

MJ CareCentre Limited

Bluebird Care (Brent)

Inspection report

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Date of inspection visit: 8 May 2015
Date of publication: 13/07/2015

Ratings

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



Overall summary

We undertook an announced inspection on 8 May 2015 of Bluebird Care (Brent). Bluebird Care (Brent) is registered to provide the regulated activity personal care and provides personal care, housework and assistance with medicines in people's homes.

At the time of the inspection, the service was providing care and supporting 53 people and 43 care workers working for them.

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.

At our last inspection on 11 September 2014, the service did not meet Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 9 and Regulation 17 of the Health and Social care Act 2008 (Regulated

Summary of findings

Activities) Regulations 2014. At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to some of the issues identified.

However, we found people experienced a lack of consistency in the care they received. There were instances of care workers turning up late for their visits and some people did not have regular care workers. Some people were also not aware of which care worker was coming to support them and were not routinely informed of any changes.

Records showed and staff told us they received regular training and received support from the registered manager. Appropriate checks were carried out when staff were recruited. However, people using the service and relatives told us they felt the care workers were not sufficiently trained to provide the care and support they needed.

Some people spoke positively about the care workers, however we found instances where people felt staff were more task focused as there was a lack of consistency in the care demonstrated by staff and there were instances where people's dignity and privacy was not respected and maintained.

There was a complaints policy and procedure in place however there was a lack of evidence to demonstrate how the service routinely listened and learnt from people's experiences, concerns and complaints.

There was a management structure in place with a team of two care supervisors, one human resource administrator, the registered manager and the provider. However, people felt there was a lack of communication and transparency between the management and people using the service.

The current systems in place were not robust enough to monitor the quality of the service being provided to people using the service and to manage risk effectively. We found staff's performance was not being monitored effectively, the continuing lateness and lack of consistency in care being provided by care workers had not been resolved, instances in which people's privacy and dignity had not been maintained and respected were not identified and effective measures had not been put in place to ensure improvement and to minimise the reoccurrence of such issues.

We have made two recommendations about reviewing the effectiveness of the training currently being provided to staff and that concerns and complaints are reviewed to identify underlying trends to help improve the service.

We found three 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe. There was a lack of consistency in the level of care being received by people.

There were not always sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were effective recruitment and selection procedures in place to ensure people were not at risk of being supported by people who were unsuitable

Requires improvement



Is the service effective?

Aspects of the service were not effective. Care workers received regular training however people using the service felt care workers were not sufficiently trained.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's health care needs were detailed in their care plans.

Requires improvement



Is the service caring?

There were aspects of the service which were not caring. There was a lack of consistency in the caring approach of staff.

People felt staff were more task focused and there were instances where people's dignity and privacy was not respected and maintained.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

Requires improvement



Is the service responsive?

There were aspects of the service which were not responsive. There was a complaints procedure in place however It was not evident what action had been taken in response to people's concerns to minimise reoccurrence of issues raised.

Care plans were detailed and reflected people's needs.

There were arrangements in place for people's needs to be reviewed.

Requires improvement



Is the service well-led?

There were aspects of the service which were not well led. There were systems in place to monitor the quality of the service however we found some deficiencies in the service had not been identified.

Requires improvement



Summary of findings

There was a lack of communication and transparency between the management and people using the service.

Care workers spoke positively about working for the service and the management.

Bluebird Care (Brent)

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by 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. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people.

Some of the people being cared for were elderly people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with six people using the service, ten family carers, seven staff and the registered manager. We reviewed seven people's care plans, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with their care worker. One relative told us “I do feel safe with them and am confident they wouldn’t hurt [person].”

However, during this inspection, we found people experienced a lack of consistency in the care they received. There were instances where care workers were still arriving late for their visits. People using the service told us “Sometimes but they are not usually more than half an hour late” and “Well yes [care worker] is a bit late but I’m used to that now. It could be anything up to an hour late not usually more than an hour”. Another person using the service told us “It depends, if it’s the person meant to be coming they are usually fairly punctual, if it’s a relief then maybe not. I had one come in the afternoon once when they were meant to come in the morning.” Relatives also told us “Yes they can be late, say up to about half an hour but roughly on time” and “We are supposed to have someone between 8.30 and 9.00 and they could be as late as 10- 10.30 before they arrive.”

We asked people using the service and relatives whether they had the same care workers on a regular basis and received varying feedback from people. Some people and relatives told us “Yes I have a regular care worker”, “Yes, we have a regular one who comes, [care worker’s] great.” However, some people told us they did not have regular care workers, they told us “Not always, I have had one for about a week now but it can be different and at weekends it is usually students. It’s so much better if you know who it will be” and “It would be nice to have the same one coming. I know that would be difficult and I appreciate that but some consistency would be nice”. Relatives also told us “Not always the same one and that makes [person] anxious because [person] has dementia” and “We used to have a care worker who [person] really liked and they just took the care worker off without informing us or giving any warning. It quite upset [person]. Now we have a new one who has been with us for maybe two months.”

People were not aware of which care worker was coming to support them and were not routinely informed. People and relatives told us “I am never sure at the weekends because it’s the students” and “No we don’t usually know who is coming. There’s no rota, they just turn up.” People also told us there were instances where they were not notified of any

changes concerning the length of time of their visits. One person using the service told us “I get 45 minutes. They gave me an hour then they took it off me. The [care worker] who comes told me they had changed it to 45 minutes, but no one else has been in touch to tell me or explain about it.”

We spoke to care workers about staffing levels and they told us they received their rota on time. One care worker told us “The agency try and get the rota out two weeks in advance, and then I know who I’m working with and who my clients are.” Staff also told us that managing time constraints was difficult, care workers told us, “I try really hard to make time to have a chat with my clients. I have known them for some time and we usually have a laugh, but sometimes it can be really hard when I am rushing around” and “Travel time is given on the daily rota, but sometimes it just isn’t enough and I find myself having to watch the clock a bit more than usual, but I still like to be able to find out how the person is and have a chat if possible.”

We spoke with the registered manager who told us the service had an electronic call monitoring system now in place to monitor the delivery of care and address the issue of late calls. The registered manager showed us the system and told us the system would flag up if a care worker had not logged a call to indicate they had arrived at the person’s home or that they were running late. The system was also accessible to the local authority that also carried out checks on the system and monitored to ensure care workers were on time. In addition, two care supervisors had also been recruited to help with the planning and scheduling of visits.

Although the registered manager had put in measures to plan and schedule care workers and their visits, it had not ensured there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs as there was a lack of consistency and continuity with people’s care.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken steps to help ensure people using the service were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were

Is the service safe?

aware of actions to take in response to a suspected abuse. One care worker told us "If I see anything that I am concerned about with a person I must write it up thoroughly and report it to my manager."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk assessment forms were completed for people using the service. The forms identified the risk and measures to manage the risk and were individualised to people's needs and requirements. Records also provided clear information for people who needed support with their mobility including what equipment was needed such as wheelchairs, walking frames and shower chairs and how this would be managed in a safe and appropriate way. When speaking to care workers, they demonstrated awareness of the importance of adhering to safe moving and handling practices. One care worker told us "I know if I am going to a person who needs hoisting, that I must not try and look after the person on my own if the other carer is running late. I have to wait and contact the agency if there is a problem."

There were arrangements in place to manage medicines safely and appropriately. Where people needed support by

the care workers, the appropriate support for that person was outlined in their care plans. Information about the people's medicine was clearly listed including if the person had any particular allergies and what to do if the person refused their medicine. The registered manager told us the care workers completed medicines administration records (MAR) which he would check on a monthly basis to ensure they were completed by care workers accurately. We noted in the minutes that medicines and how to complete a MAR sheet had been discussed with care workers at a recent staff meeting. Records also showed and care workers confirmed they had received medicines training and medicines policies were in place.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for seven care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Is the service effective?

Our findings

We asked people and their relatives about the care workers and if they felt they had enough knowledge and skills to provide the care and support they needed. One person using the service told us “For what they do for me, yes”.

We looked at seven staff files and found staff had received supervision and annual appraisals to monitor their performance. Training records showed that care workers had completed training in areas that helped them to provide the support people needed and included safeguarding, medicines management and moving and handling. Care workers told us “The training had lots of opportunities for us to try things including being hoisted, which I was keen to try so I knew what our clients were experiencing” and “When I first started, I was able to shadow an experienced carer. It really helped me.”

However, some people told us they felt care workers were not sufficiently trained to meet their needs. They told us “Friendly, gentle, but not very experienced or well trained carers”, “No! They are nice, kind young people but I don’t feel they are sufficiently trained” and “Care worker is pleasant but rushed and if you say anything if things are not quite right, [care worker] can get uppity.” One relative told us “I am not sure if [care worker] is aware enough about moving and handling and how to support people and things.”

Records showed that spot checks had been conducted to monitor staff performance and the registered manager showed us evidence which showed they had taken prompt action and had implemented disciplinary action against care workers due to poor performance such as lateness.

However feedback from people demonstrated that the training provided to care workers had not been fully understood or consistently applied by staff in their behaviours and best practice when providing care and support for people using the service. Care workers performance had not been assessed effectively to ensure staff were competent enough to provide the level of care and support to meet people’s needs.

We recommend the registered manager review their existing systems to measure the effectiveness of the

training being provided to care workers and ensure staff performance and their competence are assessed so any shortfalls in staff performance are promptly identified.

Care workers spoke positively about their experiences working for the service and told us they felt valued. They told us “I have worked for them for over three years and my manager listens to my views” and “I have only worked for them for two months but they have given me plenty of support in this new role for me.”

Records showed that some staff members had obtained National Vocational Qualifications (NVQs) in health and adult social care and the registered manager supported staff to develop their level of skills and knowledge. One care worker told us “I’ve just been awarded an NVQ2. I couldn’t have done it other than through work and it has really helped me.”

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Training records showed that care workers had received Mental Capacity Act 2005 (MCA) training. People’s care plans contained an agreement section to show that they had been involved in the drawing up of their plan of care and gave their consent for the care to be provided as outlined in the care plan. The care plan also contained some information about a person’s mental state and levels of comprehension. However, we noted in one person’s care plan that they had dementia and could become very confused and forgetful which could indicate the person may have needed support with understanding and agreeing to their plan of care. There was no evidence that showed that this was discussed with the person, if they needed any additional support and of any involvement from a relative to ensure the care was appropriate to their needs and in their best interests. We highlighted this to the registered manager and he told us he will ensure this is taken into account when reviewing and drawing up people’s care plans.

Care plans contained information about people’s medical history and if they had any particular conditions such as diabetes and whether they required any particular support such as with urinary continence needs. Relatives dealt with the day to day care and arranged all health care appointments for people using the service.

Is the service effective?

People were mainly supported with their nutritional and hydration needs by the family relatives. Areas in which people needed support with their food and drink were highlighted in their care plans. Care plans contained information about a person's dietary needs and requirements, personal likes and dislikes, allergies and

where they like to eat in their home. We saw the service had also identified risks to people with particular needs with their eating and drinking. For example for one person their food needed to be pureed and another person needed reminding and gentle prompts to ensure they finished their meal or ate as much as they wanted to.

Is the service caring?

Our findings

People using the service told us their care worker was “Friendly” and “[Care worker] is pleasant.” One relative told us the care worker was “Very good. Beautiful lady and really kind” and another relative told us “They seem nice people by and large.”

However, we found there was a lack of consistency in the care approach of staff, people felt staff were task focused and rushed. There were instances where people’s privacy and dignity had not been respected and maintained.

Some people told us they were treated with respect. One person told us “[Care worker] respects me like they would a friend, part of the family sort of thing” and one relative told us “Yes, [care worker] is respectful. [Care worker] is a beautiful person.” However we found staff did not always understand the need to make sure that people had their privacy and dignity maintained. One person using the service told us “Well that could be better. If I need to go to the toilet I’d rather them not be in there really. I think they could go out of the room, that would be nicer.”

Relatives told us “Yes they shut doors and if other family members are here they make sure they are not in the room, things like that” and “[Care worker] does close the door when [person] is in the shower, that’s about it really.” One relative told us “In the past I have said about them sending female care workers. [Person] is a very private person and would not even let a female family member help them wash. [Person] would be very distressed. They seem to have got the message about the female care workers but they weren’t very gracious about it. They are not very responsive, I’m not sure if they are new to care and don’t understand these situations or if they just don’t care.”

Some positive caring relationships had developed between people using the service and staff. One person using the service told us “[Care worker] got used to me now. [Care worker] just chats away as they do things. We get along fine” and one relative told us “They are good. They do as I say and what I ask of them.” However we found some

instances of where people felt the interaction and communication skills of care workers could be better. One person using the service told us “[Care worker] is very good, really caring and their English is good. [Care worker] can understand what I say, which is better because not all of them can” and another person told us “They could do with more people with better communication, speaking better English, you need someone who can understand you really.”

Records showed that care workers had received Equality and Diversity training, however we found a lack of consistency in the caring approach of staff who appeared to be more task focused and sometimes rushed. People using the service told us “They just do their jobs”, “It depends on who it is. Some are better than others, some seem rushed” and “The regular care worker doesn’t rush, [care worker] just gets on with it and gets things done. If someone else comes then they don’t know what to do. They spend more time asking than doing.” Relatives told us “Well, I find [care worker] is in sort of a rush. Really they should do what they need in the bathroom and then clear up but they don’t” and “It’s more like (care worker) just does it.”

The above was evidence of a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were arrangements in place to ensure people were involved in expressing their views and being involved with the planning of care. Records showed that review of care meetings had been conducted with people in which aspects of their care was discussed. We saw positive comments had been made by people using the service which included “I like the care worker. Happy with Bluebird”, “No issues. Excellent” and “They are kind people.” When speaking to people and relatives, they confirmed they had a review, some however stated they had not or the reviews were not as regular which could indicate that some people’s needs were not being identified and met when they changed or that some people were not being involved in decisions about their care.

Is the service responsive?

Our findings

At our last inspection on 11 September 2014, the provider did not plan and deliver care in a way to meet a person's individual needs or to ensure their welfare and safety as there were instances of care workers turning up late and incidents not being followed up and investigated. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the service had taken action and necessary arrangements had been put in place to address care workers turning up late and incidents were being followed up and investigated. An action plan was received from the registered manager to show what actions would be taken to resolve the issues raised at the last inspection. We found these actions had been implemented including a call monitoring system, spot checks and regular reviews of care. The registered manager had revised their accident and incident procedures. Records showed that any incidents that had occurred, they had been appropriately recorded and investigated by the registered manager. Records included the details of the incident, what action had been taken and the outcome. Records also showed the relevant authorities such as social services had also been involved in the process.

The service had procedures for receiving, handling and responding to comments and complaints however we found some inconsistency in the way they were managed. When speaking with people using the service and relatives we asked them whether they had needed to make a complaint, if so how was it dealt with and if it was resolved satisfactorily. One person using the service told us "Not a complaint as such, we have had to get in touch about people not coming, being late. It doesn't always make that much difference. You'd think they would have a spare or something wouldn't you? Someone they could send if another person didn't turn up or if they were going to be very late". Relatives also told us "Only the thing about the times. We didn't really get a satisfactory response because it still happens" and "I have raised about the lateness, and about them sending all different workers."

The registered manager told us they had recently reviewed their complaint procedures to ensure complaints were responded to promptly and the person was told what

action was being taken. During the inspection, we reviewed the complaints folder. There had been six complaints and records showed the registered manager had investigated and responded to them promptly.

Although the complaints had been responded to by the registered manager, complaints of a similar nature continue to be raised by people using the service and their relatives.

We recommend there are arrangements in place to demonstrate that concerns and complaints are reviewed to identify particular trends and are used as an opportunity for learning and improving the service to minimise the reoccurrence of issues raised.

We looked at seven people's care plans and found they provided information about people's life history and medical background. There was a detailed plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs.

Care plans were detailed and specific to each person and their needs. We saw that people's care preferences, daily routine, likes and dislikes were reflected. For example in one person's care plan it showed the person liked to listen to the radio and liked to sing and another person's care plan stated the care workers should ensure the person was wearing their glasses. Care plans also detailed places, people and events which were important to people using the service. This demonstrated that the registered manager was aware of people's specific needs and provided appropriate information for the care workers supporting them. When speaking with care workers, they spoke about the importance of the care plan. One care worker told us "When I go to a new client, it is important to read their care plan so I know how they like their care to be provided."

Care plans also contained information to encourage people to continue to do tasks they were able to do by themselves and prompt people's independence. For example, in one person's care plan, it detailed the care worker to supervise them whilst making breakfast themselves and ensure they were safe when dealing with items such as the kettle and boiling water. People using the service told us "They help me as much as needed. I can do quite a lot, so I choose what to put on. We do things

Is the service responsive?

together, I can always say if I want things different” and
“[Care worker] encourages me to do things for myself, they
tell me anyway if I wasn’t doing something I could, same as
I would tell [care worker], that’s our kind of relationship.”

Is the service well-led?

Our findings

There was a management structure in place with a team of two care supervisors, a human resource administrator, the registered manager and the provider.

During this inspection, we found the service was not well led. There was inconsistency in the way the service was managed. We asked people using the service and their relatives whether the management and office staff were approachable and easy to contact. Most people were aware of how to contact the service and had the necessary contact details to hand however some people did feel it was not easy to get hold of the right person. Relatives told us “At times it is difficult to get hold of the right person. I might have to leave a message” and “I have the two numbers I can phone the office and I also have a mobile number. I am not sure who answers, whether it is a secretary or what.”

There was a lack of communication and transparency between the management and people using the service which was having an impact on the quality of service being provided to people. People using the service and relatives told us there was a lack of communication from the service about the late arrivals of care workers and that they were not always informed if there was a change to their care worker. One person using the service told us “That’s a bit of an issue really, they don’t let you know and I don’t like just anybody coming all the time. This [care worker] is very good and usually arranges someone else if they can’t come. I don’t think the office staff are much help”. One relative told us “Easy to contact yes, but the administration could be better. The care workers are sometimes sent at the wrong time, they might come early so we phone the office and ask if they can come later and they say “Oh yes, yes we can arrange that” but the next day it’s the same. They agree but nothing happens, there seems to be a lack of communication.” Another relative told us “I don’t think it makes much difference they say they will do something but it doesn’t change much.”

We spoke with the registered manager and he told us that it had been a challenging time since last year as they had started to take on contracts which included reablement support which were funded by the local authority. He told

us this took some time to adopt the way this was managed and he felt this was why the issue of care workers being late or not being allocated appropriately had arisen and that this had been a steep learning curve.

We found the registered manager was able to demonstrate that improvements had been made since the last inspection. However, we found there were still some issues with the allocation of care workers, care workers turning up late and the quality of care being received by people using the service. Although spot checks were being conducted to monitor staff’s performance, there was inconsistency in the care being provided, people feeling care workers were not sufficiently trained and people’s privacy and dignity not being respected and maintained had not been identified. This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

We asked people using the service and relatives whether there had been any improvements with the care and support they received. Some people felt there had been a slight improvement although others told us there had been no improvements. For example, people told us, “Not had anyone not turn up since but lateness is about the same” and “I think it’s been about the same since I have been having the help.” Relatives told us “I don’t think there has been much change”, “There are mainly problems at weekends and they are still happening” and “Not really. You say something and they say we will see what we can do but it is no better.”

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

We found the service had obtained feedback from people received through questionnaires. We reviewed a sample of these questionnaires and found some positive feedback had been received about the service. Some comments received included “We are happy with the service”, “Amazing staff, friendly, always polite, no complaints” and “It has been very good. Care worker is a very cheerful and lovely person who leaves me with hope that things are getting better for me.” We did see a few comments had been raised about the late arrival of care workers and that they were not always informed if there was a change to their care worker. The registered manager told us the number of returned questionnaires from people was low however he told us he would try and identify ways to ensure more people completed the questionnaires.

Is the service well-led?

The registered manager showed us an extensive audit that had recently been conducted by the provider which covered aspects of the service including risk assessments, reporting incidents, medicines and completion of MAR sheets, skills and training of staff and safe recruitment practices. Areas of improvement and actions to be taken were noted which the registered manager told us he was currently addressing.

Care workers spoke positively about working for the service and the management. They told us they liked working for the agency and felt valued by the registered manager. Records showed staff meetings were being held and that the staff had the opportunity to share good practice and any concerns they had. One care worker told us "I really value our team meetings because we can talk about anything that has been difficult and you get to learn from other people."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were insufficient numbers of suitable staff deployed to keep people safe and meet their needs. Regulation 18 (1)

Regulated activity	Regulation
Personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect There were instances where people's privacy and dignity had not been respected and maintained. Regulation 10 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17(1) (2) (a) (e)