were assisted to move to independent living where possible and this had been the case for one person earlier this year.

The ‘provider information return’ stated, ‘The caring attitude of Riverside House is reflected in the communications with the service users every day and is documented throughout all their

paperwork. Staff regularly go over and above what is expected of them showing great commitment to their role. They use language, sometimes slang words, to build relationships with our young service users. The policies and procedures reflect the caring nature of the service and our commitment to moving people on to independent living demonstrates that the service is more than just a business for profit. Service users are listened to and their wishes and preferences taken on board to improve the service, environment and the type of care which is delivered to them.’

Staff also ensured they obtained consent from people by asking people and waiting for an answer, or by observing gestures and body language, before providing them with any support they required. Staff understood and followed the principles of consent so that people’s rights were upheld in their everyday choices and wishes. People were then guided with advice and information about consequences if they chose to undertake risky or unwise decisions.

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 interest and as least restrictive as possible.

The ‘provider information return’ (PIR) told us that MCA assessments were carried out to ensure that people were able to make as many decisions as possible for themselves and that in the main they did. It stated that when people made unwise decisions they were ‘Educated in the safest possible way to execute the decision, made aware of the consequences and advised about better ways to get the same result. Mental Capacity is used on a regular basis to ensure that decisions are made by the correct person and when a service user is assessed as not having capacity this is explained to them in a way that they can understand. Then negotiations are conducted to ensure best possible outcomes’. This was so people chose wise decisions where possible and learned how best to deal with the consequences of their decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We were informed by the registered manager that one person was restricted using a DoLS. This had been in place at their previous care home, remained in use while at Riverside House and was reviewed appropriately. This had been reviewed again three months after the person was admitted to Riverside and progress for the person was

Is the service effective?

such that the DoLS was removed. There were therefore no DoLS in place at the time of our inspection. The registered manager also told us there had been best interest meetings held for people whenever they were required. The service was following the principles of the MCA legislation, which meant that people's rights were upheld.

People told us they ate foods of their choosing and staff explained that sometimes these foods were not especially nutritious or healthy, but that people had the right to choose their own lifestyles and nutrition intake. Where possible staff advised healthier eating and people had personal budgets if they wished, to enable them to determine their own menus, shop for the foods they needed and prepare it for eating. We saw one person baking a dessert for their evening meal and while they were supervised by staff they made their own decisions about choice of ingredients. We were unable to observe any meal time because people ate at times of their own choosing: usually a snack around mid-day and a hot meal in the evening and almost always a meal of their choice. We were told by staff that people had nutritional risk assessments in place where required.

People monitored their own health care issues and were supported in this by staff. People told us they accessed

their GP when they needed to, could see them in private if they wanted to and were accompanied to hospital appointments whenever necessary. Staff told us they advised people about very minor health issues: oral hygiene and foot care, for example. We were informed by staff that people's care files contained details of their health care needs, any diagnoses of health conditions and information on how best to support them to maintain optimum health.

The premises were those of a domestic household, as there were no people using the service that required any specialist equipment or facility to be in place. People were physically able and independent with their mobility and therefore required no specialist adaptations or equipment. Communal space was appropriately furnished and decorated and people's personal bedrooms, two of which we saw with people's permission, were maintained according to the individual's standards and were personalised. We saw that there was a minor repair that needed attention: one en-suite extraction fan was not working. Communal and private space was appropriately decorated and furnished and the premises presented as homely, comfortable and suitable for purpose.

Is the service caring?

Our findings

One person we spoke with said, “Don’t get me wrong or anything, it’s not perfect here, but it is the best home I have ever been in. At first I didn’t like it but that was because of how I used to behave. Now I get on well with other people.” Another person said, “It is alright here, I am fine.”

We saw that staff worked to agreed and set boundaries but were fair in their approach to people that used the service and with supporting them with their needs. Staff guided people respectfully and encouraged them to think about the consequences of their actions and their words and yet enabled people to act according to their decisions even though those decisions may have been unwise. Staff were there to help people understand and learn from the consequences of their actions so that they knew how best to approach similar situations the next time.

We found that the service ensured people were not discriminated against in any way because of having a disability. We were told by the registered manager about incidents where staff had been good advocates for people when out in the community and when staff had empowered people to speak up for themselves in an assertive manner, which ensured their rights were upheld. One example of this was that one person that used the service was supported to study at a London university and stayed in London during term-time. They were encouraged from a distance to engage in university life and advised whenever necessary about exercising their rights.

The staff were seen to be considerate of people’s needs and involved them in ways of meeting them, for example,

when a person discussed plans to take up paid employment staff helped them to understand the reality of their ambitions and what was possible without destroying their vision. Staff also supported a person to cook part of their evening meal and included them in finding a recipe, then stepped back to allow them to do the practical tasks. We observed staff always informing people about what they could expect from them and what staff would like people to do to assist or cooperate.

People’s wellbeing was also considered by the service and its staff. Activities and support that were offered were important for people to ensure their happiness and satisfaction was maintained. Caring support was provided to people when they were anxious or upset about something and staff spent time ensuring people were satisfied with the suggested plans to overcome anxiety or to just carry out their daily routine. All information about people was kept confidential and shared with only those that needed to know. Records held on computer and in paper format were secure in the service and held according to the Data Protection Act 1998.

People’s privacy, dignity and independence were upheld at all times by thoughtful and caring staff. We saw that people’s bedrooms were respected as entirely their own private space: everyone had a key to their bedroom, which was kept locked at all times and was never entered by staff without the person being present. For that reason we were shown only two bedrooms out of the five that were in use. People that used the service also rigorously upheld their own privacy by telling us they did not want us to view their care files and care plans. This was respected.

Is the service responsive?

Our findings

People we spoke with told us they were satisfied with the support they received from staff and with the networks that were established for them to be able to develop their abilities.

The 'provider information return' stated, 'All service users are at the centre of the work at Riverside House. Everything revolves around their hopes, ambitions and aspirations. Documentation is

excellent and the small staff team communicate excellently. Service users are able to communicate their likes and dislikes adequately and amendments to documents are made regularly. Riverside House staff are well aware of their limitations as care providers and regularly call on the assistance of outside professionals to assist in the care and treatment of service users e.g. psychiatrists, MIND (a charity organisation supporting people with mental health issues) and GP's to achieve the best outcomes.'

We asked two people for permission to look at their care files and they did not want us to do this so we respected their wishes. However, because we had already seen one care file belonging to a person in a 'sister' service close by, we were familiar with the format of files and care plans produced by Riverside House and the 'sister' service. We spoke with the registered manager and staff about care plans and were told that they contained all of the documents required to ensure people's care and support needs were assessed, planned for and met.

We were told by the registered manager and staff that care files were in sections, with personal details, pen pictures, likes, behaviour trigger details, risk assessments and guidelines for support all listed. They told us that care plans followed individuals' day and night time routines, held information on assessed needs, had goal plans in place and had guidelines on each area of care or support need.

We were told by staff and people that used the service that people undertook activities of their own choosing and were supported in these by staff if necessary. Activities were often community based: cinema, local pub, shopping. Other pastimes included music, cooking and for one person mixing their own electronic cigarette fruit flavoured liquids. One person was supported to undertake some voluntary work in a charity shop but found it difficult to keep motivated and maintain their commitment. Staff therefore supported them to look at relocating nearer to their roots, where they wanted to be. People's choices in all things were respected wherever possible providing they did not present harm or disadvantage to individuals or others that used the service.

People were encouraged to 'be what they wanted to be' at Riverside House and whatever their culture, religion, sexual orientation, disability, age or gender they were assisted to express their individuality in ways that enabled them to function well and integrate into society. People were supported to maintain important relationships in their lives, for example, with family members and friends as well as with healthcare professionals, so that they experienced the best possible outcomes from their network of significant people.

We saw there was a complaint policy and procedure in the service and that records of complaints, compliments and comments were held. There was documentation available to record any verbal complaints people made and to record more formal written complaints. These included details of the investigation undertaken, the outcome and satisfaction levels as well as details of the complaints made. People we spoke with told us they knew they could take their problems to the staff or the registered manager and stated they thought their concerns would be looked at properly. We saw from records held that there had been no complaints made to or about the service in the last 12 months.

Is the service well-led?

Our findings

The registered manager informed us that the service had no formal quality assurance system in place and they were therefore unable to effectively monitor the quality of service delivery or to formally record how improvements to the service were made. They told us that a quality assurance package had been purchased two years ago but that it really related to a service providing care to older people and it needed some adjustments to suit the Riverside House client group. They told us that some satisfaction surveys were given out to people in January 2015 but none had been returned and there were some new ones to be issued in January 2016.

While there were no audits carried out the registered manager told us they allocated approximately half an hour each day to check people's care files, the safety of the premises and to speak with staff about concerns, care practices or information that came into the service. They explained that people's relatives or other stakeholders were always quite happy to phone the service and discuss with them any concerns or areas of care delivery they thought required improvement. However, overall the systems in place did not ensure that people's care delivery was monitored using a quality monitoring and assurance system to identify where improvements were needed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that there must be an effective system in place to assess, monitor and improve the quality and safety of the services provided.

Improvements for individuals were made through the care support systems and encouraging people to develop their personalities and behaviour so that they could lead fulfilling and acceptable lives within their community.

We found that the culture at Riverside House, among the staff and people that used the service, was one of sharing

responsibility, seeking to do the right thing for people and aiming to improve people's lives. Staff said they worked as a team and supported each other to support the people that used the service.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post that had been registered with the CQC for over three years. Staff told us that they respected the registered manager, as she was approachable and willing to listen. We saw that the whole staff team consulted each other, maintained consistency in their approach to people and followed the examples set by the registered manager. We found that the registered manager was honest with us regarding any shortfalls in the service delivery.

Staff told us that they encouraged people to maintain appropriate community links, ones that were healthy and supportive, as it could be easy for people with a disability or a dependency to be caught up in networks that were detrimental to their wellbeing. We saw from information available to people that they could access support from MIND, advocacy services or local charities and organisations.

The service had a generic 'statement of purpose' which included all five services registered with the CQC under the registered provider, Mr. Donald Smith. The aims of the service included to provide a safe environment, develop people's potential, encourage self-determination, offer protection and implement the best possible outcomes for people. The objectives were to provide community based support for people with an autistic spectrum disorder and to strive to provide people with every opportunity to lead as normal a life as possible.

There had been no changes to the registration requirements since the service was first registered in 2012. All records containing details about people that used the service, in relation to staff employed in the service and for the purpose of assisting in the management of the service, were appropriately maintained, were held securely and were kept up-to-date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: People who used the service were not assured a quality service because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). 17 (1) and (2)(a). The service did not evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraph (a). 17 (1) and (2)(f).