

Care Choice North West Limited

# Care Choice North West Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 28 January 2016 and was announced. 48 hours' notice of the inspection was given so that the manager would be available at the office to facilitate our inspection.

Care Choice North West is a domiciliary care service located in Pemberton, near Wigan. The service provides care to people living in their own home, predominantly in and around the Wigan area. At the time of the inspection the service provided care and support to 31 people. The service registered with the Care Quality Commission in March 2015 and this was the first time we had undertaken an inspection.

There was a registered 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.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The people we spoke with told us they felt safe. Relatives also confirmed they felt their family member was safe with staff going into their home.

We found medication was generally handled safely and people received their medicines at the times they needed it. However, at one of the houses we visited, we found unexplained gaps in the staff signatures on the MAR (Medication Administration Records). We raised this concern with the manager who said they would implement an medication audit system to ensure these were completed by staff.

There was a system in place to record accidents and incidents, however we found there wasn't always a record of what action had been taken, or information about how to prevent future re-occurrences following specific incidents. There was also no auditing of accidents and incidents, or systems to monitor any consistent trends which had, or could develop. The manager told us they would implement this immediately. This was a breach of 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

At the time of the inspection, the service did not have a system to check people had received a visit from staff at the times they needed them. Call monitoring systems allow managers to check care visits have been completed via an electronic system. The manager told us this was something they were in the process of implementing and following our inspection, on 01 February 2016, the manager contacted us to say staff would be starting to use this the next working day.

During the inspection we spoke with staff about their understanding of safeguarding vulnerable adults. Each

member of staff was able to describe the process they would follow if they suspected abuse was taking place.

We looked at staff personnel files to ensure staff had been recruited safely, with appropriate checks undertaken. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of two references being sought from previous employers. These had been obtained before staff started working for the service.

The service used a matrix to monitor the training requirements of staff. This showed us staff were trained in core subjects such as; safeguarding, moving and handling, medication and health and safety. The manager told us not all staff had undertaken relevant training with regards to Mental Capacity Act/DoLS and Infection Control, although would look to book staff onto these courses when they became available.

At the time of the inspection staff assisted several people with meal preparation as part of their care package. which we saw was clearly recorded within peoples care plans.

We saw staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their workload, concerns and training opportunities. We saw records were maintained to show these had taken place consistently.

The people we spoke with and their relatives told us they were happy with the care provided by the service. People told us staff treated them with dignity and respect and promoted their independence as much as possible.

Each person who used the service had a care plan in place and we saw a copy was kept in the person's home and at the office. The manager undertook initial assessments, prior to people receiving care and care plans were implemented. The manager told us they aimed to capture as much personal information about people's likes, dislikes and preferences during this process. This information would enable staff to provide person centred care and instigate conversation with people to develop relationships.

We identified two instances where care appropriate care plans hadn't been implemented based on what was agreed during the initial assessment. One in relation to a person who was at risk of malnourishment and another person with mobility problems. We raised this with the manager who put these in place straight away during the inspection.

There was a complaint procedure in place. There had been no formal complaints at the time of our inspection. The statement of purpose clearly described the process people could follow if they were unhappy with the service they received. Many people had made compliments about the service they received.

People and staff told us they felt the service was well managed,. Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

At the time of the inspection there was no formal system in place to seek feedback from people who used the service and drive improvements where necessary. The manager said they would send a survey to people following the inspection to collate people's views and opinions about the service they received.

We found there were limited systems in place to monitor the quality of service provided to people to ensure good governance. At the time of the inspection there were no auditing systems in place (which would

include care plans, medication or communication books), no regular spot checks of staff and no medication competency assessments being undertaken. The manager said they had not got round to implementing these systems yet. This was a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe. Appropriate systems were not in place to capture action taken following accidents and incidents.

We found people were generally given their medication safely and at the times they needed it, although we did find gaps in staff signatures on the MAR (Medication Administration Records) at one of the houses we visited.

The staff we spoke with displayed a good knowledge of safeguarding adults and could describe the process they would follow if they had concerns.

**Requires Improvement** 

### Is the service effective?

The service was effective. We found staff had received training in core topics and staff told us they felt supported to undertake their work

People told us staff sought consent before providing care. This had been documented within people's care plans which people were asked to sign.

Staff supervision was consistent, with records maintained to show a regular pattern of supervisions had been maintained.

**Good** 

### Is the service caring?

The service was caring. The people we spoke with and their relatives told us they were happy with the care and support provided by staff

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff with regards to things they liked and enjoyed doing.

**Good** 

### Is the service responsive?

The service was responsive. There was a complaints procedure in

**Good** 

place. There had been no formal complaints at the time of our inspection. The statement of purpose clearly described the process people could follow if they were unhappy with the service.

People had their needs assessed and had care plans responsive to their needs which staff could follow when providing care.

People's care plans captured information about people's likes, dislikes and personal preferences This would help staff to provide person centred care based on what people wanted.

**Is the service well-led?**

Not all aspects of the service were well-led. This was because there were no systems in place to monitor the quality of service to ensure good governance.

There was a system to record accidents and incidents, however there was limited information about how re-occurrences were prevented. Trends also weren't consistently monitored.

The service held regular meetings where staff could discuss their work and raise concerns.

**Requires Improvement** 

# Care Choice North West Limited

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection carried out on 28 January 2016. This was announced 48 hours prior to ensure the manager would be available to facilitate our inspection. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, or any particular complaints about the service. We also liaised with the local quality monitoring team based within Wigan Council.

A PIR (Provider Information Return) request was not made in advance of the inspection. 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.

At the time of the inspection the service provided care and support to 31 people within their own homes. As part of the inspection we spoke with the registered manager, six people who used the service, two relatives and four members of staff. We visited three of these people in their own homes to see ensure people received their medication safely.

We spent time at the head office looking at various documentation such as care plans, staff personnel files, policies/procedures and staff training records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe as a result of the care they received. One person said to us; "The same staff come in and care for me which means you get to know them very well. I feel safe with the staff in my house. Another person said to us; "Oh yes I do. I trust the staff and they come with me to my appointments". A third person added; "I wasn't well the other night and the carer was very good with me. She stayed with me and phoned a doctor". When we asked a fourth person for their impressions of safety within the service we were told; "Yes definitely. No doubts about that at all".

We also spoke with relatives during the inspection and asked if they felt their family members were safe as a result of the care they received. One relative told us; "We all feel very safe with staff coming into our home I must admit". Another relative added; "Yes he is. He has 100% trust in them".

There was a system in place to monitor accidents and incidents, however we found there wasn't always a record of what action had been taken, or information about how to prevent future re-occurrences following specific incidents. There was also no auditing of accidents and incidents, or system to monitor any consistent trends which had, or could develop. The manager told us they would implement this immediately. This was a breach of 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults and whistleblowing. There was an appropriate policy and procedure available for staff to refer to, and the induction and mandatory training further strengthened staff's knowledge in this area. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "I have reported some bruising in the past which had concerned me. I wrote everything in the communication sheet and contacted my manager. Signs to look for include changes in behaviour, changes in character or people becoming withdrawn". Another member of staff said; "My main understanding is about being able to identify and report concerns. It comes in different forms such as sexual, physical and psychological". Another member of staff added; "It's very important to keep an eye out for potential abuse and to keep people safe".

We checked to see if there were sufficient numbers of staff available to meet people's needs safely. The registered manager maintained daily rotas showing which staff were scheduled to provide care to people in their own home. We looked at a sample of these and saw sufficient staff were available each day. At the time of the inspection the service did not use any form of call monitoring system to check people received a visit from staff at the times they needed them. Call monitoring systems allow managers to check care visits have been completed promptly via an electronic system. The manager told us this was something they were in the process of implementing and on 01 February 2016 shortly after our inspection, the manager contacted us to say staff would be starting to use this the next working day.

Both staff and people who used the service told us they felt the service had enough staff to meet people's needs. One member of staff said; "I'd say there are enough staff. Sometimes there might be an emergency



but we pull together and cover each other if needed". Another member of staff added; "For the time being there are enough. They have recruited a lot of new staff recently which can only be a good thing". A third member of staff added; "Yes. They have taken on more staff recently which means things are a lot more manageable".

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of two references being sought from previous employers. The staff we spoke with told us they were asked to provide references and complete a DBS form, when applying for the job. These had been obtained before staff started working for the service and evidenced to us staff had been recruited safely.

We looked at how the service managed people's medicines and found suitable arrangements were in place to ensure this was done safely. As part of the inspection we visited three people in their own homes to ensure medication was administered safely by staff. We saw people's care plans described whether staff needed to administer people's medication, or just remind and encourage them to take it. In one of the houses we found gaps on the MAR (Medication Administration Records) between the period of 9-27 January 2016, where medication had been given, but not signed for by staff. There was also no clear record as to why it had not been signed for, such as if the person had refused to take it, or been unwell. We raised this concern with the manager who told us they would start to implement regular audits of MAR sheets to ensure they were completed accurately by staff.

When we spoke with people who used the service, we asked them for their views about how they received their medication from staff. One person said; "If I ever need cream putting on then they do it for me without hesitation. I can take my own tablets but the staff check and remind me to ensure I have taken them". Another person said; "It's never been missed and there is always somebody here to ensure I have had it. They watch me take it as well and don't tend to leave until I have. They also make sure I have food in my stomach around the times I need to take it".

We found people had various risk assessments in place to keep them safe within their own home. These covered areas such as moving and handling and fall prevention. We saw where any problems were identified; there was guidance for staff to follow to keep people safe. For example, one person who had fallen several times in the past six months needed to have their zimmer frame with them at all times to ensure their safety when mobilising. This person said to us; "This thing (the zimmer frame) is never away from me. I feel much safer with it".

People told us they felt safe within their own home. Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside each some of the houses we visited. This required staff to enter a pin code before gaining access so they could go in and deliver care safely, or if the person was unable to get to the door to answer it themselves.

## Is the service effective?

### Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. The induction covered areas such as health and safety, safeguarding, dealing with complaints, whistleblowing, confidentiality and infection control. In addition to completing their induction, staff were expected to complete a period of shadowing where they could watch and observe a more senior member of staff. This process was evaluated, by experienced staff and people who used the service by them providing feedback about how they felt the induction period was progressing. One member of staff said; "The induction was brilliant. I definitely felt prepared before I went out on my own". Another member of staff added; "It was very detailed".

The staff we spoke with told us they received sufficient training and support in order to undertake their work effectively, with staff having achieved, or working towards an QCF level 2 in Health and Social Care. The service used a matrix to monitor the training requirements of staff. This showed us staff were trained in core subjects such as safeguarding, moving and handling, medication and health and safety. The manager told us staff had not yet undertaken training in relation to infection control, although would look to book staff onto these courses when they became available. One member of staff said; "Training is going fine. I feel very supported and the manager is approachable". Another member of staff told us; "I feel very well supported. Lots of different training was done during induction and the manager is always there for us, any time".

We found staff received regular supervision from their line manager. Staff supervision enables managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. Staff supervision records were kept in personnel files and had been completed as recently as January 2016. We saw these provided a focus on positive comments from staff and people who used the service, service user issues, health and safety issues, training requirements and any ongoing concerns about their work. One member of staff said; "I've had one recently and there are set questions in place that we work through. It works both ways and we receive feedback from service users about how we are doing in our jobs".

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. The manager told us not all staff had undertaken training in relation to MCA/DoLS, although would look to book the remainder of staff onto this course when it became available at the local authority. We saw the manager had also undertaken mental capacity assessments for each person who used the service. One member of staff said; "It's about decision making and if people are able to choose themselves. Authorities can also act on their behalf as well and hold best interest meetings where decisions can be made".

The people we spoke with told us before receiving care, staff always asked them for their consent. People had also been able to sign their care plans stating they were happy for their care package to commence and the support they were to receive. Additionally, people had signed their own service contract which explained various processes in relation to medication, fees, confidentiality and terminating their care package. One

person said to us; "Yes they always ask, they don't just do things". Another person said; "They ask me if I would like to take my medication, they don't just presume I would". A member of staff added; "When assisting people with personal care I always check first if it is ok to wash someone's face or legs first".

We checked to see how people were supported to maintain adequate nutrition and hydration. This was an area which was covered during the initial assessment process where it would be determined how staff could best meet people's support needs. The people we spoke with told us they required little support from staff with regards to their nutritional intake, but often required staff to warm some food up for them or on occasions, leave a sandwich or snack before leaving the house. People also said if they did need food preparing, then staff offered them choices and alternatives. One person said to us; "The staff make my meals for me. They offer me different things and encourage me to eat plenty of vegetables if I want to". Another relative also said to us; "I'm able to do most of the food preparation, but our carer always checks if we need any help".

We also spoke with staff and asked about their involvement in supporting people to maintain good nutritional intake. One member of staff told us; "I go shopping with some of the people I care for so they can choose their own food. I'll ask what people want and show them what is in the fridge or freezer so they can choose something they want".

People who used the service told us they were supported by staff to access various healthcare professionals within the community such as; dentists, doctors and opticians. One person said to us; "Yes the staff are really good in that area. I wasn't too keen on going out into the community on my own so the staff came with me to the doctors".

## Is the service caring?

### Our findings

The people who used the service told us they were happy with the care and support they received. One person said to us; "My overall impressions are very good. They are very prompt and the girls are nice. We always have a chat and a laugh". Another person said; "They have always been very nice to me. They are merry and do what they need to do. They will do anything you ask. No problems so far. My fridge was empty once and without hesitation the staff went out and got me some bread and milk". Another person told us; "They are a good service. I always get the same carers which is important. They don't take advantage of you". A fourth person added; "Care Choice North West are really good. They look after you and will go that extra mile for you".

The relatives we spoke with were happy with the care being provided to their family member. One relative said; "They are fantastic and smashing. The staff are very capable and do what we want. Our carer is brilliant, we want to keep her forever. They will give us a lift to places we need to go and it has made our life a lot easier". Another relative said; "My overall impressions are excellent. Everything about them is beyond their means. It has taken a lot of pressure off me as well. I would recommend them highly and the carers are very professional".

People who used the service spoke favourably about the staff who cared for them. One person said; "The staff are caring people and they make an effort to get to know you. They always call me by my first name as well". Another person said; "Yes they are very caring. They help me and treat me very well". Another person told us; "The staff are really good. Brilliant I would say. I know them all now and they are like family". A fourth person added; "Yes the staff are alright. There are some new ones and they all seem to be settling in very well from what I can see".

People told us staff offered them choice in relation to their care, with staff encouraging them to retain as much independence as possible. One person said; "What I can do, I do for myself and what I can't; the staff are there to support me. Also, if I don't want something in particular to eat then the staff respect that is my choice". Another person said; "The staff do encourage me to be independent. They encourage me to make a meal for myself or to put my own clothes in the washing machine. I like to be able to wear clothes of my choice and the staff let me". Another person added; "The staff encourage me to walk about as much as possible to keep myself moving. They always ask me what I want and tell me what choices are available". A member of staff also added; "It's important not to take over when assisting people because some will let you".

We asked people who used the service if they felt treated with dignity and respect by staff who cared for them. One person said; "They definitely do. They don't belittle me or talk down to me or even patronize me". Another person said; "So far all of my dealings with the staff have been good. I wouldn't let them come in if they didn't treat me well". Another person added; "When the staff are giving me a bath they don't look or stare at me. They are very discreet". A fourth person added; "They never make me feel embarrassed. Never. Not once. I've been shown a lot of respect and that's what I like. You get that from this service". A member of staff also commented; "One person likes to get undressed in the living room so I close the curtains so people

can't see and try to cover them up".

Without exception the people we spoke with told us they would recommend the service to other people. One person said; "Yes. I certainly wouldn't feel guilty about recommending them to other people". Another person said; "Oh definitely. Without a doubt". A third person said; "I would recommend them to anybody". A relative also commented; "Most definitely. Mainly because of how they are. They will do anything for us".

## Is the service responsive?

### Our findings

The people we spoke with and their relatives felt the service was responsive to their needs. One person said to us; "I currently have four visits each day and they meet my needs. The staff help me with meal preparation and give me a bath when I need one. They also change my continence pads, remind me to take my medication and we also have a chat". Another person said to us; "One of the main reasons I need the care is so that I can receive a bed bath. They do that for me with no problems at all". Staff also told us they documented in communication books located at people's houses the care tasks undertaken. This provided an overview of specific care tasks completed by staff such as assisting people with personal care, giving people their medication or assisting with meal preparation.

Each care plan we looked at contained evidence that initial assessments had been completed prior to people's care package commencing. This enabled staff to gain an understanding of people's care needs and how they could best meet people's requirements. These covered areas such as people's current medical condition, mobility, communication, spiritual needs, nutrition/hydration, personal hygiene, elimination and home security. The local authority completed an assessment which was sent to the service, but the manager told us the service did their own also, so they could meet people personally.

The registered manager told us the service provided person centred care to people to meet their individual needs, with staff having completed training in how to deliver person-centred care to people. The initial assessment captured background information such as; details about people's marital status, children, work/employment and hobbies/interests. The manager said she felt this information was of particular importance as it allowed staff to instigate strike up conversation with people who used the service.

People who used the service had a care plan that was personal to them. This provided staff with guidance around how to meet their care needs and the kinds of tasks they needed to perform when providing care. We saw copies were kept at the office and within people's own home. During the inspection we looked at a sample of people's care plans and saw they were reviewed at regular intervals, or in line with any changes to people's requirements. Some of the people had only started using the service recently so a review date had been planned for in several months' time. We identified two instances where care appropriate care plans hadn't been implemented based on what was agreed during the initial assessment. One in relation to a person who was at risk of malnourishment and another person with mobility problems. We raised this concern with the manager who put these in place straight away during the inspection, with corresponding copies to be included at the relevant people's house.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care, although there had been no complaints made against the service at the time of our inspection. People told us if they needed to complain they would speak with staff or phone the office. Additionally, the statement of purpose specifically addressed complaints and informed people what they needed to do.

The service also sent and had collated compliment cards. One of these stated; "Thank you for all the help

and care you have given us over the past few months". Another said; "Thank you for the support given to [person] whilst we were on holiday".

People who used the service told us staff supported them to undertake activities within the local community. The manager had also actively sourced different activities which were of interest to people including knitting groups, coffee mornings, dance groups, food tasting sessions and social gatherings. One person said to us; "They take us for days out, sometimes individually but sometimes in groups. We have been to various shows and to Southport and Blackpool". A relative said to us; "They have taken us to antique fairs, charity fairs and are always helping us with our shopping. Participation in the community is great".

At the time of the inspection there was no formal system in place to seek feedback from people who used the service and drive improvements where necessary. The manager said they would send a survey to people following the inspection to capture their views of the service and respond to any areas they may like to change or improve. The manager also told us they were in contact with people who used the service on a regular basis either over the telephone or during care visits, where any concerns would be communicated and acted upon. The manager also told us a survey had been sent by Wigan Council in order to seek feedback and that this was the reason a survey had not yet been sent.

## Is the service well-led?

### Our findings

There was a registered 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.

The staff we spoke with felt the service was well – led and managed. One member of staff said; "It's very good. I've found it very good so far. The communication is excellent and the company is very person centred. The manager does their equal share". Another member of staff said; "The manager is hands on and is very involved with doing care themselves, not just based in the office". Another member of staff added; "It's good, they run it very well. I like the fact that the same carers care for the same people". A fourth member of staff said; "They have been very good with me so far".

People who used the service and relatives spoke favourably about how the service was managed. One person said; "The management is fine and they have always been very nice to me. If I need anything all I need to do is ring up and somebody comes round". Another person said; "I think they are very good and are caring people. They are taking new people on and seem to have a very good judge of character". Another person added; "I really can't grumble with the management. They are a very good firm providing a good service to people". A relative also added; "It's excellent. They make sure my dad is secure and that is a massive thing".

We found there were limited systems in place to monitor the quality of service provided to people to ensure good governance. At the time of the inspection there were no auditing systems in place to check areas such as; care plans, medication or communication books. There were also no regular spot checks of staff carrying out their work and no medication competency assessments being undertaken to ensure people received their medication safely. The manager said they had not got round to implementing these systems but would do so immediately following the inspection. This was a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

We looked at the minutes of recent team meeting which had taken place. Some of the topics of discussion included rotas, staff supervision, infection control, completion of the care certificate, training and introducing new starters. We saw staff had been able to offer their opinions at regular intervals about areas of potential improvement. One member of staff told us; "We just had one last week actually. It gives us the opportunity to discuss how everybody is getting on".

There were various policies and procedures in place at the service. These covered equality and diversity, disciplinary, equal opportunities, safeguarding, whistleblowing, health and safety, accidents and incidents, training/supervision and complaints. Staff told us they could be covered during induction and were available to look at during times when they needed to refer to them. One member of staff said; "One of the big parts of the induction was making sure we understood them all before we started".



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 did not take formal enforcement action at this stage. 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  Appropriate systems were not in place to mitigate any such risks in relation to accidents and incidents that had occurred.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.