

Creative Support Limited

# Creative Support Leeds Service

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This was an announced inspection carried out on the 25 March 2015. At the last inspection in June 2014 we found the provider had breached four regulations associated with the Health and Social Care Act 2008.

We found that care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. We found care records needed to be better organised and improvements were needed to make sure people accessed the activities they wished to. People were not

protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We also found there were not always enough qualified, skilled and experienced staff to meet people's needs. Not all the staff were trained in the principles of the Mental Capacity Act 2005 and fully understood its implications. We also saw that the provider did not have an effective system to regularly assess and monitor the quality of service that people received.

# Summary of findings

We told the provider they needed to take action and we received a report on the 27 July 2014 setting out the action they would take to meet the regulations. At this inspection we found improvements had been made with regard to these breaches. However, we found other areas where improvements were needed.

Creative Support provides personal care and support to people living in their own homes in a supported living environment.

At the time of our inspection there was no 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 and associated Regulations about how the service is run.

Systems were in place to monitor the quality and safety of service provision; however, we did not see there were structured processes in place to enable people who used the service to give regular feedback on the service received. People told us they had found recent management changes unsettling and were looking forward to having a stable, consistent management team in place.

There were not always effective systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf. Relatives of people who used the service were not confident that their comments and complaints were always listened to and dealt with effectively.

There were good systems in place to ensure people's safety and manage risks to people who used the service. Staff could describe the procedures to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough. Appropriate arrangements were in place to manage the medicines of people who used the service. There were enough staff to meet people's needs. However, relatives of people who used the service raised concerns that there were times when staff were not always skilled and experienced enough.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity decisions had to be made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People participated in a range of activities both in their home and in the community, this also included supported employment. People were able to choose where and how they spent their time.

We found the service was in breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to 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 the report.

# 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.

There were enough staff to meet people's needs. However, relatives of people who used the service raised concerns that there were times when staff were not always skilled and experienced enough.

We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

Staff knew about the different types of abuse and how to report it.

People's medicines were stored safely and they received them as prescribed. All staff had received medicines training, which was updated regularly.

Good



### Is the service effective?

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly. This included a thorough induction course.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals. Care plans were up to date and gave a good account of people's current individual needs.

People's nutritional needs were met.

Good



### Is the service caring?

The service was caring

People had detailed, individualised support plans in place which described all aspects of their needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff showed good communication skills in their interactions with people who used the service.

Good



### Is the service responsive?

The service was not consistently responsive to people's needs.

Requires improvement



# Summary of findings

There were not always effective systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf.

People's needs were assessed before they used the service and whenever any changes to needs were identified. We saw people's support plans had been updated regularly and when there were any changes in their care and support needs.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

## Is the service well-led?

The service was not always well- led.

Systems were in place to monitor the quality and safety of service provision; however, there were no structured systems in place to obtain regular feedback from people who used the service or their relatives.

People who used the service and their families said the service would benefit from having a stable management team in place as they had found recent management changes unsettling.

**Requires improvement**



# Creative Support Leeds Service

## 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.

This inspection took place on 25 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people in their own homes who are often out during the day; we needed to be sure that someone would be in and that the main office would be open.

At the time of our inspection there were fourteen people using the service. During our inspection we spoke with two people who used the service, three relatives of people who used the service and six staff which included the area

manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at two people's support plans.

The inspection was carried out by two adult social care inspectors and an expert-by-experience who has experience of services for people with learning disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. The local authority shared their information on their monitoring of this service. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People who used the service said they felt safe in the service. A relative said their family member was currently safe and well looked after because they had a stable staff team who knew them well. One person's relative spoke of incidents where their family member put themselves at risk due to behaviours that challenged the service. We discussed this with the area manager who gave assurances that these incidents were monitored and appropriately dealt with.

We looked at two support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. These included environmental risk assessments in each person's home. The risk assessments gave detailed guidance and were linked to support plans and the activity involved in care or support delivery. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. People were supported to take responsible risks with the minimum necessary restrictions. We saw these were reviewed as needed when any changes occurred.

Support staff we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. Staff also knew the principles of whistleblowing and assured us they would make use of whistleblowing if necessary. We saw the manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the CQC.

We asked support staff to describe what actions they would take in response to a person becoming acutely ill and needing emergency care. The answers we were given demonstrated staff were able to competently deal with a range of common emergency situations.

People who used the service said they thought there were enough staff but said they did not like the fact that there had been a large turnover in staff and that managers kept changing. They said they thought that staff had the necessary skills to support them. All three relatives spoken to thought that the recent large turnover of staff and managers had had a detrimental effect on the service. They said this had resulted in high numbers of new staff and agency staff who they did not think had adequate skills and

experience to give appropriate support to their family members. One said they did not think these staff were confident in supporting their family member. One relative said there had recently been an incident for their family member when two to one support should have been in place but only one to one support was available. We discussed this with the area manager and were told appropriate action had been taken regarding the staff responsible for this error.

All relatives were aware of the action plan to improve this situation, but in their view, things were not changing quickly enough, as they had not noticed much improvement. All three relatives felt that managers could do better in arranging shifts to get a balance of new/experienced staff and in preventing support workers doing 'swaps' which upset this balance. The area manager said there were systems in place to ensure shift changes were agreed with senior staff. They also told us of the on-call support arrangements that were in place to support staff. We saw records of this.

We examined staffing rotas to determine if there was adequate staffing provision to meet the needs of people. Each of the four houses at the location was separately staffed. We looked at the dependency of people in particular their needs for one-to-one support. Our analysis of people's needs indicated that sufficient staff were allocated to work but when staff were sick or there were unfilled vacancies the service had to rely on agency or bank staff to fill the gaps. We saw records that showed all agency staff were inducted into the service. We also saw the same agency staff were employed for fixed periods thus giving service users a degree of consistency. We saw recruitment and retention issues were a common agenda item of the senior staff meeting therefore demonstrating staffing issues were under constant review.

One recently appointed support worker told us they received a good induction and had worked alongside more experienced staff until they were confident and competent to support people on their own. Staff told us they were required to read all care files during their induction and sign a record to confirm they understood people's needs. Individual care and support plans evidenced the signed record. Staff we spoke with did not raise any concerns

## Is the service safe?

about staffing levels in the service. We spoke with the area manager about staff sickness and saw records which showed staff welfare was regularly discussed within the service.

We saw the provider of service was employing effective staff recruitment and selection systems. We saw there was a clear process which ensured appropriate checks were carried out before newly appointed staff began work. These checks helped the provider to make sure job applicants were suitable to work with vulnerable people. We were told the records included a Disclosure and Barring Service (DBS) check, proof of identity, full employment history, training, qualifications and health status. Staff told us the recruitment process was thorough. They told us they had to complete an application form, supply two references and attend an interview. Our observations and scrutiny of records showed that a robust recruitment process operated within the service.

The interview process was in two parts. The first interview required applicants to attend the service and, under supervision, interact with people who used the service. This enabled the manager to observe applicants natural aptitude to support people. The second interview was conducted with a panel questioning applicants in a traditional manner. However the interview panel always included either a person who used the service or their relative. This approach demonstrated the provider's commitment to ensure the compatibility of staff to people who used the service.

We saw the provider had a written medicines policy, to which staff had access. Whilst the policy provided guidance and instruction to staff the document had not been

reviewed since July 2013 and contained out-of-date guidance. The document made reference to the Royal Pharmaceutical Society's guidance for the safe handling of medicines in social care establishments. The provider should replace this guidance with the National Institute for Health and Care Excellence (NICE) guidance, "Managing medicines in care homes guideline (March 2014)".

We were told no people were currently able to self-administer their medicines. Support plans we looked at showed that an assessment had been carried out to determine people's ability or desire to self-medicate. We saw that all medicines were consistently and accurately recorded on medicine administration record (MAR) sheets. Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. A support worker demonstrated a good understanding of the protocol. We saw where people had not taken their medicines the reasons were recorded on the MAR sheet; for instance if they were spending the weekend with their parents.

We saw that each person's medicines were appropriately stored either in a cabinet within their room or the fridge housed elsewhere. We looked at the storage arrangements for medicines in two people's flats and found everything to be in order. Our review of records and observations of the delivery of support indicated people received their medicines as prescribed. One person who used the service said they were prompted by staff to take their medication and they were happy with this arrangement.



# Is the service effective?

## Our findings

We saw that, where able, people gave their consent to any aspect of support being offered. For instance, written consent was given by people before support staff helped with the administration of medicines. We saw some people were not able to communicate verbally. Staff asked each person for permission for us to look inside their rooms and to examine the storage of medicines.

Some people living at the home had Autistic Spectrum Disorders (ASD). We saw staff interacting with people with ASD using a structured and thoughtful approach. Staff were helping people to develop social skills and manage stress. Staff communicated in a way which helped people understand what others may be trying to communicate to them. We saw the service used schedules and timetables to give the necessary structure and visual cues to people with ASD. This demonstrated the service was ensuring people with specific and challenging needs were appropriately supported.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive.

We spoke with the area manager and deputy manager about the need for DoLS at the service. Their answers demonstrated a thorough understanding of the legal framework and procedures necessary to apply DoLS in supported living establishments. They told us they were working closely with the local authority as a review of people's supported living arrangements and a review of people's mental capacity had indicated some people may be being deprived of their liberty. They told us nine of the fourteen people who used the service may need DoLS in place. We conducted a small random sample of the nine people identified and agreed with the conclusions the management team had come to.

Support plans showed information regarding people's capacity to make decisions and how best to support them to do so. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, key holding arrangements.

We spoke with staff about the lawful use of restraint. Staff told us they never had cause to use physical intervention. They told us they were trained in de-escalation techniques and were aware of early indicators in people which may lead to negative behaviour. We saw details of these in people's support plans. Staff also told us of the importance of maintaining agreed structure within people's lives to help prevent behaviours that challenged the service. Staff told us that any physical intervention would be a last resort and must be proportionate to both the behaviour of the person and the nature of the harm they might cause.

Records showed that arrangements were in place that made sure people's health needs were met. We saw people were supported with their health needs and with making visits to health professionals, or receiving visits from them. For example, we saw health professionals were involved in people's care which included GPs, psychiatrists, specialist nurses, case managers, dentists and opticians. People who used the service said they visited a local GP when unwell and had regular check-ups with a local dentist. Two relatives told us their family members were supported to see a specialist dentist. However, one relative said they were not satisfied with the health support their family received. We discussed these concerns with the area manager and saw evidence that the issues brought to our attention, including a missed health appointment due to miscommunication were being addressed. The area manager said they were aware of the need to improve communication around the management of health appointments for people who used the service who also spent some of their time away from the service.

Records showed that staff attended a range of mandatory and specific training modules to give them the skills and knowledge they needed to carry out their roles. They told us the training they received was good quality and they felt well supported. We saw all staff were initially employed on a probationary contract which required suitable progress of competency to be demonstrated before the contract became permanent. We saw evidence that all new staff had a review after three months of employment and a final formal review after six months.

We looked at a random sample of five staff training records and found staff had access to a programme of training. The planned training matrix was up-to-date. Mandatory training was provided on a number of topics such as first aid, safeguarding vulnerable adults, manual handling and



## Is the service effective?

medication awareness. Additional training was provided on topics such as effective communications and the reporting and recording of incidents. Staff had access to a range of policy and procedure guidance about how to carry out their work.

We saw many staff had undertaken training using the SPELL framework. SPELL is an acronym for Structure, Positive, Empathy, Low arousal and Links. The provider's provision of this training demonstrated their awareness of the need to train staff specifically to meet the needs of people with autism spectrum disorders (ASD). We spoke with the deputy manager and an experienced staff member to gauge their knowledge of supporting people with a learning disability. Answers given demonstrated they had attained a good level of understanding and were able to translate that learning into competent care.

We saw evidence of staff receiving regular formal supervision meetings. Staff we spoke with confirmed they received supervision every six to eight weeks. We saw staff participated in yearly appraisal meetings with their managers to discuss their roles and any development needs.

People who used the service said they planned their own menus with the help of staff. They said they were able to make choices about food, felt they had enough to eat and thought the food was OK. Both said they were supported by staff to prepare their own meals. We looked at menu records for some people who used the service and saw they were based on people's likes and dislikes while promoting a balanced diet. However, one relative told us of an occasion where their family member was offered the same meal they had refused at lunchtime for their tea.

A relative said they thought their family member was offered a varied and healthy diet. However, two people's relatives said they thought the quality of meals depended on the staff on duty; in that not all staff had cooking skills. One said that on one occasion they had tasted their family member's meal and found the food to be insufficiently cooked and still cold in the middle. We reported this concern to the area manager.

# Is the service caring?

## Our findings

People who used the service said staff were kind, friendly, and respectful and listened to them. A relative said “Staff treat him OK at the moment”. Two other relatives said they felt that relationships with staff were variable, mainly due to the turnover of staff.

Our observations showed that people who used the service had a good rapport with staff and staff were respectful of people’s privacy. Staff demonstrated a good understanding of people’s wishes by competent interpretation of gestures or body language. We observed staff supporting people in a positive way. People who used the service said they were involved in decisions about their care and support.

Relatives of people who used the service indicated that they were actively involved in decisions about their family member’s care and support, and attended review meetings. People who used the service said they could choose how to spend their time and make their own decisions about when to get up or go to bed.

The detail and completeness of care and support documents meant that staff had the knowledge to thoroughly understand people’s needs. Our discussions with staff and our observations demonstrated that support was relevant to people’s needs and was delivered competently. However staff commented that support plans were so detailed as to make location of information difficult. Staff told us the senior staff had introduced a day

communication book to log any changes to people’s support needs. Staff described the communications book as being vital to keep them aware of people’s individual needs.

We spoke with the deputy manager about advocacy. We asked how the service ensured people with a learning disability gained as much control over their lives, were able to make their own decisions and make choices about what happened to them. We were told all people currently receiving support had close family relationships and did not require independent advocacy. They were able to tell us of the action they would take should people lack support from families resulting in the provision of advocacy. Our review of support plans confirmed what we had been told regarding family support.

The area manager said they sought people’s views regarding their care and support needs on an individual basis. We saw records of key worker meetings which were used to record this. People who used the service had signed the record to show their involvement. One person had said in a meeting. “Had a good week and nothing went wrong.” The records showed that key worker meetings should occur weekly; however, most were recorded monthly. The area manager said it was sometimes difficult to engage people who used the service in these meetings on a weekly basis.

Relatives of people who used the service said they were able to visit their family members without restriction. Both people who used the service said that they were in regular contact with their families, either through visits to the family home or their family coming to their home.

# Is the service responsive?

## Our findings

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to provide a service for. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment and support plan development.

We looked in detail at the support plans for two people. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care and daily routines. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Daily records showed people's needs were being appropriately met according to their assessed needs and preferences.

We found that people were able to carry out their preferred activities and were encouraged to develop their skills in areas such as money management and budgeting and developing their friendships. Some people attended college placements. People who used the service said that, in the main, they were supported with enough activity and occupation. One person told us they went to college but had found it too busy so were now studying at home. They said they also liked to go to rugby matches and go shopping. They said they had enough to do. Another person said they went to college three days per week, worked in a charity shop one day per week and enjoyed pubs, meals out, cinema and bowling. They said they spent their time watching television when at home. They said; "Bored sometimes, when I don't have support and don't know what to do".

Overall, relatives of people who used the service thought their family members had a reasonable range of activities available to them. One relative thought there could be more on offer at weekends. All the relatives we spoke with felt their family members would benefit from more encouragement to try new activities.

People who used the service were, in the main, encouraged and supported to keep in contact with family and friends. We saw records were in place called 'Family and professionals communication pathways' which gave details of what people's family wanted to be contacted about and how to do this. For example, one person's parent had requested two telephone calls per week and a copy of their family member's weekly activity planner. However, one relative we spoke with said their weekly contact call happened 'sporadically' and not always at the time requested. Another relative told us they had been ill for the last three weeks and unable to visit their family member. They said they had requested regular update telephone calls but that these had only happened if they had made the call. They said, "I feel really out of touch."

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We saw the complaints procedure had been produced in several formats which included easy words, symbols, photographs and a CD. The policy was reviewed and up to date. People who used the service said they would tell a member of staff if they were not happy about something.

We looked at records of complaints and concerns received in the last 12 months. We saw documented evidence that the complaints had been reviewed and responded to. This included meetings with the complainants to discuss their concerns. It was clear from the records that people had their comments listened to and acted upon. The area manager said any learning from complaints would be discussed with the staff team. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to try and prevent re-occurrence of issues. However, we saw a complaint had been made in October 2014 and despite staff having being informed of this; the same complaint was made again in March 2015. The area manager said they had re-iterated the importance of the person's concerns and would be monitoring the situation to prevent any further re-occurrence.

All the relatives of people who used the service gave examples of raising concerns about the service. All three said they had found the service slow to respond. They said that staff did not return telephone calls when this had been promised, nor did they follow up on issues raised. For example, one relative said they had asked who would be

## Is the service responsive?

covering a shift that was not allocated and still did not receive an answer at lunchtime on the day the shift was due to start at 3.00pm. However, another relative said they had found their family member's flat dirty and untidy and had complained. They said the next time they visited it was clean.

We concluded there were not always effective systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf.

This was a breach of Regulation 19 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service well-led?

## Our findings

At the time of this inspection there was no registered manager. A manager was in post and they had recently submitted their application for registration with the CQC. The provider's area manager was also working from the location to support the manager and staff team. Staff said they felt confident to raise any concerns they may have.

People who used the service said they would like to see improvements in the service by having a stable management team. They said they did not like the way managers kept changing. The area manager was aware of the need to have this in place to lead the staff team. Relatives of people who used the service said they were aware of the action plan in place to ensure improvements in the service but said they did not feel it was happening quickly enough and had seen little evidence of improvement. We saw the area manager had the service improvement action plan under regular review. This included work on recruitment, staff training and support plans. We could see a number of actions had been addressed. These included the development of core teams to support people who used the service, re-organisation of support plan files, MCA 2005 training and the introduction of a family bulletin to keep families informed of progress.

We saw staff meetings and senior staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. We looked at the minutes of these meetings and saw topics covered included; recruitment, staff welfare, rotas, safeguarding, health and safety and action plan improvement targets. We also saw staff were given feedback on audits and any errors or incidents that had occurred in the service to try and prevent any re-occurrence of them.

There did not appear to be any routine and structured way to get regular feedback from people who used the service or their relatives. The area manager said they had not as

yet introduced questionnaires as a way of gaining feedback but would be considering this in the future. They said they had introduced family consultation meetings. We looked at the records of two of these that had taken place. The records showed that suggestions made by relatives were in the process of being addressed. For example; an hour by hour activity plan had been introduced for one person who used the service and a recruitment advertisement developed on the profile of a person who used the service had been circulated. The area manager said they intended to hold more of these meetings with relatives in the near future.

The area manager told us that they had a system of a continuous audit in place which included direct observation of staff and their practice. These included audits on staff training and supervision, finances, support plans, safeguarding, health and safety and staffing levels and continuity. The deputy manager said they were about to introduce medication audits. We saw the results of audits were taken for discussion at team meetings and discussed on an individual basis with staff during their supervision meetings to ensure any actions were addressed.

The area manager told us the provider's quality manager had completed a service audit two days before our visit. The records of this were not available.

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The area manager confirmed there were no identifiable trends or patterns in the last 12 months. They also said that a record of any incident or accident was kept in people's support plan and any actions taken to prevent re-occurrence were documented and communicated to staff.

The provider had notified CQC about significant events that had occurred in the service and kept a log of these to ensure the appropriate action was taken.

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	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>There were not always effective systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf.</p>