Kendrick Haylings & Jones Limited

Bluebird Care Hurley Office

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 20 March 2017 and was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Bluebird Care Hurley Office is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 54 people.

The service was last inspected on 8 March 2016, where we found they were meeting the Health and Social Care Act 2008 and associated Regulations, however there were issues which required improvement in the safe and well led questions. The service had been rated as requires improvement, because we found between the period August 2015 to January 2016, when there had been no registered manager at the service, there had been a lack of oversight by the provider. During this period the provider had not ensured all their responsibilities had been fulfilled. For example, not all notifications were sent to the CQC about important events that occurred at the service. Systems were not in place to ensure that information, for example around falls and medicine errors, were reported to senior managers to review and learn from. Some identified risks to people's health, had not been recorded and assessed in full on their care plans.

At this inspection we looked to see if the provider and registered manager had responded to make the required improvements. Whilst we found some areas of improvement had been made, we also found some of the same issues continued to require improvement.

The registered manager had been in post since January 2016 and was registered in June 2016. 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.

Staff understood their responsibility to keep people safe and understood the risks relating to people's care. However not all events which called into question people's safety had been managed to reduce the risks to people. One referral had not been made to the CQC. Some identified risks had not been assessed in full on people's care plans and there were some gaps in guidance for staff.

There were sufficient numbers of suitably skilled staff to meet people's individual needs. However some people experienced late calls and had not been informed by the office in advance. People received their medicines as prescribed, however best practice was not always followed when recording why medicines were not administered.

People felt able to speak with the registered manager and senior staff if they needed to. Staff told us they felt supported and they were encouraged to share ideas to make improvements to the service. There were some processes to ensure good standards of care were maintained for people. However, insufficient

improvements had been made since our last inspection and processes had not been established to consistently assess, monitor and mitigate the risks relating to the health and safety of people who used the service.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA, where people had capacity to make their own decisions, these were respected and consent was gained before staff provided personal care.

People's nutritional needs were taken into account and people were supported to make referrals to other healthcare professionals when their health needs changed.

People told us staff were kind and caring and had the right skills to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's needs and preferences and care plans were regularly reviewed. People knew how to complain and were able to share their views and opinions about the service they received.

We found a breach 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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff understood their responsibility to keep people safe and understood the risks relating to people's care. However not all events which called into question people's safety had been managed to maintain people's safety. One referral had not been made to the CQC. Some identified risks had not been assessed in full on people's care plans and there were some gaps in guidance for staff. There were sufficient numbers of suitably skilled staff to meet people's individual needs. However some people experienced late calls and had not been contacted by the service in advance. People received their medicines as prescribed, however best practice was not always followed when recording why medicines were not administered.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had the relevant training and skills for their roles. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. Staff respected people's decisions and gained people's consent before they provided personal care. People's nutritional needs were taken into account and people were supported to make referrals to other healthcare professionals when their health needs changed.

Is the service caring?

Good

The service was caring.

People were positive about how caring the staff were. Staff respected people's privacy and dignity and encouraged people to maintain their independence in accordance with their abilities.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and had a good understanding of people's individual needs and preferences. People were involved in planning their care. People knew how to complain and were able to share their views and opinions about the service they received.

Is the service well-led?

Requires Improvement

The service was not always well led.

People felt able to speak with the registered manager and senior staff if they needed to. Staff told us they felt supported and they were encouraged to share ideas to make improvements to the service. There were some processes to ensure good standards of care were maintained for people. However, insufficient improvements had been made since our last inspection and processes had not been established to consistently assess, monitor and mitigate the risks relating to the health and safety of people who used the service.

Bluebird Care Hurley Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 March 2017 and was announced. This was to ensure the registered manager and staff were available to talk with us about the service when we visited. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. The local authority provided us with information regarding recommendations it had recently made to improve the quality of the service.

We asked the provider to send to us a Provider's Information Return (PIR). This enabled the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

Before our visit we contacted people who used the service by telephone. We spoke with 10 people who used the service and six relatives. During our visit we spoke with the registered manager, the provider, the operations officer and four care staff.

We reviewed five people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the registered manager's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

During our last inspection, we identified events where appropriate action had not always been taken, which may have called into question the safety of people who used the service. For example, falls, late calls and medicine errors, had not been recorded or shared with senior managers in the office during the period when there was no registered manager. Therefore learning had not taken place about how to reduce risks to people in the future. Some identified risks had not been recorded and assessed in full on people's care plans. Records showed not all events that might mean a person was at risk of harm, had been referred to appropriate agencies, such as the CQC. During this inspection we saw some improvements had been made. For example, we found any serious events were now recorded by staff and shared with the registered manager for analysis. However, further improvements were still required.

People told us they felt safe because they received care from staff they trusted. One person told us, "They [carers] make sure I don't fall over." People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. A member of staff told us if they had a concern about anyone's safety they would, "Report it straight to the manager or the local authority." However we spoke with one senior member of staff who had limited knowledge of safeguarding procedures and we shared this with the registered manager.

Records showed most concerns about potential abuse had been appropriately reported and action taken by the registered manager to keep people safe. However there were inconsistencies in the way events were recorded. For example, records showed one person had signs of an unexplained injury. The event had been shared by care staff with senior staff, who had notified the local authority. However the event had not been fully reviewed, or notified to the CQC as an allegation of potential abuse. We discussed this with the registered manager who provided a notification to the CQC following our visit. The registered manager continued to follow through their safeguarding procedures to ensure the person's safety was protected. This meant action had been taken in response to the issue identified at our previous inspection, because events were being recorded. However further improvements were required to ensure safeguarding events were always identified and managed to maintain people's safety, including referrals to the CQC.

We looked at how events that might mean a person was at risk of harm were reported and analysed. At our previous inspection we found there was a lack of consistent recording of event information because there was no system in place for staff to record and share information with their manager. During this visit we found improvements had been made because events had been recorded and shared with senior staff for analysis. However it was difficult to see how the events had been managed due to the lack of detail in recording. For example, an accident report showed one person had been caught between two pieces of equipment in their home. It was not clear what action had been taken to prevent the risk of the event occurring again. We discussed this with the registered manager who assured us that in future, events and actions taken to manage accidents and incidents, would be recorded more clearly.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified potential risks to

providing their care and support. Records confirmed that most care was planned to take risks into account and minimise them. When asked, staff knew about individual risks to people's health and wellbeing. For example, one member of staff told us about one person who was at risk of developing pressure areas. They explained how they supported the person with their personal hygiene, to reduce the risk of these developing. We reviewed the person's care records and found they included some guidance for staff about how to reduce the risks of skin damage, however risks to the person had not been assessed and there were gaps in the guidance information for staff. For example, the care plan did not include which areas of the person's body were at risk.

We found other identified risks had been recorded but not assessed in full on people's care plans. For example, we looked at the care records of one person who had a catheter. We found there was no assessment of risk relating to catheter care and there were gaps in the guidance given to staff about how to support the person safely. The information did not advise staff what to do if there was a concern or how often the catheter bag should be emptied. We discussed this with the registered manager who told us it was down to, "Carers intuition." They gave us their assurances all care plans would be reviewed and updated to assess risks to people's wellbeing and provide more detailed guidance for staff to enable them to support people safely. This meant the issue identified at our previous inspection had continued because not all risks relating to people's care had been assessed to protect their safety.

People had different experiences of receiving care calls. Some people told us their care calls were sometimes late and they had not been contacted about this in advance. One person told us, "They don't always let me know if they're going to be late." However, other people told us staff contacted them if they were running late. One person told us, "They phone my wife and let her know if they're going to be late." We discussed this issue with the registered manager who told us care calls were monitored using an electronic system. Staff logged in and out of the system using their phones. The operations officer showed us how they monitored call times and contacted carers if calls were not made on time to find out why. Outside office hours, late calls were identified by the senior member of staff who was 'on call'.

People told us there were sufficient staff to meet their needs. However some people told us they did not have regular care staff. One person said, "They could do with more [staff], there would be more regular carers then." The registered manager explained they were currently recruiting for more permanent staff to ensure people had consistent carers.

The registered manager carried out recruitment checks to make sure staff were suitable to support people safely before they began working in the service. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

People told us they had their medicines when they needed them. One person told us, "It's pretty well on time, it's well organised." Staff had received training to administer medicines safely in their induction training and they knew what action to take to protect people if there was a medicine error. Staff used an electronic medicine administration record (MAR) sheet, to record when medicines had been administered. However, we found good practice in relation to recording on the MAR the reasons why medicines had not been administered, had not been followed. For example, one person was prescribed transdermal patches which were applied to the skin once a week. Records showed carers recorded when the patches were applied. However, they also recorded patches had been applied on days when they were not required, instead of recording why they had not been applied. Therefore it was not clear on this person's MARs when their patch had actually been applied. We discussed this with the registered manager who told us this was

an ongoing issue where care staff did not always complete the reason why a medicine had not been administered on the electronic records. They told us they audited MARs records each month and contacted staff if there were any errors and would continue to support staff to accurately complete MARs. The registered manager told us following our inspection visit, that improvements had been made to their electronic care records, which ensured medicine administration to be accurately recorded.

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. One person told us, "They [carers] know what they're doing, I've confidence in them." Training was planned to support staff development and to meet people's care and support needs. This included training such as moving and handling and medicine administration. Staff were positive about training, they told us it was readily available and they felt supported by their manager to access it. One member of staff told us, "Training is brilliant, it prepared me to know what I was going out to." Staff had received training from health professionals to enable them to meet the specific needs of people who used the service, such as percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is where a tube goes into the stomach and allows nutrition, fluids and medicines to be fed directly through, bypassing the mouth.

Staff were supported by the registered manager to study for nationally recognised care qualifications. Two members of senior staff were being supported to undertake level five diplomas in social health care and leadership to support them in their managerial role in the service.

Staff told us they completed an induction when they first started work at the service that prepared them for their role before they worked unsupervised. This included internal training from the registered manager and working alongside more experienced staff so they could get to know the individual needs of people before they worked on their own. One member of staff told us, "[Name of registered manager] was very friendly and answered every question we had. When I was getting used to clients, everyone in the office would answer my questions. They are supportive and they listen." The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' of their practice. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. At our previous inspection we found supervisions and spot checks were not all up to date. At this inspection we found improvements had been made and most staff had received supervision with a senior staff member. The registered manager told us there were still some supervisions and spot checks outstanding, however they said this was, "in hand" and we saw evidence of a schedule to bring these up to date. Staff told us supervision was useful. Staff felt listened to and comfortable to discuss any concerns. A member of staff told us, "We discuss strengths and what we do well…We look at what we could do better with support of the management team."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. The registered manager told us people were reviewed to identify if they had potential restrictions on their liberty and told us there were none currently identified. The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. Some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or representative, who could support them to make these decisions in their best interest. We found people's capacity to make decisions had been reviewed, however it was not clear on people's records, what support staff should give people to make decisions. We discussed this with the registered manager who assured us they would review people's records and how they made decisions and amend their care plans accordingly.

We spoke with the registered manager about how decisions were made if people did not have the capacity to make complex decisions. The registered manager explained that decisions would be made in people's best interests and other people such as family and health professionals would be involved in supporting people to make decisions where required. We discussed the importance of obtaining proof of people's legal representatives if they had one, to ensure staff were acting within the law when supporting people to make decisions. The registered manager explained there had been no recent best interest decisions made with people who used the service.

People told us staff gained their consent before supporting them and relatives confirmed this. One person told us staff, "Always talk through what we're doing." Staff told us they knew they could only provide care and support to people who had given their consent.

Some people received food and drinks prepared by staff and some people were supported by staff to prepare their own meals to support their independence. Two people told us, "I can't carry a cup of tea, they help me with that" and "They give me a hot drink at night, because once I'm in bed, I can't get out." Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. A member of staff explained how they supported one person with a specialist diet, they said, "We are careful what food we give them, it is all recorded in their care plans." They continued to tell us how they supported people to make choices about what meals they wanted. They told us, "We give people choices, for example, we always ask what they'd like in sandwiches and we encourage people to drink." We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans.

People and their relatives told us if there was a need, they made their own healthcare appointments with health professionals. Staff we spoke with understood the importance of monitoring people's health. They told us if they had a concern, they would obtain medical advice either from the GP or by calling paramedics. A member of staff told us, "If the person has family, I would go to them first if I needed to make a referral [to a health professional], or if they had no family, I would go to my supervisor first and then call the health professional."

Good

Is the service caring?

Our findings

People told us staff treated them with kindness. Two people told us, "It's just how they [staff] talk to you, it doesn't seem as if it's a chore to come" and "You can tell their attitudes by the way they respond and help… They're there for you straight away, they sit with me when my wife isn't here and we have a great time." A relative told us, "They always have a chat and giggle with [family member's name]." A member of staff told us, "I love seeing people smile."

The registered manager shared their philosophy of person centred care and told us, "We look at individuals, their needs, wants, likes, dislikes and use that to tailor care for individuals and we take into account how they want to develop in the future." They told us how they shared this philosophy with staff during their induction.

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. A member of staff told us, "I'm there to help people feel comfortable with themselves." One person told us, "When they [staff] come I have a shower and they help me get dressed." One member of staff told us, "I get to know clients well. For example I promote their choices and how they want to live their lives. I encourage people to do things."

Staff told us they were given opportunities for personal development within the service and said senior staff were caring and this made them feel motivated in their role. One member of staff told us, "It's brilliant here, I can't fault it."

Staff understood the importance of treating people with dignity and respect. Two people told us, "They [staff] cover me up and they preserve my dignity" and "They draw the curtains if necessary, especially now it's lighter at night." A member of staff told us how they supported people to maintain their independence and their dignity. They said, "We close the doors so people can't walk in when we are supporting people with personal care and we keep curtains closed."

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. One person told us, "They think things through in advance, like the temperature in the bedroom and they open a window if it's needed."

Staff explained how they provided care to meet people's needs and to ensure they had the best quality of life. One member of staff gave an example of one person whose physical health had declined recently and their needs had changed. They explained how they had discussed the person's care needs with them and agreed with them a change to the way they were supported, so their needs could be more appropriately met. They said, "[Name] is independent, they agreed [with the change in care] and it was put in place."

People's views about their care had been taken into consideration and included in care plans. Relatives told us they were invited to regular meetings to review their family member's care where appropriate. One person told us, "There have been changes [to care needs] over the years, so we add them to the [care] plan." This showed the service was responsive to changes in people's care needs. The registered manager explained people were included in the review of their care. They told us initial care plans were prepared by senior members of staff during home visits with people and their family members. They told us they contacted people following their first care call to obtain feedback on the quality of the service and they passed feedback on to the care staff.

Care plans contained information about people's preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A relative told us, "They talk to [Name] all the time and they get to know what [Name] likes." One member of staff told us there was no personal history on people's care plans, but there was information about people's hobbies, which enabled them to communicate better with people.

People and their relatives told us they felt comfortable to raise any concerns with staff. One person told us, "If we've got a problem, I speak with the office staff, it's no problem." A relative told us they had raised a concern which had been dealt with to their satisfaction. They said, "They responded very well, they listened." There was information about how to make a complaint and provide feedback on the quality of the service in people's service user packs in their homes and in the care office. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been five formal complaints in the previous 12 months. Records showed they had been dealt with in accordance with the provider's policy. There was evidence of compliments from relatives about the standard of care provided by the service. For example, one relative had written the staff were, 'Wonderful.' The registered manager explained compliments were shared with staff. They said, "We have some fantastic carers."

The registered manager told us there were several ways people could share their experiences of the service using, "Reviews, surveys and telephone concerns." They explained they had recently undertaken a staff survey at the end of 2016. They showed us the analysis which was mainly positive. For example, 100% of staff who responded, enjoyed their role and felt they could approach their manager. We saw some staff had

raised points of concern which had been addressed by the registered manager. For example, staff felt some clients needed longer care calls and the registered manager told us these people's care needs had been reviewed following the comments made by staff.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found between August 2015 to January 2016, when there had been no registered manager at the service, there had been a lack of oversight by the provider. Systems were not in place to ensure that events including falls and medicine errors, were reported to senior managers to review and learn from. The provider had not ensured in the absence of the registered manager that all their responsibilities had been fulfilled. For example, not all notifications were sent to the CQC about important events that occurred at the service. Some identified risks to people's health, had not been recorded and assessed in full on their care plans.

At this inspection we saw that whilst some improvements had been made, some issues continued from our previous inspection. Serious events were now recorded by staff and shared with the registered manager for analysis and some improvements had been made to the systems used to monitor the quality of service. For example, the registered manager had introduced new checks for medicine records and daily logs on people's care plans. However, whilst some serious events had been recorded, the information had not been managed to reduce the risks to people and one referral had not been made to the CQC. Some identified risks had not been assessed in full on people's care plans and there were some gaps in guidance for staff. Some people experienced late calls and had not been contacted by the service in advance. There was an improved process to identify any medicine errors, to reduce the risks to people's health. However further improvements were still required because best practice was not always followed when recording why medicines were not administered.

The registered manager had been in post since January 2016. They were aware of their responsibilities to provide us with notifications about important events and incidents that occurred at the service. They were aware it was their responsibility to notify other relevant professionals about issues, such as the local authority. However we found some safeguarding events had not been managed appropriately, including one which had not been referred to the CQC. We discussed this with the registered manager who provided a notification to the CQC following our visit and then continued to follow through their safeguarding procedures to ensure people's safety was protected.

Although some improvements had been made to the service, some issues identified at our previous inspection had continued. Processes had not been established to consistently assess, monitor and mitigate the risks relating to the health and safety of people using the service. Audits and checks were not fully effective because they did not always identify events or risks which called into question people's safety.

This was a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

We asked people what they thought about the quality of the service. One person told us, "It's not 100% but we tell them if there is something not right." A relative told us, "I think everything is fine. Sometimes if people [carers] are late it's a problem, they need to get this better so [Name] isn't worried about their medication." We saw the registered manager and senior staff in the care office were accessible to people who used the service by telephone. Staff told us the registered manager was approachable, they told us they could make

suggestions and these were acted on. A staff member told us that senior staff in the care office were, "The best lot we have ever had. Staff are a lot happier." Staff we spoke with told us they felt supported by their manager. A member of staff told us, "We are a better team now. We all communicate well together and share information." The registered manager told us they had access to services offered by the provider's franchise company to support them in their role, such as leadership and management training with other franchise managers. They told us it was helpful to meet other managers because they could share information. For example, they had shared their idea of prompt cards attached to staff identification badges, which they already used to help improves staff's understanding of MCA and safeguarding principles.

The registered manager told us they kept up to date with best practice by reviewing information provided by the provider's franchise company and from other organisations such as the United Kingdom Homecare Association [UKHCA] and Skills for Care. The manager explained how they shared best practice with staff at meetings and through supervision. The registered manager told us the provider attended local forums to share information and best practice with other domiciliary care providers. A provider forum is an external event hosted by the local authority and enables service providers to get together to share their knowledge and new initiatives. The registered manager said the provider gave them, "Feedback about new interesting things." The registered manager told us they met with the provider each week and told them about events within the service. They said there was no set agenda for these meetings. This meant events were only shared and discussed with the provider if they were raised by the registered manager.

During our previous inspection we found there was an extensive action plan of required improvements recommended by the provider's franchise company. At this inspection we found the registered manager had adhered to the plan and made many improvements to the service. Recent checks made by the provider's franchise company in February 2017, showed most actions had been completed. The registered manager had also been working alongside the local authority commissioners to make and maintain improvements to the service. The local authority had visited the service four times within the last 12 months and had made 21 action points for required improvements. The registered manager had addressed these points and only two actions remained under review. This showed the registered manager was committed to making improvements to the service.

People were encouraged to provide feedback on their experiences of the service by completing surveys. The registered manager showed us responses they had received from a client survey sent out at the end of 2016. The registered manager had not collated the information, however we saw 27 responses had been returned. The registered manager told us, "Some people had concerns about call times and we phoned these people." They explained if there was a negative comment, they would investigate the reason for it and speak with people directly about the issue. The registered manager confirmed the results of the client survey would be published in the service's newsletter.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that effective systems or processes were established and operated effectively to assess, monitor and mitigate the risks relating to the health and safety of people who used the service.