

Plum Care Ltd

# Plum Care Ltd

## Inspection report

Suite C, Second Floor, Compass House  
36 East Street  
Bromley  
BR1 1QU

Tel: 02039152448

Website: [www.plumcare.co.uk](http://www.plumcare.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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Plum Care Ltd is a domiciliary care service providing personal care support to people living within their own homes. The service was providing care and support to approximately 77 people at the time of the inspection. These included older people, people living with dementia and younger adults.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People were not always protected from risks associated with their care and support as risks were not always comprehensively identified, assessed, and documented within their care plans. Systems and processes in place for managing and administering medicines were not always safe. The service did not always work within the principles of the MCA. Care plans did not always identify and or reflect details of individual preferences or contain correct information about their needs, wishes and the support they needed. Care plans and records did not include information regarding people's end of life care, wishes and preferences.

The service was not always well managed. Systems and processes in place for monitoring the quality and safety of the service were not effective in identifying the issues and concerns we found at this inspection.

We have made a recommendation to the provider that they refer to best practice and up to date guidance in relation to staff recruitment and to ensure there are systems in place to monitor this. We have made another recommendation that regular audits of their ECM (electronic call monitoring) data are undertaken to ensure any identified themes and trends relating to people receiving their calls when requested are promptly addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 18 July 2019).

At this inspection, we have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

## Enforcement and Recommendations

We have identified breaches in relation to person-centred care, need for consent, safe care and treatment, and good governance. We have also made two recommendations.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standard of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Plum Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors, and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience's made telephone calls to people and their relatives on the first day of the inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 April 2023 and ended on 3 May 2023. We visited the location's office on the first day.

#### What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also gathered feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

We visited the office and spoke with the registered manager, senior care staff and care staff. We spoke with 10 people using the service and 10 relatives of people using the service to seek their feedback on the service they received. We reviewed records, including 11 people's care plans and risk assessments, 5 staff recruitment and training records and a variety of records relating to the management of the service, including quality monitoring systems and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care and support as risks were not always comprehensively identified, assessed, and documented within their care plans.
- Staff did not always have access to detailed risk management information about people to ensure the support they provided was safe and appropriate to mitigate and manage risks.
- A person required support to manage their mobility needs safely as they were at high risk of falls. However, there was no falls risk assessments in place to guide staff on how to mitigate risks and to provide them with detailed information on the history of falls, the person's physical well-being and mobility, the equipment or support required to safely support them to mobilise and the actions staff should take to minimise the risk of falls.
- Another person was at high risk of pressure areas and required support from staff to manage and prevent deterioration in the pressure areas. However, there was no pressure area risk assessment or body map in place to provide staff with detailed guidance on how and where to apply topical creams to treat, relieve and prevent further pressure areas.

We found no evidence that people had been harmed, however, risk assessments were not in place or detailed to demonstrate that risks to people were safely mitigated and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager showed us new care planning tools and risk assessment templates which they purchased and planned to implement. We will check on these at our next inspection of the service.
- Despite the concerns, people told us they felt safe and well supported by staff. Comments included, "Very very safe, they [staff] are very caring, very friendly, they go above and beyond, they are more like friends than carers", "Very safe, they [staff] know what they are doing", and "Quite safe, because they [staff] are caring." A relative told us, "They [staff] are ware of risks and make sure if they see any concerns, to notify us. Once [loved one] had a small bruise on their hand and they informed us."

### Using medicines safely

- The systems and processes in place for managing and administering medicines was not always safe.
- Medicine records and PRN (as required medicines) records and protocols were not always in place or detailed. Guidance for staff regarding individual people's medicines management was not readily available. Therefore, we could not be assured that people received their medicines safely.

- One care plan had no information about the person's medicines or why they were prescribed the medicines. There was no information and guidance for staff regarding the management of time sensitive medicines, and no information on how best to support the person to take their medicines safely as prescribed.

Another person's medicine risk assessment failed to identify and assess any risks associated with staff leaving the person's medicines out for them to take at a later time despite being aware of the person's memory impairment. This was not in line with best practice guidance.

Whilst we found no evidence that people were harmed at the time of the inspection, the provider failed to ensure safe systems for the management and administration of medicines which placed people at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received medicines management training and were assessed as competent to manage medicines safely.
- People told us staff supported them well to manage their medicines. One person commented, "The medicines are done alright. I have no concerns at all." A relative told us, "[Relative] has a medicines safe and the carers do the medicines. There are no problems. [Relative] wants to be independent and the carers let [relative] be."

#### Staffing and recruitment

- Feedback from people regarding call care times was mixed but largely positive. One person commented, "They [staff] come at a time we want and keep up with visit timelines. We've never had any missed calls. They always phone if they are held up." Another person said, "The carer was late this morning due to a previous visit. They [staff] phoned to let me know but it was inconvenient to my routine. Today's visit was exceptionally late and weekend visits are late." A third person told us, "I've got a rota. We have the same carer every day and the same carer every weekend, we are very lucky. Sometimes they [staff] are a bit late, they get stuck with another client, at the most we are talking only 20 minutes." A fourth person commented, "I've had one or two [staff] that might have turned up late, but they have come in the end a bit late. They have not let me down at all."
- Staff we spoke with told us they felt there were enough staff to ensure people received the care and support they required. One member of staff commented, "I think ratio of staff to clients is balanced, we see our rota 2 weeks in advance. I communicate with other staff member to say I am on my way for double carers visits."
- Prior to our inspection we requested the provider send us their Electronic Call Monitoring (ECM) data for a set period in March and April 2023 so an analysis could be conducted. We analysed the call data for that period. We found that 77% of calls were delivered on time or within 15 minutes. The average lateness of staff was 2 minutes and 23% of calls were more than 15 minutes late.

We recommend that the provider undertakes regular audits of their ECM data to ensure any identified themes and trends relating to people receiving their calls when requested are promptly addressed.

- There were safe recruitment practices in place. Staff files were organised and contained evidence of recruitment checks carried out before staff started work. Checks included, staff identification, employment histories, references and disclosure and barring service checks. This information helps employers make safer recruitment decisions. However, we found that for 2 members of staff their employment history was not robustly documented. We drew this to the registered manager's attention who took immediate action to

address these areas and following the inspection we were sent confirmation that these had been remedied.

We recommend that the provider refers to best practice and up to date guidance in relation to safe staff recruitment processes and ensures systems are in place to monitor this.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Policies and procedures to help keep people safe were up to date and robust.
- Staff received safeguarding training and were aware of the different types of abuse and the actions to take if they suspected abuse. One member of staff commented, "I have had safeguarding and whistle blowing training. I would let the office know if I had any concerns and they would always do something, report it to the local authority and the CQC."
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required. There were systems in place to oversee, manage and learn from safeguarding, accidents and incidents.

Preventing and controlling infection

- People were protected from the risk of infection.
- People told us staff practice in relation to infection control was good. Comments included, "They [staff] have gloves and aprons; they are very good" and, "They [staff] wear face masks, gloves and aprons. If they use gloves, they change them."
- The registered manager confirmed, and we saw that staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.
- Staff had completed infection control training and had a good understanding of infection control practices.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was not always working within the principles of the MCA.
- Staff did not complete mental capacity assessments with people when they were unable to make decisions for themselves. When people were assessed as lacking capacity to make decisions for themselves, best interest decisions were also not discussed and recorded as legally required.
- Staff had received MCA training and had access to the provider's MCA policy. However, staff lacked detailed understanding and knowledge of the MCA when we discussed this with them. One member of staff commented, "I talk to people and try to work out what decisions they can make and try to give them a choice."

The provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager sent us confirmation that staff had completed MCA refresher training and care planning tools included MCA and best interest assessments.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and wishes were assessed and documented prior to the start of their package of care.
- People, and their relatives where appropriate, were involved in the development of their care plans and

made choices about how they wished to receive their care and support. One person told us, "I told them [staff] at the very beginning, no men and they [staff] must be able to speak English. That's been respected."

- Assessments and care plans were reviewed to ensure people's wishes and requirements were up to date.
- Although assessments of people's needs were completed, care plans required some improvement to ensure they were relevant and person centred. We will check on this at the next inspection of the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported meet their dietary needs where this was part of their plan of care. One person told us, "Sometimes they [staff] help me. They ask is there anything you want me to cook for you." Another person said, "The carers just have to heat up my meals. The carers do my breakfast and at lunch I have soup and toast. I have a choice of what I want. I can eat and drink myself."
- Care plans documented the support people required with meal planning and preparation; however, they did not always clearly detail and identify people's dietary preferences, allergies, and known risks. We drew this to the registered manager attention who following our inspection took prompt action to ensure people's nutrition and hydration needs and risks were fully assessed and comprehensively detailed. We will check on this at the next inspection of the service.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to their needs and the needs of the people they supported. One staff member commented, "We have very good training here. It's always updated and I always feel supported by the manager and office staff."
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported where required to access a range of health and social care services when they needed them. A relative told us, "If [loved one] not feeling well, they [staff] will do something about it or call me. For example, they have the doctor's number and they do that sort of thing. They know the situation with [loved one]."
- Care plans contained information about healthcare professionals who staff could contact with any concerns. Records showed that when needed health and social care professionals had been contacted and involved.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although care plans required some improvement to ensure they were fully detailed and personalised; people were very positive about staff and the support they provided. They told us they were treated with kindness and respect by staff.
- People told us they felt listened to by staff, staff respected their diverse needs, staff were kind and caring and staff gave them enough time. Comments included, "Very polite, very respectful. They [staff] treat me like my own family, they know me, they chat with me", "They [staff] treat me with respect, they are very friendly with me", "They [staff] are so patient; they tell [loved one] what they are going to do. They tell [loved one] everything", "The carers respect our culture, like taking their shoes off and putting shoe covers on. They shut the door when giving [loved one] a wash for [loved ones] privacy", and, "Yes, they [staff] do take my disability on board. The gender of carers never bothered me. I have no issues on faiths and culture."
- Staff received equality and diversity training and those we spoke with told us they were committed to providing a service which was non-discriminatory. The registered manager told us they aimed to ensure people's care and support was provided in a way which respected and supported individuals' diverse needs and wishes.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and their relatives where appropriate, were encouraged to make decisions about the care and support they received. One relative told us, "The manager came out to see us and understood our needs. They [staff] are always there to help us." Another relative commented, "[Loved one] only gets female carers. This was our wish. [Loved one] wouldn't feel comfortable with male carers. They [staff] have respected this."
- Care plans were reviewed regularly. This ensured people's care and support was reflective of their needs and wishes.

People's privacy, dignity and independence was respected and staff understood the importance of helping people to maintain this. Staff provided examples of when they did this which included supporting people with personal care. One member of staff commented, "I use towels to cover people up or give them a bathrobe. This helps to maintain their dignity. I also pull curtains and close doors and windows if needed."

- Staff ensured people's confidentiality was maintained. People's personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always reflect and or document people's preferences, life histories, social networks and care and support choices.
- Some care plans contained contradictory or inaccurate information and lacked detail for staff to ensure they provided person-centred care and support. For example, one person was referred to as 'he' when in fact they were 'she' which was their chosen pronoun. Another care plan included joint information for a couple that were supported to remain in their home. No individual separate assessment was undertaken to address their individual needs and wishes.
- Care plans also lacked detailed information to support staff to recognise and understand people's individual health conditions ensuring their well-being. For example, one care plan stated that the person wore glasses and could communicate. However, a social care assessment of the person documented that they were 'registered blind and may need supervision to re orientate to their home'.

The provider failed to ensure people's needs and wishes were appropriately assessed and that care and support met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they were involved with the reviews conducted of the care and support provided. Comments included, "The manager was here to talk to me. They come every three months", "All of the issues are down in the care plan; we had an evening meeting at the office to go through the care plan. The carers know to let me know" and, "I decided what [loved one] care plan was, what I wanted. It's not really reviewed; it's not really changed and they [staff] are doing what I want them to."

End of life care and support

- Care plans did not include information regarding people's end of life care needs, wishes and preferences. We spoke with the registered manager who told us they were implementing end of life care planning tools that would provide people with the opportunity to express their wishes and preferences should they so wish. A relative told us, "There is a care plan in place that we were involved in. We've not discussed end of life care yet. That would be sensitive." We will check on the implementation of end of life care plans at the next inspection of the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and basic information relating to these needs was documented, however care plans required some improvement.
- The registered manager and staff were aware of the accessible information standard and information in a format that met individual needs was available when required. For example, large print or pictorial guides.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities that were meaningful to them and which reduced the risk of isolation where this was part of their plan of care. A relative told us, "[Loved one] is very quiet and likes to read our own language books. The carers know [loved ones] interests."

Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy.
- People were provided with a copy of the provider's complaints policy and told us they knew how to report any complaints or concerns they had. One person told us, "I've not made any concerns or complaints recently. I'd go straight to the manager if I needed to." Another person commented, "A few months ago there was couple of times I complained when they couldn't cope due to staff sickness. They were apologetic and had to get people to fill in but visit timings was late. It's been sorted out now."
- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and in a timely way.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not always well managed. Systems and processes in place for monitoring the quality and safety of the service were not effective in identifying the issues and concerns we found at this inspection.
- Audits and checks that were in place had not picked up the significant shortfalls in practices in relation to, the lack of comprehensive care planning and risk assessments, lack of person centred care and records, safe management of medicines, failure to work within the MCA and ensuring staff recruitment and punctuality was robustly monitored.
- The registered manager confirmed and acknowledged that systems that were in place had failed to identify these issues and help to drive service improvements. Throughout our inspection the registered manager was transparent and open to learning and improving the service, though the strengthen and development of new tools and systems to drive improvements.
- The registered manager showed us new tools and service developments they had planned to implement.

Although we found no evidence that people had been harmed, the provider failed to ensure robust processes were in place to review and monitor the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post at the time of our inspection. They understood their registered manager responsibilities under current health and social care legislation. They knew the different types of events they were required to notify CQC about and were aware of the requirement to display their CQC rating.
- The registered manager understood the duty of candour. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people, where appropriate.
- Staff understood their roles and responsibilities and told us they received good support from office staff and the registered manager. Staff attended staff meetings where various topics were discussed in relation to the management and day to day running of the service. One member of staff commented, "I enjoy my job, we all work well as a team. I feel well supported and we have regular meetings."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care and support they received from staff. One person told us, "I've had experience of two other agencies over the years. This one I'm speechless with admiration. It's regular, the same people. They are lovely, we welcome them. They do their job so well." Another person said, "The first thing I see in the morning is a smiling and happy face when I open the door. No complaints, I'm very happy. [Staff] is my breath of fresh air in the morning, she is great, happy and bubbly." Other comments included, "From my perspective it's very well organised. They [staff] are always there when they should be", "I'm happy with their service. They [staff] help me, over and above", and, "They [staff] are caring, they respond well. They have enough staff to cover the care. They go out of their way to help and assist."
- People were supported by staff that knew them well and the individual care and support they required at each visit.
- Staff told us they worked well as a team to meet people's needs and felt supported by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people and their relatives was sought to help improve the service. People, relatives and staff were asked to complete surveys to enable the service to learn from feedback provided and to find ways to continuously develop the service.
- The provider and registered manager was open to working in partnership with others. Staff worked in partnership with colleagues from health and social care services ensuring people had access to consistent care and advice when required. Records showed that staff contacted health and social care professionals for advice and support when needed.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered persons failed to ensure care plans were person centred so people's needs and preferences were appropriately met. The provider failed to assess people's end of life care needs and wishes.</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always provide care and treatment of service users with the consent of the relevant person and failed to work within the principles of the MCA.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons did not always provide care and treatment in a safe way because, they had not always assessed the risks to the health and safety of people receiving care and treatment. They had not always ensured the proper and safe management of medicines.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always effectively</p>

operate systems and processes to assess, monitor and improve the quality and safety of services provided in carrying on the regulated activity.