Signet Healthcare Limited

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Inspection report

Audit House
260 Field end Road
Eastcote
Ruislip
Middlesex
HA4 9LT
Tel: 0208 429 7495
Website: www.signethealthcare.co.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 2 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

We last inspected the service on 17 September 2013. At the last inspection there were no breaches of the Regulations.

Signet Healthcare Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection 26 people were receiving a service. The majority of these people had their care funded and organised by the local authority or the Clinical Commissioning Group (CCG).

The registered provider had until two days before the inspection been the registered manager. They had cancelled their registration as the manager and a deputy

Summary of findings

manager was now in day to day charge of the service. They were in the process of applying to be the new registered manager. 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.

Information about people's medicines needs was not clearly recorded. For example, some information was inconsistent and contradictory. Where the local authority had requested specific support for a person with their medicines, it was not clear if people were safely receiving their prescribed medicines.

Where the service was required to support people to eat there were no systems in place to record and monitor what people were eating. Therefore if there were any problems the service did not have an accurate record of where the person had refused to eat or what they had eaten for that day.

There were some procedures in place to consider if a person could give consent to the care and support they were receiving. However, staff had not received training in the Mental Capacity Act 2005 and there were no procedures in place to ensure people were assessed if they could not make daily decisions about their lives.

Systems were in place to monitor the quality of the service. However, these had not been fully effective in highlighting the shortfalls identified during this inspection.

Feedback from people using the service and relatives was mixed. Some commented on care workers occasionally being late for a visit and not always knowing which care worker would be coming to visit them. However, many spoke positively about the care workers and said they felt able to contact the staff based in the office when they had concerns. One person confirmed the care workers were "kind" and "patient".

There were procedures for safeguarding adults and the care workers were aware of these. The risks to people's wellbeing and safety had been assessed.

The service employed enough staff to meet people's needs safely. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

Care workers received the training and support they needed to care for people.

People's needs were assessed prior to receiving a service and care plans were developed from the assessment. These informed care workers about how to support the person safely and in a dignified way.

There was a complaints procedure which the provider followed. People and relatives felt confident they could raise a complaint if they had one and that their concerns would be listened to and dealt with.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the proper and safe management of medicines, assessing people's ability to give consent to their care, supporting people safely if they needed help to meet their nutritional needs and shortfalls in assessing and monitoring different aspects of the service.

You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation that the provider reviews their arrangements for supporting care workers.

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?

Some aspects of the service were not safe. Care records did not make it clear whether people required prompting to take their medicines or if care workers needed to administer medicines to them.

There were procedures for safeguarding adults and the care workers were aware of these.

The risks to people's wellbeing and safety had been assessed and were reviewed on a regular basis.

Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

Requires improvement

Is the service effective?

Some areas of the service were not effective. Although the service had started to obtain people's consent for the care they were offered, there were no systems in place to assess if people had the capacity and understanding to make daily decisions.

Care workers received training in food hygiene but if people needed extra support regarding what they were eating or when they were refusing to eat this was not being recorded and monitored.

Care workers received the training they needed to care for people. We made a recommendation for the provider to review the current arrangements for supporting care workers as they did not always receive regular supervision.

Requires improvement

Is the service caring?

The service was caring. Overall the feedback from people and their relatives was positive on both the management team and care workers.

People and relatives said the majority of care workers were kind and caring.

Where possible, people had support from regular care workers so they could develop a trusting relationship.

The service had not conducted recent satisfaction questionnaires of people using the service and their relatives. However, they did carry out telephone calls and home visits to people in order to find out their views about the quality of care and support provided.

Good

Is the service responsive?

The service was responsive. People's individual needs had been assessed and recorded in care plans.

People's needs were reviewed and they contributed to these reviews.

Good

Summary of findings

People and their relatives knew how to make a complaint and complaints were responded to appropriately.

Is the service well-led?

Some aspects of the service were not well-led. There were some systems in place to monitor the quality of the service, so areas for improvement could be identified and addressed. However, these systems had not been fully effective in highlighting the issues we found at this inspection.

The deputy manager was in the process of becoming the registered manager. Care workers said the management team were approachable and supportive.

Requires improvement

Signet Healthcare 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 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 2 July 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors. Before the inspection we looked at all the information we had about the service, including notifications of significant events which had taken place since we last inspected.

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asked the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the deputy manager, two office staff and met with one care worker. We looked at the care records for six people using the service, the complaints records and other records relating to the management of the service, including audits carried out by the provider and deputy manager. We also viewed the staff training, recruitment and support records for four care workers.

Following on from the inspection we telephoned three people receiving support from the service and five relatives and spoke with them about their experiences of using the service. We also telephoned two care workers to obtain their views and the local authority contracts department provided feedback to us. In addition, we requested the views of the service from six care workers, and we received two responses.

Requires improvement

Is the service safe?

Our findings

Care workers received training on handling and administering medicines. Those we asked spoke about their roles and responsibilities in supporting people to safely receive their medicines. A care worker confirmed that if they administered medicines to a person then they had to sign the medicine administration record. However, a second care worker was not clear on the difference between prompting and reminding a person to take their prescribed medicines and administering medicines to the person. They told us they were "giving the medicine" to the person but then said this was just "prompting them." We fed this back to the deputy manager to investigate if care workers knew who was responsible for carrying out the task in relation to medicines management.

In the care records there was some confusion as to whether a person required to be prompted or reminded to take their medicines or if they needed the care worker to administer their medicines to them. In one person's assessment it stated they self- medicated then it recorded the family managed the person's medicines. The care plan had information for the care workers to prompt the person to take their medicines. The tasks within the four calls a day clearly recorded that during the first and fourth visit care workers needed to prompt the person to take their medicines. When we asked the relative they said they gave their family member their medicines.

A second person's care records again held conflicting and differing information. For example the local authority's referral stated the person needed the care workers to administer the medicines to the person. The assessment carried out by the service noted the person needed encouragement to take their medicines and their care plan recorded that the care workers needed to prompt the person to take their medicines. Therefore it was not clear what care workers needed to do. For a short period in April 2015 the daily notes recorded that the person received a particular medicine. There was no explanation within the daily notes to show if this was being administered to the person or if they were being prompted to take it. This was raised with the deputy manager who spoke with the care worker during the inspection. They confirmed the person's family member was giving the medicine to the person. Due to the various discrepancies we identified we could not be confident that people safely received their medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe receiving support from the service. One person told us, "I have no concerns." One person confirmed they would call the office if they were worried or had an issue with the care worker. A relative said, "X likes the carers and feels safe and happy with them."

Care workers received training on safeguarding adults from abuse. The care workers we spoke with all knew to report any concerns to the office and were aware of external agencies they could contact if necessary, such as the local authority or the Police. One care worker confirmed, "I would speak with the manager if I thought someone was being abused." Another care worker said, "This would be taken very seriously and reported immediately." The service had a safeguarding policy and procedure in place which had recently been reviewed. The office staff said they had the contact details of the local authorities if they needed to report a safeguarding concern. They informed us that these telephone numbers would be made more visible in the office for everyone to see. The deputy manager was aware of reporting safeguarding allegations or concerns to the Care Quality Commission (CQC).

People and their relatives confirmed that staff from the service had visited them to assess the person's needs and their environment prior to receiving support. A relative told us, "I was involved in the assessment." The provider or deputy manager assessed people's environment during the initial assessment. They looked at both internal and external risks so that care workers were aware if there were any potential hazards. The assessment also ensured that risks could be reported to the relevant agencies as and when necessary. Other risks were identified such as if a person lived in a cluttered home and if they needed help in mobilising. There was some conflicting information on the moving and handling risk assessments, for example, for one person the risk assessment recorded that they did not walk, further on in the document the assessor had noted that the person walked with specialist equipment. The deputy manager addressed this during the inspection to ensure accurate information was recorded. We saw that the risk assessments did not record any actions to take to minimise identified risks. The deputy manager was informed and they amended the risk assessment form to

Requires improvement

Is the service safe?

include a plan for minimising any identified risks. We were told risks were reviewed and updated as people's needs changed. We saw reviews on people's care records which recorded if information needed to be updated.

People and their relatives confirmed they had the contact telephone numbers of the office so that someone from the service could be reached if they had a query or issue. The service had emergency procedures in place, for example if there was bad weather and care workers were delayed or could not get to their planned visits. The deputy manager told us that if care workers needed to be picked up by car to ensure they arrived at a person's home then this would be done.

The service had an incident and accident policy and procedure and we saw records for three incidents that had occurred in 2015. These related to three different people and the information showed there was no pattern or trend in each case and that care workers had responded appropriately. The deputy manager confirmed that they would look at the information provided for each individual case to determine if they needed to take action, such as, refer the person using the service to a healthcare professional, such as the GP or the local authority.

Care workers told us they were sent a copy of the rota so that they knew who they were working with and when. Care workers mainly worked with the same people and people and relatives we asked said the majority of the time they had the same regular care workers. However, one person said there had been a change in some of the care workers and that they did not always know who would be coming to visit them. They also commented that the care workers never wore their identification to show who they were and prove they worked for the service. We fed this back to the deputy manager who confirmed that where possible people were informed of a change of care worker. They also said they would remind the care workers that they had to wear their identification at every visit.

The deputy manager said they had sufficient numbers of care workers to meet people's needs. Care workers were clear in telling us that if the second care worker did not arrive to a visit then they would not move the person alone and that they would inform the office immediately. They confirmed this did not happen often and that they mainly tried to come together to the visit. However, a relative said they were sometimes asked to help mobilise and move their family member if the second care worker had not turned up for a visit. This relative confirmed they were trained to help their family member move safely and they said this did not often happen. A second relative also spoke of some visits where only one care worker turned up when it should be two care workers. They could not say how often this occurred but they were aware that this was not the agreement with the local authority. We raised this issue with the local authority and with the service so that this could be looked into to ensure the person was being supported safely and was not being placed at risk of harm.

Care workers confirmed they had gone through various recruitment checks prior to starting working for the service. We saw from the staff employment files that we viewed that there were procedures for recruiting staff. These included checks on people's suitability and character, obtaining references, a criminal record check, such as a Disclosure and Barring Service check and checking the employment history for gaps in employment. New care staff also attended a formal interview.

Requires improvement

Is the service effective?

Our findings

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The deputy manager told us there were no restrictions in place for people using the service. Care workers and staff working in the office had not received training on the Deprivation of Liberty or the Mental Capacity Act 2005. The majority of care workers we spoke with had limited or no knowledge about this subject, although one care worker studying for a nursing degree told us that they did know about this legislation.

Although records noted what people's choices and preferences were with regard to their care provision, they did not show that where a person had difficulties in making daily decisions and consenting to their care that this was assessed so that care workers supported people in their best interests. We saw no evidence that the service had assessed or requested an assessment of the person's ability to make informed choices about their care. The service had recently introduced a consent form for people to sign if they had the capacity to understand the care they were receiving. Where the person was considered as not being able to agree to the care they received, the person's relatives had been asked to sign their agreement to the care being offered. However, there was no evidence that people's relatives had Lasting Power of Attorney for health and welfare. Having this in place would legally enable to these relatives to make decisions in the person's best interests and for example, agree to and sign documents relating to the care and support their family member received.

The above evidence demonstrates that this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not raise any concerns about the quality or type of food that was prepared for them by care workers. Feedback included, that care workers encouraged people to eat a meal and that they left people with food and drinks. One relative said their family member was offered a choice of meals and was "encouraged to eat and drink." Although there were no issues raised about how the care workers supported people to eat, we found that where the local authority had requested that the service supported and encouraged people to eat, there were no systems in place to record and monitor what people were eating each day. The daily notes occasionally recorded what people had eaten or if they had refused to eat a meal but these had not been checked to make sure the person's nutritional needs were being considered or met at each visit.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives had varying views about the quality and effectiveness of the care workers from the service. Two people and a relative told us that when they had not formed a good relationship with a particular care worker or felt there was not a good match then they had spoken with the staff at the office and the care worker was changed to someone else. The deputy manager told us that they tried to match care workers to people's needs and requests. This would not just be if the care worker lived near to the person but if they spoke the same language or were of a particular gender. Other feedback about care workers was that some did not always arrive on time. One person using the service said a care worker was over an hour late the week before the inspection. They had raised this with the service and the deputy manager told us that this would be looked into. However, many of the comments were positive about the service and the support people received. Comments from people and relatives included, that the care workers seemed "competent", "well-trained" and "knowledgeable."

New care workers were expected to take part in induction training and shadow experienced care workers. Care workers confirmed to us that they had gone through an induction and had not worked alone with a person until they felt confident or the management did in their ability to carry out the work unsupervised. The induction had been incorporating the Skills for Care Common Induction Standards and now the service was looking into following the new Care Certificate with the assistance of a local college. This would ensure new care workers received in-depth information for working in a caring role. The service had also developed a care workers profile to record when new care workers had gone through their induction. This recorded when they had shadowed experienced care workers, when they had received a check on their work and dates of their one to one supervision meetings.

Requires improvement

Is the service effective?

The service had a record of training. Care workers received training in various subjects, for example, safeguarding adults, moving and handling and medicines management. One care worker told us that the training was, "very beneficial and educational." We saw that the provider had provided much of the training and they had completed a train the trainer course in 2011 on the majority of the subjects. We noted that the care workers training had comprised of covering nine subjects in one day. For some care workers who had a health and social care qualification or were experienced in working in social care many of the subjects would be familiar to them. However, for care workers new to this work the provider had not assessed whether this type of training was in depth and provided them with sufficient information to be effective in their role. The deputy manager confirmed that this was being evaluated and that the links they had formed with a local college would provide much of the training required in the future.

The service held meetings for care workers with the last one noted as being held in May 2015. Individual meetings and appraisals of care workers also took place and these were recorded. One care worker told us they "sometimes" received supervision, whilst another care worker confirmed they did receive this form of support on a regular basis. On one care worker's file their supervision had been in June 2014 and then again in May 2015. This meant that for some care workers the support they received from management and checks on their work were not always recorded and carried out at regular intervals.

Care workers told us they felt supported by the service. One care worker said they had lived in with a person in their home as they required this high level of support. They confirmed they received a break from another care worker when they needed to take a rest from their caring duties.

Care plans contained information on people's health needs. Records included contact details for people's GPs and next of kin. One care worker described how they had noted a person they were visiting was weak and unstable. They explained the office was contacted and thereafter the person's GP and family member. We saw evidence demonstrating that where the care workers had concerns about a person's well- being, the service had liaised with the relevant healthcare professionals to ensure the person was assessed by a suitably qualified person.

We recommend that the provider, based on current best practice, reviews their arrangements for supporting care workers.

Good

Is the service caring?

Our findings

People told us about the different experiences with the service that they received and their opinions varied. One person said the care workers listened to what care they wanted. Another person commented that the care workers were, "very caring". Comments from relatives included that the care workers were "kind" and that they were "reasonably happy" with the care their family member received. Another relative said "the carers (care workers) seem good with X." They also confirmed that personal care was carried out in private and that they had heard the care workers introduce themselves to their family member and explain the tasks they were about to carry out.

The majority of people, their relatives and care workers confirmed that new care workers were, wherever possible, were introduced to the person before they started working with them. However, one person said that they did not always know who was coming to support them. They said that this could be "upsetting" at times. A relative described to us how sometimes the care workers talked about each other and moaned about different things that they felt were not appropriate when visiting their family member. A second relative said they could not always understand what the care workers were saying and that some "don't speak good English." We fed these comments back to the deputy manager for her to investigate and take any necessary action. She told us that the service had identified where care workers needed support with their command of the English language and confirmed that they did not work alone or unsupervised if it was assessed that they needed extra support with reading care records or writing up the visit. She also said that care workers would be supported to attend English classes to ensure they could communicate well with people and their relatives.

People who used the service had been involved in decisions about their care and support. We found that they had been a part of the assessments of their needs when they first began to use the service. Their wishes and preferences had been incorporated into the care plans. The care workers confirmed the care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. Care workers confirmed they read the care plan and could speak with the deputy manager if they had any questions before they visited and supported the person. This gave them the opportunity to obtain as much information as possible about the person's individual needs and expectations. If there were any changes in a person's needs care workers told us they would inform the office so that their needs could be re-assessed.

The record of telephone calls and review visits indicated people were happy with the care they received and the care workers who supported them. We looked at records of this monitoring and saw people had given positive feedback. Care workers spoke affectionately about the people they supported. They confirmed they worked mainly with the same people and knew their needs well.

Good

Is the service responsive?

Our findings

People and their relatives told us the care and support provided met their needs. Where possible, we saw some people had signed the service agreement and care records showing they had understood, agreed and consented to the contents and the care that would be provided to them. People could request changes to their care plan and visits. One person said they had requested for extra time on one of the visits and that this was agreed by the local authority. They said this now ensured their needs could be met.

Care plans were in place to support care workers knowledge of people's individual needs and how their care and support should be provided. These records gave care workers guidance about how people's care should be delivered to ensure their health and well-being. Overall the information was person-centred and recorded how people wanted to be cared for. For example we saw on one care plan that the person's bed must be "upright" and that they liked their "bedroom door to be open". This information was gathered both at the assessment stage and as care workers became familiar with people's personal preferences. The majority of people and their relatives confirmed that care workers signed a medicine administration record if they had administered medicines and completed daily notes after each visit. One person said that a care worker who occasionally visited them did not always fill in the daily notes and we fed this back to the deputy manager to look into.

Reviews of people's needs took place through meetings in their homes with people and their relatives, although it was not clear how often the reviews took place. One relative confirmed they had been able to contribute their views at a recent review meeting. These meetings enabled the provider or deputy manager to identify if there were issues and if the care plans needed to be updated.

People's concerns were responded to and addressed by the provider. People and their relatives told us they knew how to complain and would do so if necessary. One person said they had raised issues previously and that these had been addressed. A relative told us, "I have no concerns" and a second relative said, "I am confident to call the office if I need to." The service had a complaints policy and procedures for reporting any concerns raised by people or their relatives. The initial policy we viewed did not have clear timescales for when a complaint would be responded to. This was amended during the inspection and the deputy manager confirmed people and their relatives would receive the updated policy. The local authority confirmed they were aware of two complaints made in 2015 and were waiting to hear from the provider with an outcome to these. We saw that these had been recorded and dealt with. We informed the deputy manager that the local authority were requesting an update which she confirmed she would provide them with feedback.

Requires improvement

Is the service well-led?

Our findings

There were some quality checks being carried out, such as telephone monitoring to ensure the person and/or their relative were happy with the service being provided. Although satisfaction questionnaires had not been given to people, their relatives or stakeholders so that the provider could formally gather people's views and consider if there were areas needing to be improved. We were told by the deputy manager that these were currently being looked into and that they would be sent out. The service used an electronic system so that care workers could not be booked to work on a visit if they were already working to support another person. This ensured the visits were not double booked with people missing out on receiving support that they needed.

However, we did find areas that needing improving which had not been identified by the current monitoring processes. The differing information in people's care records of the support they required for managing their medicines had not been picked up as there were no care record audits in place. We also found there were no systems in place that recorded when people's reviews should take place. We were told the usual frequency of carrying out a review was after the first three months, then six months then yearly. However, this differed from what the care review form said for one person for when their next review should take place.

There were no schedules or plans in place to monitor when care workers received their one to one supervision or when they had last received a spot check to assess their work. Where some issues had been recorded, such as a care worker during two spot checks was noted as not wearing their identification badge, there was no written evidence to demonstrate what action the deputy manager and/or provider had taken. We found the same in other records where a care worker had left the person's house ten minutes before they should have and again there was no written record of what action was taken.

In addition, there were no procedures in place to record and monitor people's food intake if they had been identified as being at risk of not eating. Therefore the deputy manager and provider could not easily check and respond appropriately if the person's health was deteriorating due to refusing to eat or not eating a sufficient amount of food to keep them well.

The above evidence shows there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively about the staff working in the office. One person said "the office staff are responsive." Feedback on the deputy manager and provider from care workers was complimentary. One care worker told us that the deputy manager was, "very friendly and sociable, she is approachable and is understanding." Another care worker said they would feel "comfortable" talking with the deputy manager or provider and that they listened to them.

The deputy manager had been in post approximately eight months and had applied to be the registered manager as the provider was no longer in this role. They had previous experience of working for a domiciliary care service and had a management qualification and diploma in health and social care. The provider, who was a registered nurse, was still involved actively in the running of the service and was available to support the deputy manager. They both kept up to date through attending workshops and lectures on the changes taking place in social care, for example, the new Care Act 2014. There was also a meeting for staff who worked in domiciliary care services which the deputy manager or provider would attend so that they could meet with other providers of social care. In addition, the deputy manager informed us that two care workers would be trained to take on a more senior role and carry out checks on care workers in the community so that their skills could be developed and provide opportunities for care workers to receive a promotion and support the service as it grows. The service had grown in the past few months and management and office staff were looking at ways the service needed to adapt to the challenges of meeting more people's needs. The deputy manager was aware there were some areas needing to be improved and was receptive to the findings of the inspection.

The deputy manager confirmed they would be introducing newsletters in 2015 to care workers. This would provide care workers with useful information about the service and give the provider and deputy manager the opportunity to make sure there continued to be good communication with all those involved in working at the service.

Requires improvement

Is the service well-led?

We saw that the provider had written an annual report on the service. This had looked at various areas such as, recruitment, performance, safeguarding and complaints, although the findings in the report had not identified the shortfalls the inspection had found.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had not ensured the proper and safe management of medicines.** **Regulation 12 (2)(g)**

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person had not acted in accordance with the Mental Capacity Act 2005.** **Regulation 11(3)**

Regulated activity	Regulation
Personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **The registered person had not ensured the meeting of the nutritional needs of service users.** **Regulation 14 (2)(b)**

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had not assessed, monitored and improved the quality and safety of the services provided.** **Regulation 17 (2)(a)**