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Dale House

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

Summary of findings

Overall summary

This inspection took place on 19 and 31 May 2016 and was announced. Dale House provides domiciliary care services to people who live in their own home. At the time of our inspection there were 50 people with a variety of care needs, including people with physical disabilities and people living with dementia using the service.

We last inspected in October 2015. At the October 2015 inspection we found that the provider was not meeting all of the requirements of the regulations at that time. The provider did not always ensure staff were of good character before they started working at the service and people's care plans were not always current and accurate. Additionally, the service's quality assurance systems did not always enable them to identify and improve on concerns raised at the service. At the October 2015 we also made recommendations to the service regarding staff training. The provider had taken action to ensure staff were of good character and received effective training.

The service does not have a registered manager, and does not require one, as the registered provider is in sole charge of the service. 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.

People's needs were assessed and any risks in relation to their care were identified. Since our last inspection in October 2015, the provider ensured care staff had clear guidance on how to care for people. However, this guidance was not always personalised to people's needs and did not reflect people's preferences.

The provider had developed more systems to identify and areas for improvement and gather feedback from people or their relatives. However, these systems were not always effective in identifying areas of improvement and improving on them. A new manager had been recruited by the provider and they had started a service improvement plan aimed to develop the service.

People, their relatives and healthcare professionals discussed concerns around communication, which had a potential risk to the care their relatives received.

The service does not have a registered manager, and does not require one, as the registered provider is in sole charge of the service. 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.

People were complimentary about the care and support they received. People spoke highly about the care staff and where relevant spoke positively about the caring relationships they had developed with staff. People and their relatives spoke positively about the skills of the care staff and felt staff were well trained.

There was a positive caring culture, promoted by the provider. Staff were passionate about providing high quality care and enjoyed supporting people. Care staff felt supported by the provider, who they described as

approachable and supportive.

Staff were knowledgeable about the people they supported and had access to the training they needed to meet people's needs. Staff had access to team meetings and one to one meetings with their manager. All staff had access to professional development.

People told us they received their care visits when they expected and that care staff stayed to provide care as they expected. Where necessary people and their relatives told us the service was responsive to their needs.

The service was responsive to people's changing needs and made sure people had their visits when they needed. People and their relatives were involved in planning their or their relative's care. Staff were trained to identify concerns or changes with people's needs.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe when receiving care from care staff. Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them and were rarely rushed. Staff told us they had enough time to assist people in a safe way. The provider ensured staff were of good character.

Care plans identified risks to people's care and there was clear guidance to staff on how to manage these risks. Where people needed assistance with medicines, this was done in a safe manner.

Is the service effective?

Good

The service was effective. Care staff had access to effective professional development. Staff had access to one to one meetings with their line managers and felt supported.

Where necessary, people were supported with their dietary and healthcare needs. Staff followed the instructions of healthcare professionals were necessary.

Care staff had knowledge of the Mental Capacity Act, and people's rights were being protected.

Is the service caring?

Good

The service was caring. People and their relatives spoke highly about the care staff and felt they were treated with dignity and respect.

There was a caring culture. Staff spoke about people in a kind and a caring
manner.

People felt they were involved in decisions about their care and that their reviews were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care plans were not always personalised to people or their needs.

People told us they were supported to live their life as they chose and were engaged throughout the day by staff.

People and their relatives were confident their comments and concerns were listened to and acted upon by the provider.

Is the service well-led?

Requires Improvement

The service was not always well well-led. The provider carried out audits and had systems in place which enabled them to identify concerns, however clear actions had not always been documented or taken from these audits.

The views of people and their relatives were regularly sought. Staff told us they could raise ideas and were involved with decisions made within the home.

People, their relatives and care staff spoke positively of the provider, citing their caring nature.

Dale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 19 and 31 May 2016 and was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Due to CQC scheduling changes a Provider Information Return (PIR) was not available. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We reviewed the notifications about important events which the service is required to send us by law and also spoke with a local authority commissioners and healthcare professionals including social workers about the service.

We spoke with three people who were using the service and with nine people's relatives. We spoke with eight staff which included five care staff, a care co-ordinator, the Human Resources manager and the manager. We also spoke with the provider of the service. We reviewed 10 people's care files, staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

At our last inspection in October 2015 we found that people were at risk of unsafe care or treatment as the provider had not always ensured staff were of good character before they worked with people. We also identified that when risks had been identified, staff were not given appropriate guidance on how to protect people from these risks. This was breach of regulation 19 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all the actions which would be completed by the end of December 2015.

During this inspection we found the provider had recruited a manager and care co-ordinator. The care co-ordinator ensured relevant checks were completed before staff started work at the service, which included seeking employment and character references for each member of staff.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised with people in the community. These included disclosure and barring checks (criminal record checks) and references were sought for staff member's to check if they were of good character. Where staff had been recruited from abroad, relevant checks had been completed by the recruiting agency. However, the checks made by the recruitment agency were not always clear on staff records. We discussed this with the provider who told us immediate action would be taken. However, the provider ensured these checks were reviewed and carried out again once they had received their national insurance number

People's care plans contained assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. Where risks had been identified as part of people's care needs, risk assessments were now documented. Care staff had clear guidance on how to protect people from these risks. For example, one person needed the support of two care staff and equipment to enable them to safely mobilise. Care staff had clear guidance on how to assist this person and the risks to the person and their own health if this guidance wasn't followed.

One person needed support monitoring and maintaining their blood sugar levels. Care staff were given clear guidance on how to support the person and how they needed to assist the person depending on their blood level, such as providing additional food and drink or contacting a community nurse if assistance was needed. This person had also discussed with care staff and community nurses' about the possibility of self administering their own insulin. Care staff worked with community nurses to advise the person and ensure they had all the information they needed including the risk and benefits. A decision was made that the person would continue to receive support from community nurses to manage their insulin injections.

Care staff identified risks and took immediate action to ensure people were safe. For example, care staff and the provider told us they had identified one person who was living in conditions which could impact their health and wellbeing. Staff took time to assist the person and help ensure their environment was safe. The provider informed a healthcare professional involved in the person's care to ensure they were made aware of this risk and enable long term action to be taken to reduce any future risk.

People told us they felt safe when receiving support from care staff. Comments included; "Really very happy and safe"; "They make me feel comfortable"; "With them I feel confident. I was vulnerable before" and "No concerns regarding their safety, they know what to do and how to act."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the care co-ordinator, manager or the provider. One staff member said, "I would go to my manager in the first instance. I can call them at any time." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "There are other organisations I can call, like safeguarding, and yes, CQC." If staff felt someone was at immediate risk of harm or abuse they told us they would take immediate action. For example, one staff member told us, "If I saw someone being abused and it could continue happening, I would make the person safe and call my manager and the police."

Care staff had the time to provide people with their personal care and were given travel time to ensure they arrived at people's home's when they expected. People and their relatives told us staff nearly always arrived when they expected them and stayed for the entire length of the visit. Comments included: "They come on time"; "On the whole they turn up on time and they stay" and "They sign in, they're usually on time and they never appear rushed."

Since our last inspection the provider had implemented an electronic call monitoring system. This enabled them to ensure calls were timetabled and completed as scheduled. They used this system along with a care monitoring system to reduce the risk of any missed visits. None of the people we spoke with told us their visits had been missed. Care staff told us they did not feel rushed and had enough time to meet people's needs and travel between people's homes.

People and their relatives told us they were often informed if staff were running late. One relative told us, "They called last week to say they were going to be later, if it's unavoidable they're good at letting us know." One person said, "They give us a call if they're going to be late, emergencies happen." Care staff told us they called the office if they were running late. One staff member said, "I call the office if anything happens. If I need to stay with someone, or if there has been an accident." The provider informed people and their relatives of events in the community which may affect call times. For example they told us they had contacted people the week before Cheltenham races and also when there had been significant road accidents which affected travelling in the community.

People and their relatives told us staff assisted them with their prescribed medicines. One person told us, "They prompt me to take my medicines." A relative told us, "The staff take their time to ensure he has his medicine." Staff told us they had the training they needed to provide people's medicines. One care staff member told us, "I have done medicine training. For one person I provide the medicine on the spoon. I give them time and a drink. I make sure they have swallowed them."

Good

Is the service effective?

Our findings

At our last inspection in October 2015 we recommended the provider sought guidance on best practice concerning supporting staff , assessing their competence and encouraging professional development. At this inspection we found that the provider had ensured all care staff had access to team meetings and one to one meetings with their managers, incluing appraisals. All staff told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. Comments included: "We have supervision, discuss what's happening and any concerns" and "I have supervision, however I can get support from the provider whenever I want." We looked at supervision and appraisal records for care staff. These records clearly showed staff were supported to discuss their training and support needs and were encouraged to develop professionally.

People and their relatives were positive about care staff and felt they were skilled to meet their needs. Comments included: "The care is good, the staff know what to do"; "When they get used to the routine, they're really good" and "They do what needs to be done. The carers do a good job."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "I had a lot of support with training and shadowing staff. It really helped my confidence"; "I definitely think I have the training to meet clients needs" and "I would not be able to care for people without the training I have." Staff were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "I'm able to request additional training. We get the training we need to meet clients needs. We get support from occupational therapists too. [person] has a new sling, so we'll have support to meet this need."

New staff were given time, support and training to meet people's needs. One staff member spoke positively about the support they had during their induction to the service and the support they received working towards a national vocational qualification (NVQ) in health and social care. They told us, "I had time shadowing other carers, learning what to do. I was able to ask questions of anyone if I was unsure, I still am. I'm doing my NVQ level 2 health and social care. When I finished I want to do my level 3." The provider and newly recruited manager told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the manager and provider to monitor staff competences against expected standards of care.

Care staff told us they had been supported by the manager and provider to develop professionally. Staff told us they had been supported to access qualifications in health and social care, and also to develop professionally to become senior care staff. One staff member said, "They like to identify strengths and good performance and reward." Another staff member told us how they had recently been promoted by the provider and they were looking forward to taking on more responsibilities.

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "I always provide choice. Even if I know what they like for breakfast, I still provide a choice"; "One person refuses care, we can't force them, we leave them for five minutes and go back, often they'll accept help" and "We always offer choice and never assume. One client I help with dressing, I give them options to help them choose. Another client knows exactly what they want to wear and I respect their choice." People's care plans contained mental capacity assessments which clearly detailed where they could consent to their care and other healthcare professionals involved in their care.

People spoke positively about the food and drinks they received in the home. They told us they always had plenty to eat and drink. Comments included: "They know what I like and they " and "They give me options, they know how to cook the things I like." Care staff told us they did their best to provide choice, and ensure people had the food they liked. One member of staff said, "We give them choices from what is available. We make sure the food is in date too."

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, social workers, community nurses and occupational therapists. For example, where guidance had been received regarding people's care, this was documented as part of the person's care plans. Care staff worked with GP's to support people to make choices regarding their medicines. For example, one staff member told us how one person was refusing to take one medicine as they didn't like the impact it had on them. The care staff told the provider and ensured this person's medicines were reviewed. The person's GP discontinued the medicine in accordance with the person's wishes.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received and the care staff supporting them. Comments included: "The carers come across as caring and kind. We've been lucky", "The carers are really good", "I have a young gentleman looking after me, extremely polite", "The carers are very nice indeed" and "The care staff are definitely caring."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's histories and what was important to them. Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "We talk a lot, we laugh a lot. They have helped me with my English, we get on really well" and "We're supported to get to know people and what they like."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "The staff work very hard, they are very patient. We chose them [organisation] for who they are", "They turn up and they are friendly, polite and respectful" and "I think they're very caring, they treat us very well."

Care staff told us the importance of respecting people's dignity. One care worker told us, "I treat people with respect. The care is about them, so I always involve them. I always explain what I'm doing. One person is hard of hearing, so I always approach them from the front, make sure they can see me." Another care worker said, "We protect people's dignity. I make sure we're in private and make sure they're protected."

There was a culture around promoting people's independence. One care staff told us, " I help someone who is slightly slower moving, so I don't do things for them, I support them. They like to do things for themselves and that's important for them. If they ask me for help then I'll help." One person told us, "They don't just take control. They always ask and encourage."

The care staff told us how they were given time to build relationships with people when starting their care. For example, one care staff told us they were given time to shadow other staff providing one person's care. They said, "We shadow other staff, we get to know people's routines and what is important to them." People and their relatives told us care workers were introduced to them before providing their care. One relative said, "They bring in staff to shadow. We're told when this is going to happen."

People's individuality was respected. For example, care staff told us about one person they supported. They said, "They're afraid of losing their independence. I support them to go outside and sometimes they go alone. They know I can help." The person's care plan showed what was important to them, and this clearly reflected the person's choices. The person told us they were grateful their independence was promoted. They said, "They don't just do things to me, they ask and they support me. I like to go out and they promote that. They help me if I need it."

People and their relatives spoke positively about the continuity of staff at the service. Most people told us

more often than not they or their relative received care from a dedicated care team. Comments included: "I feel very happy. I have the same staff member, I am delighted with him"; "We have a usual set of staff. The main carer is very good, can say nothing to their detriment" and "We have the same care staff, this is important as we have that time together, we've got to know each other well. Care staff told us they were supported to get to know people. One staff member said, "I've discussed with (provider) spending more time with one client, to help build the relationship. This has been helpful."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in October 2015 we found that people and their relatives views had not always been sought by the provider and they were not always informed of changes in people's needs. Additionally, people's care plans did not always reflect their needs and provide clear guidance for care staff to follow. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all actions would be completed by the end of December 2015.

At this inspection we found action had been taken to ensure people's care records were current and accurate and people's relatives were informed of changes in their relatives care.

People were at risk of not always receiving personalised care as communication from care staff and throughout the organisation was not always effective. People and their relatives told us communication was often the only issue they had regarding the care they received from the provider. For example one person told us, "Sometimes it's awkward. It takes a while for things to be communicated, it gets there (in the end)." Another relative told us that, "The carer's are very caring, however they don't always know [relatives] routine. The carers are lovely, however one speaks English and one doesn't. It can be touch and go and puts pressure on us to get it right." The provider told us that new staff were paired with more experienced staff to ensure people received safe care. Relatives spoke positively about this, however felt it sometimes meant care staff needed to speak in their native language to discuss people's care needs. We discussed this concern with the manager who told us they were looking at English language courses for new care staff for whom English was not their first language.

The provider had ensured people's care plans provided clear information about the support people needed. However, people's care plans did not always provided person centred information for care staff to follow. For example, three people's care plans focused clearly on their routine, however did not document people's likes and preferences, and how they should be involved in their care to promote their involvement and independence. One person's care plan gave tasks that care staff needed to complete, such as how to assist with washing and dressing, however did not document what the person liked and did not provide information which the care staff could use to talk with the person and build a relationship. People and their relatives told us this often meant they had to explain how to do certain things, and sometimes people did not receive their care as they wished.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us they were informed of changes in their relative's needs. One relative told us, "I'm kept aware of any changes." Another relative said, "The office tends to let us know of any changes and keep us involved. The new manager came out to meet us and ask for our views."

Before people received care the provider ensured a full assessment of their needs were completed. They

carried out this assessment alongside the person, their relative and relevant healthcare professionals, to ensure the assessment and care plans would effectively document their needs. One healthcare professional told us, "The provider gives appropriate information to the service user. The provider tried to keep the person having the support at the centre of all discussions or care provided and encourages individual choice."

People and their relatives told us the service was flexible to their needs. One relative told us, "If we need them to stay longer sometimes, or if we need a visit moved, they accommodate us." Another relative said, "I've asked for an earlier visit one day, and they take it on board and sort it." The provider and care staff spoke positively about the flexibility they offer and supported staff to identify changes in people's needs. For example, where people required more support the provider worked with healthcare professionals to ensure these needs were discussed and acted upon. One healthcare professional told us, " They Try to ensure good care but sometimes they continue to support after the agreed time or increase the care without funding agreement. This is usually out of concern for the service user" and "They are quick to respond when support is required."

People and their relatives knew how to complain. Everyone we spoke with told us they would be confident speaking to the provider if they needed to. They felt the provider was very approachable regarding any concerns. Comments included: "I can always go to the provider" and "The provider is contactable. The new manager appears approachable too."

The provider had a record of complaints and compliments they had received since our last inspection. Where a complaint had been made, this was clearly investigated by the provider. For example, one complaint made by a relative regarding new care staff attending their relatives care to shadow. The provider apologised and ensured the complainant that new care staff would only shadow at this person's home if it had been agreed by all parties. This had been communicated to care staff, with one staff member telling us, "It causes the person to get anxious, so we don't want it to happen again."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2015 we found that the provider did not have effective systems to assess, monitor and improve the quality and safety of the services they provided people. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us that all actions would be completed by the end of December 2016. At this inspection we found some actions had been taken to meet the fundamental standards, however there was still need for improvement.

The provider had implemented a range of systems to monitor the quality of the service they provided. However not all of these systems were effectively being used. For example, the provider had a training matrix to provide an overview of the training needs of care staff. This matrix was not up to date and therefore could not provide a current overview of staff's training needs. The manager showed us the training matrix, however they had not been told by the provider how to update the matrix. This meant at present this system was not effective and therefore there was a risk that staff would not have had the appropriate training when needed.

The provider sought people's feedback about the service, however had not always documented their views or the action they needed to take to address any concerns raised by people. For example, the provider told us that following the departure of their last manager they worked a full day providing care for people to ensure people were happy with their care as concerns had previously been raised with them. The provider told us no concerns had been raised during this day, however there was no record of the provider's observations of their time caring for people and working alongside care staff.

We found the CQC inspection ratings from our inspection in October 2015 had not been displayed according to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. When we raised this with the provider they told us they would arrange for a link to the report to be added to their website. Following our inspection we have checked the provider's website and found they had taken action and a link to their most recent CQC report was available for the general public.

A new manager had been appointed by the provider. Three relatives we spoke with told us they had not been informed of this change, and did not know who the new manager was. While the provider and manager had sought some people's views, there had not been a wider survey of people or their relatives views. Therefore the provider did not have a full overview of people or their relatives views of the service. We discussed this concern with the manager and provider of the service. The manager told us they were arranging to meet all people and their relatives to have a face to face discussion of their care, and would also consider a questionnaire.

Healthcare professionals spoke highly about the provider, however had raised concerns around communication with the office. One healthcare professional told us, "They have had a number of different co-ordinator/organiser staff members and this can make if difficult to arrange things with them." Another healthcare professional told us, "Some email and telephone conversations are not always clear." We

discussed this concern with the provider who told us they would aim to improve the communication with healthcare professionals.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manager had started to meet with people and their relatives. At these meetings they discussed people's views of their care and observed care staff to ensure they were happy with the care. Where concerns had been raised or suggestions had been made the manager had documented these. For example, the manager had identified people and their relatives concerns regarding the communication of some of the new care staff. One relative had told us they were aware the manager was aware of this concern. They told us, "We discussed communication, some of the newer carers struggle with English. The manager is doing something about this."

The new manager had implemented a service improvement plan for the organisation. This plan detailed the actions they were planning to take alongside the provider to ensure the service provided good quality care and to assist them in identifying any concerns with the service. They had focused on improving communication with people and their relatives and ensuring staff had training they needed, including English language courses.

People and their relatives spoke very positively about the provider. Comments included: "She's really approachable"; "I think they run the service very well. They tell me what's going on"; "I can always go to [provider] they respond very quickly. I'd say 10/10" and "They're really helpful. I think they're a great manager. You can talk to them about anything."

Healthcare professionals spoke positively about the person centred focus of the provider. Comments included: "Contact by telephone or email is always responded to efficiently and at an appropriate time scale. The [provider] is always happy to come in to meet clients or discuss care needs with the multi disciplinary team when requested" and "Always approachable."

Care staff felt the provider was supportive and approachable. Staff felt confident that they could suggest ideas to the provider and that these ideas would be listened to. There were weekly senior team meetings, where senior care staff could communicate ideas and ensure important messages were circulated to all care staff. One staff member told us how they had raised an idea about improving communication within the organisation, by using the service's rota system to pass messages. The provider and manager told us the service were acting on this suggestion.

People were protected from risk as the provider ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were at risk of not always receiving person-centred care as there was not always effective communication within the service. Regulation 9(1)(a)(b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not always have effective systems to monitor the quality of service they provided. The service did not always keep an accurate and current record of the care and treatment people received. People and their relatives raised concerns in relation to levels of communication within the service. Regulation 17(1) (2)(a)(c).