Homebased Care (UK) Limited

# Homebased Care (UK) Ltd

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 23 and 24 May 2017 and was announced. Homebased Care (UK) Ltd is a domiciliary care service that provides personal care to people living in their own home. At the time of the inspection the service was supporting 25 people. These people were mainly older people living with dementia, health conditions or disabilities.

At our last inspection completed on 18,19 and 24 October 2016 the provider was operating this service from an address that did not form part of their registration with CQC. We found the provider was in breach of the condition of their registration around the address at which they were operating the service from. Since this inspection the provider had ensured they had made the required amendments to their registration. As a result, this location was registered in January 2017. This inspection was the first inspection since these changes to their registration were made.

At the October 2016 inspection we asked the provider to make improvements to the service they provided to people. You can read our findings in full in the inspection report published at www.cqc.org.uk. At this inspection we found significant improvements had been made although further improvements were still required.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by sufficient numbers of care staff who had been recruited safely. People's safety and well-being could at times be put at risk due to care visits not taking place at the correct time. People were happy with the support they received with their medicines although the management team could not always confirm if people had received their medicines as prescribed.

People were protected by a staff team who could describe the signs of potential abuse and knew how to report any concerns about people. Staff understood how to protect people from the risk of harm due to accidents and injury.

People were supported by care staff who received regular training and support. People who had mental capacity were supported to consent to their care. Improvements were needed to ensure the rights of people who lacked capacity were upheld in line with the Mental Capacity Act 2005.

People's day to day health was mostly maintained by care staff and support was sought from relevant health and social care professionals. We found people's food and fluid intake was not always sufficiently monitored where they required support in this area which exposed them to the risk of harm.

People were supported by a care team who were kind and caring in their approach. People were encouraged to make choices about the care they received. People's dignity was upheld and they were treated with respect. People were encouraged to remain as independent as possible.

People had not always received their care visits at a time that met their needs and preferences. People were happy with the support they received from care staff when they were present but remained unhappy with the timings of their calls. People's care plans were reviewed and updated as required.

People's formal complaints were recorded and investigated appropriately. However, we saw informal complaints were not always recorded and people felt these were not always addressed sufficiently.

People felt improvements had been made in the service and management team in the months leading up to our inspection. People were cared for by a staff team who felt supported by management. People were experiencing an improvement in the service due to actions taken by management. However, we found quality assurance systems still needed some further development to ensure all areas of risk and improvement required were identified and addressed.

We found the provider was not meeting the regulations around the effective management of the service. 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.

People's safety and well-being could at times be put at risk due to care visits not taking place at the time people preferred. The management team could not always confirm if people had received their medicines as prescribed due to recording issues.

People were supported by sufficient numbers of care staff who had been recruited safely. People were supported by a staff team who understood how to protect them from abuse and injury.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

People's food and fluid intake was not always sufficiently monitored in line with their needs. Improvements were needed to ensure the rights of people who lacked capacity were upheld.

People were supported by care staff who received regular training and support. People were supported to access support from health and social care professionals.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

The provider did not ensure the service was caring. This was due to people's lives and routines being impacted by the timing of their care visits.

People were supported by a care team who were kind and caring in their approach. People were encouraged to make choices about the care they received. Their dignity was upheld and they were treated with respect. People were encouraged to remain as independent as possible.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People had not always received their care visits at a time that met their needs and preferences. Informal complaints were not always recorded and people felt these were not always addressed sufficiently. However, formal complaints were recorded and investigated appropriately.

People's care plans were reviewed and updated.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

We found quality assurance systems needed further development to ensure all areas of risk and improvement required were identified and addressed.

People had seen improvements in the service prior to the inspection. People were cared for by a staff team who felt supported by management.

# Homebased Care (UK) Ltd

**Detailed findings**

## Background to this inspection

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

This inspection took place on 23 and 24 May 2017 and was announced. We gave the provider 48 hours' notice of the inspection. This is because the service provides personal care to people living in their own homes; we needed to be sure the registered manager and staff would be available to meet with us. The inspection team consisted of one inspector and an Expert 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We looked at information contained in the provider's Provider Information Return (PIR). A PIR is a document the provider completes in advance of an inspection to share information about the service. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with six people who used the service and nine relatives. We spoke with the registered manager, two regional managers, the deputy manager, the care coordinator and three care staff. We reviewed records relating to three people's medicines, three people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Requires Improvement

# Is the service safe?

## Our findings

Nearly half of the people we spoke with told us there were significant issues with the time at which they received their care visits. One person told us, "They are not always on time. They can come at any time". A relative told us, "We have difficulties with the timings. The lunch calls are fine but other times you never know when they are coming." Another relative told us late care visits were impacting on the health and safety of their family member. They told us the person was living with diabetes and late visits were impacting on their blood sugar due to them receiving some of their meals late. We also saw from the person's care records and rotas they received late calls and care staff did not always ensure they had eaten. Some people we spoke with told us they had issues with call times previously although things had improved significantly in the last couple of months. Staff we spoke with told us there were sufficient numbers of staff available to cover care visits. We found the number of people receiving care had reduced from 42 in October 2016 to 25 at the time of this inspection. The regional managers told us this meant there were no staff shortages at the present time. They did however acknowledge they were aware of some issues with the time at which people received their care visits. They told us they were working to make improvements in this area.

People told us they were happy with the support they received with their medicines. Staff we spoke with could describe how to safely administer medicines. They could also describe how the administration of medicines should be recorded and any concerns or errors reported to their manager. We found not all staff were recording medicines administration as they described. We saw the recording of medicines administration had improved significantly since our last inspection although there were still some improvements required. For example; one person's medicines records had handwritten entries for additional creams that varied on a week to week basis. There was no consistent recording around the administration of these creams and no guidance around when the person needed these creams. We also saw that one person required a medicated shampoo and this had been administered at a different frequency to that outlined in the person's care plan. We asked the management team about these issues during the inspection. They were not able to confirm if the medicines had been administered to these people as needed and as prescribed due to the lack of guidelines and poor recording.

People told us they felt safe with the care staff who supported them. One person told us, "Just knowing they are coming makes me feel safe". Staff we spoke with were able to describe the signs of potential abuse and how they would report any concerns about people. We were told and records confirmed there had been no safeguarding incidents in the service since January 2017. The management team were able to advise of the processes and systems in place to ensure safeguarding concerns would be identified and reported to the local safeguarding authority where appropriate. This demonstrated the provider had systems in place to protect people from the risk of further harm or abuse.

People told us they felt care staff kept them safe from the risk of harm from accidents and injury. One person told us, "They look after me well. They know what they are doing. I feel safe with them". A relative told us, "They make sure [person's name] is comfortable and secure in the hoist before moving [them]". Another relative told us, "I do think they keep my [relative] safe". Staff we spoke with were able to describe how they

protected people from the risk of injury. Staff could also describe how they kept people safe who were at risk of damage to their skin. Accidents and incident were being reported and recorded with appropriate action taken to keep people safe where needed.

People were protected by safe recruitment processes that ensured appropriate staff members were recruited for their roles. We saw a range of pre-employment checks were completed prior to staff members starting work. These included identity checks, references and Disclosure and Barring Service (DBS) checks. DBS checks allow employers to view a potential staff member's criminal history to ensure they are appropriate for employment.

Requires Improvement

# Is the service effective?

## Our findings

People who had capacity to share their views around their care told us care staff sought their consent prior to providing care and support to them. One person told us, "They would check if I was ready to roll, they wouldn't just do it". A relative told us, "They are always asking, for example, they will say, 'is it alright to change your pad' to my [relative]".

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. Staff had a basic knowledge of the requirements of the MCA. One staff member told us, "[It's] making sure the person you're looking after is looked after properly if they don't have capacity". Staff could describe how they would recognise if someone didn't have capacity to provide consent or make a decision about their care. They also understood that representatives such as family members and other relevant health and social care professionals should be involved in making decisions about people's care in their 'best interests'. We did find that the management team's understanding of the requirements of the MCA still required improvement. For example; relatives were providing consent on behalf of people without their legal authority to do this having been confirmed. We also saw capacity assessments recorded in people's care plans were not specific to particular decisions about people's care as required by the MCA. The regional managers told us the newly appointed Head of Care was currently reviewing the application of the MCA and were able to demonstrate some examples of planned improvements being made.

Most people and their relatives told us they were happy with the support they received with their food and drink. We found staff did understand when people were on special diets; for example where they ate soft food or had diabetes. We did find however, that insufficient monitoring of people's food and fluid intake could impact on their health. For example; one person's care plan stated care staff needed to monitor the person's food intake. This was due to them sometimes forgetting whether or not they had eaten and their food intake being critical to manage their diabetes safely. Their relative told us and records confirmed that this person lacked capacity to remember if they had eaten and care staff were not always monitoring this person's food intake. We found staff had not received sufficient training about diabetes and they had not recognised the additional support this person may need due to them lacking capacity. The management team were not able to confirm this person had always eaten as required to protect their health.

People told us that overall care staff supported them to maintain their day to day health and to contact healthcare professionals when required. One person told us, "They check my skin and apply my cream. They will tell me if I need to call the District Nurse". A relative told us care staff had supported their relative well when they had required an ambulance in the weeks prior to the inspection. We saw from people's care records that advice was sought from and referrals made to relevant healthcare professionals when required.

People told us care staff had the appropriate skills to support them effectively. One person told us, "I think

they are trained well and they all know what they are doing". Another person told us, "They know what they are doing and because it's the same ones usually they know exactly where everything is". A relative told us, "The staff appear to know what they are doing. I can't fault the ones that come, they do what they have to do. I am happy [my relative] is safe, I've not seen any problems". Staff told us the support they received had improved in recent months. One member of staff told us, "There's plenty of support now. Things have changed over the last couple of months". They told us they didn't feel they had support at the beginning of the year but now they had regular supervisions and support. They told us they felt training was good. Another staff member told us, "Training and support is good". We found new staff members received four days of induction training, followed by shadowing care visits with the deputy manager prior to providing care and support to people. We saw new staff were required to complete the Care Certificate which is a nationally recognised standard in care. We also saw regular one to one meetings were held and spot checks were completed by management on the competency of care staff and quality of care provided.

We reviewed the training records provided to us by the regional manager and saw that staff received regular training as they had described. We asked the management team about the lack of diabetes training completed by care staff on these records. They advised us staff had completed distance learning in diabetes and would forward details of this training to us following the inspection. The information we received showed only two members of staff had completed training in diabetes care. This was an area in which we identified concerns when staff were supporting people with their food and drink.

Requires Improvement

# Is the service caring?

## Our findings

While people told us that the individual staff that supported them were kind and caring, some of the systems and processes the provider had in place did not to ensure people were supported consistently in a caring way. People and their relatives told us the timing of their care visits could impact on their lives and caused some level of distress to them. We were told people could not always go about their normal daily routines and relax in their own homes as they did not always know when care staff may arrive.

People told us they were happy with the care staff who supported them. They told us care staff were kind and caring towards them. One person told us, "They are nice to talk to very kind and caring". Another person told us, "I am very happy I have wonderful carers. They are very kind and caring and they look after me very well indeed". A third person told us, "They are all very nice, they treat me well. They always ask if they can do anything else for me". A relative told us, "I have no worries or concerns. I can't fault them, they are angels. Just brilliant! Really really caring". People told us they felt the approach by management and office staff had improved recently and was more caring. One relative told us how a regional manager had helped them to secure a regular member of care staff and things had improved for them. Another relative told us how things had improved since the new registered manager had started at the service. Staff we spoke with demonstrated a good knowledge of the individual people they supported; including their individual preferences. They [staff] recognised that some people could feel uncomfortable with care staff in their home and could explain how they made people feel at ease.

People and their relatives told us they felt people received choices around the care they received. One relative told us, "They will ask us first what we want. We make our own decisions". Staff we spoke with were able to describe how they promoted choice where people might lack capacity. One staff member told us they would show a person examples of food or items of clothing to help them make their own decisions. We saw this reflected in the person's care records.

People also told us care staff protected people's dignity and treated them with respect. One person said, "They are all respectful to me". A relative told us, "They are looking after [person's name] and treating [person's name] with dignity". Some people and their relatives told us that improvements had been made to the consistency of the care staff they received which helped to protect people's dignity. One relative told us how they now received the same care staff regularly. They said, "It's better for us as [care staff name] gets to know us and where everything is. We get on really well with [care staff name]. The weekend seems to have settled down a bit now. At one point they [care staff] would come storming in and you didn't know who was coming". We saw work was being done by the management team to ensure the consistency of people's care staff was further improved.

People were encouraged to be independent and to care for themselves wherever possible. One person told us, "They are supporting me to look after myself and they listen to my needs as a general rule". Staff we spoke with were able to describe how they promoted independence and gave us examples of people washing, dressing and feeding themselves. One staff member told us, "If they can do it, I'll let them do it". We saw people's care records reflected their individual abilities and encouraged less involvement from staff

where people could be independent.

Requires Improvement

# Is the service responsive?

## Our findings

People told us they did not always receive care visits at a time that met their needs and preferences. A relative told us, "The timings are not very good. The morning call can be very late for example 11am. I emailed the manager and it has improved to within an hour of the 8.30 call time. There have been occasions when the night time call which is anywhere between 6.30 and 9 p.m. was past 10 p.m.. I usually go up to see [person's name] about 10 p.m. so had to start getting [them] ready myself. It rather defeats the object of having carers". Another relative told us, "It's the times at the weekend that are worst. It is very annoying because you can't get on with anything. It can be over an hour plus on a Saturday/ Sunday". A third relative told us, "We have difficulties with the timings. The lunch calls are fine but other times you never know when they are coming. No one lets you know for example they have been here at 9.20 p.m. to do the tea time call and once they arrived gone 1am to put [person's name] to bed". A fourth relative told us a person's bed time call should be at 9 p.m. and care staff could arrive as early as 7 p.m. We saw the comments made by relatives reflected in the care records, rotas and records of call visits we reviewed. We saw some care visits could be completed two hours late or early on a regular basis. Management could not provide a clear explanation as to why this continued to happen. People told us they were happy with the support given by care staff when they arrived, however call times did not always fit their needs. One person's blood sugar levels were being impacted by late care visits preventing them from having meals close in time to the administration of their insulin. The management team told us they were working to make improvements. We were told by some people these improvements had been made and we saw this reflected in some care records. However, the actions taken overall had been insufficient to ensure people's needs were being met effectively because of the time at which they received their care and support visits.

People and their relatives told us care staff provided good care and support when they were present at care visits despite the issues with call times. One relative told us, "There are about six of them that come regularly and they have got to know my [person's name] well. They have a good rapport…I can't praise them enough". People told us they had their care needs assessed and were happy with the support received when care staff were present. They told us their care needs were reviewed regularly and they could make changes if required. One person told us, "I have had a reassessment and I am more than happy at the minute". A relative told us, "[A manager] came by at one point and changed things around in the package at my request". We saw from people's care records that reassessments of people's care needs had been completed within the last six months. We saw care plans had been updated and contained personalised information about people's preferences; for example, how they liked their tea made. People told us care staff recorded the support provided at each visit. One person said, "There is a book here that the staff write in when they have been". We found the deputy manager worked on care visits as a member of the care staff team. They told us this enabled them to complete further monitoring of people's care to ensure care provided met their needs effectively.

We saw care staff respected and supported people's diversity and preferences around their lifestyles, sexuality, religion and culture. We saw specific support was provided by care staff to help people meet their needs. Staff told us how they supported one person who liked to express themselves by dressing in a particular way. We found care staff had made people feel comfortable about sharing their preferences and

people felt safe and able to discuss their needs with the care team.

People told us there had been improvements in how complaints and concerns were addressed and responded to. People told us they received a better response when they called the office with any issues than they had historically. One person said, "The office staff are very good, better than they used to be, they used to be very busy. If I want to speak to someone and they are not available they will get back to you. In the past they didn't always answer the phone and you weren't sure if messages where getting through". Another person told us, "There is a new lady that has joined them and she has been to see us but I know how to get hold of [registered manager] and have even spoke to [the CEO]". We saw formal complaints were recorded and records of investigations were kept. Some people and their relatives told us they were not always happy with the management of complaints made informally, in particular around issues such as late calls. One relative said, "I have told the bosses we can't deal with this [late calls] but nothing has changed". They told us, "They make excuses about staffing levels and traffic etc. but no one from the office tells me. They never apologise". We did see that informal complaints raised with the service around issues such as call times were not recorded in the complaints system. This can mean that quality assurance processes and audits may not identify the volume of concerns being raised by people and their relatives.

Some relatives told us they did not feel confident in raising concerns. For example, one relative told us about a member of care staff they didn't always feel comfortable with although they did the job well. The relative told us, "We do seem to be tolerating one another at present and [person's name] says that over the last two weeks [care staff name] has been better. We had a questionnaire last week but I left that bit blank". Another relative told us they had issues with the timings of care visits and support given by staff with a person's food. They told us they didn't want to make a formal complaint as they liked the care staff and office staff and didn't want to 'make a fuss'. We raised this issue with the relative's permission and the management team provided assurances they would address the concerns immediately.

We saw the management team were completing reviews of people's care and had issued quality surveys in order to obtain feedback about the quality of service received. We also saw that some people were involved in a 'forum' that enabled them to share views about the service they received. The registered manager told us about a new process being launched to allow people to provide feedback on the handling of their complaint. They also confirmed they would review further ways to make sure people felt confident in raising concerns with them when they arose.

Requires Improvement

# Is the service well-led?

## Our findings

Prior to the inspection we asked the provider to submit a Provider Information Return (PIR) and details about the people using the service. The provider ensured their PIR was submitted by the required deadline. The provider did also submit details about people using the service, although they did not do this prior to the required deadline.

We looked at how the provider, registered manager and wider management team assessed the quality of the service being received by people and the improvements they had made. We found a range of audits and quality assurance checks were being completed. The management team had an improved knowledge of where the issues were within the service. Some action had been taken to make improvements; however, these had not always been sufficient in resolving the issues found. The PIR did reflect an improved understanding of some of the areas of improvement required within the service. However, we found it did not reflect the level of issues we identified with the timing of people's care visits. It also did not reflect a good understanding of the regulatory framework.

We found systems to monitor the time at which people received their care visits were not sufficient and effective. We found there continued to be significant issues with the timing of people's care visits. While the provider and registered manager were aware there were ongoing issues with call times, they had not identified the extent of these issues. Insufficient action had been taken to ensure these issues were monitored and resolved. We looked at an example where the deputy manager had completed some focussed work to make improvements to call times for one person in the week prior to the inspection. This had resulted in an improvement, although the call times were gradually becoming later again towards the end of the week. We found checks were being completed on daily records and rostering systems. These checks were not being done frequently enough or across sufficient numbers of records to ensure the issues were fully understood and identified. We saw spot checks had been completed as a result of some complaints around call times. One spot check recorded a visit time over 30 minutes later than the required time, however, no action was recorded as being taken either at the time of the spot check or following. We saw some action was being taken but this was not sufficient and proportionate to the volume of issues and impact on people's lives.

We found that other auditing systems were not always effective in identifying the issues we found. For example; we found issues with the recordings of people's medicines administration. The management team were not able to confirm from medicines records if people had received specific medicines as prescribed or in line with their care plan. These issues had not been identified through medicines audits. The last medicines audit had been completed over two months prior to the date of our inspection. The frequency at which medicines audits are completeted could mean any issues identified would not be resolved in a timely manner. This is important in order to avoid any adverse effects on people's health. The provider has a system to sample people's daily care records. However, these had not been sufficient in identifying the issues we found such as the recording of one person's food intake in line with their care plan. This had exposed the person to the risk of harm to their health.

We found that the provider's system to ensure the accuracy of records held within the service had improved. However, some improvements were still required. For example; we found one care plan and risk assessment which did not identify a person's diagnosis which results in a high level of dependence on care staff for all daily activities. The care plan did not include specific information required by care staff around how to support them due to this diagnosis. For example; how care staff should manage the risks to them while using moving and handling equipment. We found training records did not always reflect the training the managers told us care staff had received. For example, a regional manager provided assurances that staff had completed training in catheter care and diabetes although records did not reflect this. The PIR did reflect an improved understanding of some of the areas of improvement required within the service. However, we found it did not reflect the level of issues we identified with the timing of people's care visits. It also did not reflect a good understanding of the regulatory framework. This demonstrated some improvement was still required to the systems operated by the provider and registered manager in relation to the quality of service provided to people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

The regional managers and registered manager highlighted various areas of improvement that continued to be made within the service. For example; improvements were being made to the recording of medicines. Discussions were also underway around how auditing processes around areas of risk such as complex care packages or medicines could be completed more frequently and more effectively. New daily care records were being introduced to provide prompts to care staff to record missing information such as checks completed on people's skin, the completion of medicines administration records and the consumption of food and drink. Action had already been taken to record any issues with recruitment checks completed and steps taken to assess or minimise any relevant risk to people.

People told us improvements had been made to the management of the service in the months prior to the inspection. One person told us, "I do think it has got better since [registered manager's name] has come". A relative told us, "There does seem to have been some improvement. [The registered manager] came to see us previously and since then it has got better". Not all people knew who the registered manager was. For example; one person told us, "The manager is a woman, I can't remember the name". The current registered manager is male. We found significant changes had been made to the structure of the senior management team in the month's prior to the inspection. These changes appeared to be having a positive impact on the service and coincided with the dates people had noted improvements in the quality of service they received.

People told us they were happy with the service they received with the exception of the timing of their calls. While we received mixed feedback about the response people had received to the issues around their calls times, people did tell us management sought their views about the service. The management team told us they had issued feedback questionnaires to people and their relatives prior to the inspection and this was confirmed by the people we spoke with. We saw service user group meetings were held regularly and actions were taken following these meetings. At the last meeting held in May 2017 people reported staff were kind and had the skills needed although there remained issues with call times. The management team recorded a required action of further spot checks to be completed and we saw this had been done.

Staff told us they had seen improvements in the service. They told us they were happy with the support they were currently receiving from the management team. One staff member said, "The managers are always approachable. You can talk to them". Another staff member told us, "[The deputy manager] is lovely. I know [the registered manager is there but [the deputy manager] is normally first port of call". We saw regular staff

meetings took place at which a variety of issues and areas of improvement needed within the service were discussed. We saw improvements had been made within the service although further improvement was still required to ensure people received a good quality of care and support.

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<br><br>Quality assurance systems needed further development to ensure they identified all areas of risk to people and improvement required with sufficient action taken. |